ORIGINAL

SEMS DocID 2243952

No Parts

ORIGINAL (Red)

This Memorandum is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, not a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper No. _____

Carrier No. _____

Date _____

_____ (Name of Carrier)

TO: Consignee	FROM: Shipper
Street	Street
Destination Zip Code	Origin

Route

Vehicle Number

No. Shipping Units	Kind of Packaging, Description of Articles, Special Marks and Exceptions	Weight (Subject to Correction)	RATE	CHARGES

REMIT C.O.D. TO: ADDRESS

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.)

TOTAL CHARGES: $

FREIGHT CHARGES: FREIGHT PREPAID except when box at right is checked. Check box if charges are to be 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 of 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.

SHIPPER	CARRIER
PER	PER
	DATE

RECEIVED 1983 3

Metro Containers Corp. ard, Inc., Box 505 Dallas Texas

PURCHASE INSPECTION Nº 3122

1513

DATE:

RECEIVED FROM: National Can

DRIVER: Rex Oil

251-1844
1/28-18/20
6-20/21
—
251
251 $200 Deposit
P.O.

SHIPPING ORDER

No 1415

TOY & SONS, INC.

DEALERS IN STEEL DRUMS

BOX 200
609-694-2660

FRANKLINVILLE, N. J. 08322

SHIP TO

ORIGINAL (Red)

ORDER NO. DATE 19

DELIVERED BY: TRK. NO.

QUANTITY		
122		
	@33.00	30.00
	Corrected J.H.J.	$5 79.00

RECEIVED BY:

DEALERS IN USED, RECONDITIONED AND NEW STEEL AND FIBRE DRUMS

ORIGINAL (Red)

To METRO Corp.
2nd & Price Sts.
Trainer, Pa.

CUSTOMER'S ORDER NO.	FREIGHT COLLECT	FREIGHT PREPAID	C.O.D.

QUANTITY	SIZE	DESCRIPTION	
1 X	50 gl	4160 Sun Blue	355.00
1 X	50 gl	3833 Sun Yellow	408.00
1 X	50 gl	4314 Gulf Blue	337.00
2 X	50 gl	4132 White	667.00
3 X	50 gl	H.B. Black	735.00
1 X	50 gl	Arco Blue	351.50
2 X	50 gl	Sea Green	695.00
		ok George	
			3548.50

Received in good condition. Signed

Trainer, Pa.

CUSTOMER'S ORDER NO.	FREIGHT COLLECT	FREIGHT PREPAID	C.O.D.

QUANTITY	SIZE	DESCRIPTION	
1 X	50 gl	Arco Blue	351.50
1 X	50 gl	3833 Sun Yellow	408.00
2 X	50 gl	4160 Sun Blue	710.00
1 X	50 gl	4310 BP Yellow	397.5
1 X	50 gl	4314 Gulf Blue	337.00
1 X	50 gl	Gulf Orange	399.0
1 X	50 gl	3833 Sun Yellow	408
1 X	50 gl	Arco Blue	351.5
1 X	50 gl	4311 BP Green	366
			2715.0

Received in good condition. Signed

OFFICE CODES

Mobil

REMIT TO:

FCO-1395 HPS

ORIGINAL (Red)

INVOICE NUMBER	INVOICE DATE	CARRIER	CARRIER'S NO.	SHIPPING ORIGIN

ORDER KEY	CUSTOMER NUMBER	PURCHASE ORDER	F.O.B	FREIGHT

SOURCE	MOD	CUSTOMER INQUIRIES

SOLD TO

SHIP TO

PRODUCT	PKG	TAX	WEIGHT	FRT CLASS	LOC

PACKAGES NUMBER	PACKAGES DESCR	PRODUCT DESCRIPTION	TAX AMOUNTS FEDERAL	TAX AMOUNTS STATE	QUANTITY	PRICE*	AMOUNT

OTAL PIECES	TOTAL SHIP WEIGHT

G DRUM	SM DRUM	KEGS	PAILS	BOXES	BULK/OTHER

*Price includes applicable federal and/or state—liquid fuels and/or excise tax rates and appropriate premiums and/or allowances.

Taxes, freight and deposits not subject to discount.

The designated products have been backordered and normally will be available for delivery on your next delivery day. If this creates an undue hardship, please contact your order board.

TAX TOTALS (EXCL. SALES) FEDERAL | STATE

T-SUBJECT TO LOCAL SALES TAX

INVOICE TOTAL (SEE BELOW)

OFFICE CODES:

TERMS — IF PAYMENT RECEIVED AT ABOVE ADDRESS BY DATE INDICATED

OD CHARGES PAID BY:

OLLECT ON DELIVERY - S

ID REMIT TO: **MOBIL OIL CORPORATION**

PLEASE SHOW INVOICE NUMBER AND DATE ON REMITTANCE

We hereby certify that these goods were produced in compliance with the Fair Labor Standards Act of 1938, as amended.

ORIGINAL (Red) CO-932 (8-66)

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

SHIPMENT NO. 2

DATE SHIPPED

PURCHASE ORDER NO. D-670000

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

was Shipped today via Metro Truck # ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

☐ REPAIR NO CHARGE
☐ REPAIR AND CHARGE
☐ EXCESS SHIPMENT
☐ CREDIT FOR PARTS EXCHANGED
☐ CREDIT FOR MATERIAL RETURNED
☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
☐ DEFECTIVE
☐ BROKEN
☐ REPLACEMENT
☐ ERROR (EXPLAIN)
☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	152	Empty 55 Gal. Uncleaned Drums for Reconditioning
		Drums rejected per Metro Ticket #
		Physically damaged non-usable "junk/scrap"
	14	SCRAP
	138	
		(Suitable for making #1 Drums)

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's Use EPA ID No. PAD044541815

Generator's Name and Mailing Address: Metro Container Co. PO Box A Trainer, PA 19016

Generator's Phone: 215 485-6100

A. State Manifest Document Number: NJA0241290

B. State Gen. ID: Same

Transporter 1 Company Name: Waste Conversion

EPA ID Number: PAD085690592

C. State Transporter 1 ID: AH0139 NJDEPHS06209

Transporter 2 Company Name:

EPA ID Number:

D. Transporter's Phone: (215) 822-8996

E. State Transporter 2 ID:

Designated Facility Name and Site Address: Petroleum Recycling, Inc. PO Box 275 Cenco Blvd. Clayton, NJ 08312

EPA ID Number: NJD081133[illegible]

F. Transporter's Phone:

G. State Facility's ID:

H. Facility's Phone: (609) 881-7400

Waste Oil (and water) Nos Combustible Liquid NA 1270

04000 G X722

RECEIVED
FEB 3 - 1987
Metro Container Corp.

Additional Description: T L

S02, To4
Filtration
Distillation

New Jersey Special Waste
Not a RCRA Hazardous Waste

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this [illegible] marked and labeled and are in all respects in proper condition for [illegible] applicable state, [illegible] regulations. [illegible] I am a small quantity generator who has been exempted by statute [illegible] certify that I have a [illegible] to reduce the volume and toxicity [illegible] method of treatment [illegible] and future threat to [illegible]

Printed Name: STEVEN M. ZUDKIN

Signature: Steven M. Zudkin 01/12/87

Transporter 1 Acknowledgement

Printed Name: ALBERT [illegible]

Signature: Albert [illegible] 01/12/87

Transporter 2 Acknowledgement

Printed Name:

Signature:

Discrepancy Indication Space

Owner or Operator

Printed Name: Michael [illegible]

Signature: Michael [illegible] 01/12/87

NJA 0241290

3 - TSD MAIL TO - GENERATOR

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

Form Approved. OMB No. 2050-0039, Expires 9-[illegible]

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's Name and Mailing Address
[illegible] Contractor Co.
PO Box [illegible], PA 19016
Generator's Phone (215) 485-6100

A. State Manifest Document Number NJA 0241290

B. State Gen. ID Same

Transporter 1 Company Name
Waste Conversion

US EPA ID Number
PA 0356900[illegible]

C. State Transporter 1 ID
AH0139 NJDEPES06200

Transporter 2 Company Name

US EPA ID Number

D. Transporter's Phone (215) 822-8996

Designated Facility Name and Site Address
Petroleum Recycling, Inc.
PO Box 275 Grace Blvd. Clayton, NJ 08[illegible]2

US EPA ID Number
NJD[illegible]

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone (609) 831-7[illegible]

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

Waste Oil (Non Water) [illegible]
Combustible Liquid NA 1270

Type	Quantity	Unit	Waste No.
[illegible]		G	27[illegible]

Additional Descriptions for Materials Listed Above
[illegible] L

K. Handling codes for Wastes Listed Above
[illegible]02, T04
Filtration
Distillation

Special Handling Instructions and Additional Information
New Jersey Special Waste
Non RCRA Hazardous Waste

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this [illegible] are fully and accurately described above [illegible] are classified, packed, marked, and labeled, and are in all respects in proper condition for [illegible] highway according to applicable international and national government regulations and all applicable state laws and regulations.
Under [illegible] 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

Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month | Day | Year

Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month | Day | Year

Discrepancy Indication Space

Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in [illegible]

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

NJA 0241290

GENERATOR

8 GENERATOR COPY

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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. [illegible]

2. Page 1 of 1

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

A. State Manifest Document Number NJA0208522

3. Generator's Name and Mailing Address: [illegible] 19013

4. Generator's Phone: [illegible]

B. State Gen. ID: 5 Amc

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: [illegible]

C. State Transporter 1 ID: NJDEP 58155

7. Transporter 2 Company Name: [illegible]

8. US EPA ID Number:

D. Transporter's Phone: 602 881 6586

9. Designated Facility Name and Site Address: [illegible]

10. US EPA ID Number: [illegible]

E. State Transporter 2 ID:

F. Transporter's Phone:

G. State Facility's ID: [illegible]

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]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: [illegible]

K. Handling codes for Wastes Listed Above: a. 502.704 F. Filtration; b. Distillation; c.; d.

Special Handling Instructions and Additional Information

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 applicable state laws and regulations. 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 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: [illegible] Signature: [illegible] Date: Month Day Year

Transporter 1 Acknowledgement of Receipt of Materials

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

Transporter 2 Acknowledgement of Receipt of Materials

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

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

[illegible]-22 (Rev. 4-85) Previous edition obsolete

NJA0208522

3 - TSD MAIL TO [illegible]

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL

Form Approved. OMB No. 2000-0404. Expires 7-31-[illegible]

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

UNIFORM HAZARDOUS WASTE MANIFEST

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

Information in the [illegible] is not required [illegible]

Generator's Name and Mailing Address: Metro Container Corp. [illegible]

A. State Manifest Document Number: NJA0159581

B. State Gen. ID: Same

Generator's Phone: [illegible]

Transporter 1 Company Name: A.B.C. Tank Co — US EPA ID Number: [illegible]

C. State Transporter 1 ID: NJDEP-S8159

Transporter 2 Company Name: — 8 US EPA ID Number:

D. Transporter's Phone: 609-881-6586

Designated Facility Name and Site Address: Petroleum Recycling [illegible] Cenco Blvd Clayton [illegible] 08312 — 10 US EPA ID Number: [illegible]

E. State Transporter 2 ID:

F. Transporter's Phone:

G. State Facility's ID:

H. Facility's Phone: 609-881-7400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	Waste No.
Waste Oil N.O.S. Combustible UN [illegible]	[illegible]	[illegible]	[illegible]	G	X722

RECEIVED
JUN 11 1986
Metro Container Corp.

Additional Descriptions for Materials Listed Above: a. [illegible] c. d.

K. Handling codes for Wastes Listed Above: a. S02-T04 c. Filter Distillation d.

Special Handling Instructions and Additional Information

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, [illegible], marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. [illegible] 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) [illegible] RA, 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 [illegible] 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: [illegible] LEIN — Signature: [illegible] — Date: Month Day Year

Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month Day Year

Transporter 2 Acknowledgement of Receipt of Materials

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

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

Form 8700-22 (Rev. 4-85) Previous edition obsolete

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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

Form Approved. OMB No. 2000-0404. Expires 7-31-06

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

2. State Manifest Document Number **NJA0159581**

3. State Gen. ID

Generator's Name and Mailing Address

Generator's Phone

Transporter 1 Company Name — US EPA ID Number — 5. State Transporter 1 ID

Transporter 2 Company Name — US EPA ID Number — 6. Transporter's Phone

Designated Facility Name and Site Address — US EPA ID Number — 7. State Transporter 2 ID

8. Transporter's Phone

9. State Facility's ID

10. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

Additional Descriptions for Materials Listed Above

a. b. c. d.

K. Handling codes for Wastes Listed Above

a. b. c. d.

Special Handling Instructions and Additional Information

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, packaged, 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 determination or certification under Section 3002(a) 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

Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date

Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date

Discrepancy Indication Space

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

Printed/Typed Name — Signature — Date

NJA0159581

Form 8700-22 (Rev. 4-85) Previous editions are obsolete.

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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

Form Approved. OMB No. 2000-0404. Expires [illegible]

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. [illegible]
2. Page 1 of 1
Information [illegible] is not required [illegible]

A. State Manifest Document Number: NJA0159497

B. State Gen. ID: Same

C. State Transporter 1 ID: NJDEP 58159

D. Transporter's Phone: 609-887-6506

E. State Transporter 2 ID:

F. Transporter's Phone:

G. State Facility's ID: 0801 R

H. Facility's Phone: 609-[illegible]-7400

Generator's Name and Mailing Address: [illegible]

Generator's Phone: [illegible]

Transporter 1 Company Name: ABC [illegible] Co.

US EPA ID Number: [illegible]

Transporter 2 Company Name:

US EPA ID Number:

Designated Facility Name and Site Address: Delivery [illegible]

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	Waste No.
Waste [illegible] Combustible	[illegible]	[illegible]	[illegible]	[illegible]	K-701

Additional Descriptions for Materials Listed Above

c.

d.

K. Handling codes for Wastes Listed Above

a. S02, T04 Filter + Distillation

c.

d.

Special Handling Instructions and Additional Information

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. [illegible] 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: Ackie Warner — Signature: [signature] — Date: Month Day Year: [illegible]

Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Boyd Campbell — Signature: Boyd Campbell — Date: Month Day Year: [illegible]

Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Boyd Campbell — Signature: [signature] — Date: Month Day Year:

Discrepancy Indication Space: Made mistake of [illegible]

Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in [illegible]

Printed/Typed Name: Emory Turnbull — Signature: Emory Turnbull — Date: Month Day Year: [illegible]

Form 8700-22 (Rev. 4-85) Previous edition obsolete

NJA0159497

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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

Form Approved. OMB No. 2000-0404. Expires 7-31-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD000455884 | Page 1 of 1 | Information in the shaded areas is not required for interstate shipments

Generator's Name and Mailing Address: Metro Container Corp. 2nd St Trainer Pa.

Generator's Phone: 215 412 1060

A. State Manifest Document Number: NJA0159546

B. State Gen. ID: Same

Transporter 1 Company Name: A B C Tank Co | US EPA ID Number: NJD982053888 | C. State Transporter 1 ID: NJDEP 58159

Transporter 2 Company Name | US EPA ID Number | D. Transporter's Phone: 609-881-6586

Designated Facility Name and Site Address: Petroleum Recycling Inc. Cenco Blvd Clayton N.J. 08312 | US EPA ID Number: NJD981113131 | E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone: 609-881-7420

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	Type	Total Quantity	Unit Wt/Vol	Waste No.
Waste Oil N.O.S. Combustible UN# 1270	DRM	1	DDD	G X722

Additional Descriptions for Materials Listed Above: a. Solids b. Liquids c. d.

K. Handling codes for Wastes Listed Above: a. S02-T04 b. Filter & Distillation c.

Special Handling Instructions and Additional Information

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 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: [illegible] | Signature: [illegible] | Date: Month 05 Day 13 Year 86

Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Henry Basch Jr | Signature: Henry Basch | Date: Month 05 Day 13 Year 86

Transporter 2 Acknowledgement of Receipt of Materials

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

Discrepancy Indication Space

Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 14.

Printed/Typed Name: [illegible] | Signature: [illegible] | Date: Month 5 Day 13 Year 86

NJA0159546

Form 8700-22 (Rev. 4-85) Previous edition obsolete

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. [illegible] | Manifest Document No. [illegible] | 2. Page 1 of 1 | Information in the shaded area 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: NJA 0208535

B. State Gen. ID: SAME

C. State Transporter 1 ID: NJDEP 5315

D. Transporter's Phone: [illegible]

E. State Transporter 2 ID:

F. Transporter's Phone:

G. State Facility's ID: [illegible]

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.
[illegible]					[illegible]

J. Additional Descriptions for Materials Listed Above: [illegible] | c. | d.

K. Handling codes for Wastes Listed Above: a. S02, T04 | c. | Filter + Distillation | d.

L. Special Handling Instructions and Additional Information:

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

Printed/Typed Name: [illegible] | Signature: | Date: Month Day Year

Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] | Signature: [illegible] | Date: Month Day Year

Transporter 2 Acknowledgement of Receipt of Materials

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

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: Emory Tunstall | Signature: [illegible] | Date: Month Day Year

Form 8700-22 (Rev. 4-85) Previous edition obsolete

2. TSD MAIL TO [illegible]

NJA 0208535

Copy required in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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. [illegible]

2. Page 1 of 1

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

Generator's Name and Mailing Address: Metro [illegible] 2nd [illegible] Transport [illegible]

Generator's Phone: [illegible] 1666

A. State Manifest Document Number: NJA0159495

B. State Gen. ID: 5 Ame

Transporter 1 Company Name: [illegible] US EPA ID Number: [illegible]

C. State Transporter 1 ID: NJDEP 5 8155

Transporter 2 Company Name: US EPA ID Number:

D. Transporter's Phone: 605-887-6586

Designated Facility Name and Site Address: Petroleum Recycling Inc. [illegible] Clayton [illegible] US EPA ID Number: [illegible]

E. State Transporter 2 ID:

F. Transporter's Phone:

G. State Facility's ID: 0801 B

H. Facility's Phone: 605-887-7100

11. 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.
Waste [illegible]	[illegible]	[illegible]	[illegible]	G	[illegible]

Additional Descriptions for Materials Listed Above: [illegible] L, T

c.

d.

K. Handling codes for Wastes Listed Above: a. SO_2 TO_4 c. FILTER & DISTILL b.

Special Handling Instructions and Additional Information

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the 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 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 Name: JACKIE WARMER Signature: Jackie Warmer Month Day Year

Transporter 1 Acknowledgement of Receipt of Materials

Printed Name: Boyd Campbell Signature: Boyd Campbell Date: Month Day Year

Transporter 2 Acknowledgement of Receipt of Materials

Printed Name: Signature: Date: Month Day Year

Discrepancy Indication Space

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

Printed Name: [illegible] Signature: [illegible] Month Day Year

Form 8700-22 (Rev. 4-85) Previous edition obsolete

NJA0159495

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL
(Red)

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UNIFORM HAZARDOUS WASTE MANIFEST

Generator's Name and Mailing Address

A. State Manifest Document Number NJA0159497

B. State Gen. ID

Generator's Phone

Transporter 1 Company Name

U.S. EPA ID Number

C. State Transporter 1 ID

Transporter 2 Company Name

U.S. EPA ID Number

D. Transporter's Phone

E. State Transporter 2 ID

Designated Facility Name and Site Address

U.S. EPA ID Number

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

12. Description	13. Type	13. Total Quantity	14. Unit Wt./Vol.	Waste No.

Additional Descriptions for Materials Listed Above

a. c.

b. d.

A. Handling Codes for Wastes Listed Above

a. c.

b. d.

Special Handling Instructions and Additional Information

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

7. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month

8. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month

9. Discrepancy Indication Space

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

Printed/Typed Name | Signature

Form 2000-22 Rev. ... Operator

Form (Rev. 9-84)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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Form Approved. OMB No. 2060-0404. Expires 7-31-85

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's Name and Mailing Address

Generator's Phone

Transporter 1 Company Name

Transporter 2 Company Name

Designated Facility Name and Site Address

US EPA ID Number

US EPA ID Number

US EPA ID Number

A. State Manifest Document Number **NJA0159495**

B. State Gen. ID

C. State Transporter 1 ID

D. Transporter's Phone

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No.	13. Total Quantity	14. Unit Wt./Vol.	Waste No.

Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a. b. c. d.

Special Handling Instructions and Additional Information

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 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

Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

Discrepancy Indication Space

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

Printed/Typed Name | Signature | Month Day Year

NJA0159495

Form 8700-22 (Rev. 4-85) Previous editions are obsolete.

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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

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

3 Generator's Name and Mailing Address

A. State Manifest Document Number NJA 0208535

B. State Gen. ID

4 Generator's Phone ( )

5 Transporter 1 Company Name

6 US EPA ID Number

C. State Transporter 1 ID

7 Transporter 2 Company Name

8 US EPA ID Number

D. Transporter's Phone

9 Designated Facility Name and Site Address

10 US EPA ID Number

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11 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.

Additional Descriptions for Materials Listed Above

c.

d.

K. Handling codes for Wastes Listed Above

a.

b.

c.

d.

Special Handling Instructions and Additional Information

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 applicable state laws and regulations.

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Printed Name | Signature | Date Month Day Year

Transporter 1 Acknowledgement of Receipt of Materials

Printed Name | Signature | Date Month Day Year

Transporter 2 Acknowledgement of Receipt of Materials

Printed Name | Signature | Date Month Day Year

Discrepancy Indication Space

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

Printed Name | Signature | Date Month Day Year

EPA Form 8700-22 (Rev. 4-85) Previous edition obsolete

8 GENERATOR COPY

NJA0208535

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL
(Red)

Printer type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404. Expires

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Generator's Name and Mailing Address

Generator's Phone

Transporter 1 Company Name — EPA ID Number

Transporter 2 Company Name — US EPA ID Number

Designated Facility Name and Site Address — US EPA ID Number

A. State Manifest Document Number **NJA0159573**

B. State Gen. ID

C. State Transporter 1 ID

D. Transporter's Phone

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Type	13. Total Quantity	14. Unit Wt./Vol.	15. Waste No.

Additional Descriptions for Materials Listed Above

c.

d.

K. Handling codes for Wastes Listed Above

a. c.

b. d.

Special Handling Instructions and Additional Information

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

Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature

Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature

Discrepancy Indication Space

Owner or Operator Certification of receipt of haz

Printed/Typed Name — Signature

NJA0159573

-22 (Rev. 4-85) Previous edition obsolete

8 ... COPY

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

Form Approved. OMB No. 2050-0039. Expires 3-31-90

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

UNIFORM (Red)

Generator's Name and Mailing Address

A. State Manifest Document Number: **NJA0159546**

B. State Gen. ID

Generator's Phone

Transporter 1 Company Name — US EPA ID Number

C. State Transporter 1 ID

Transporter 2 Company Name — US EPA ID Number

D. Transporter's Phone

Designated Facility Name and Site Address — US EPA ID Number

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

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.

Additional Descriptions for Materials Listed Above

J. Handling Codes for Wastes Listed Above

a. b. c. d.

Special Handling Instructions and Additional Information

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 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

Transporter 1 Acknowledgment of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

Transporter 2 Acknowledgment of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

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 — Month Day Year

NJA0159546

EPA Form 8700-22 (Rev. 4-85) Previous editions are obsolete.

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

Form Approved. OMB No. 2000-0404. Expires 7-31-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.
2. Page 1 of 1
Information in the shaded areas is not required

A. State Manifest Document Number: NJA015957

Generator's Name and Mailing Address: Metro Container Corp Trenton 2nd St

B. State Gen. ID: SAME

Generator's Phone

Transporter 1 Company Name: AB-C Junk Co.
US EPA ID Number

C. State Transporter 1 ID: NJSWA-5815 A

Transporter 2 Company Name
US EPA ID Number

D. Transporter's Phone: 609-831-5555

Designated Facility Name and Site Address: Petrol Processing Inc. Camden Hwy 130 Elmer N.J. 08318
US EPA ID Number

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone: 609-881-7400

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

	12. Containers No.	13. Total Quantity	14. Unit Wt./Vol.	Waste No.
Waste Oil D.O.T. Combustible Liquid		1000	Gallons	X722

RECEIVED
APR 22 1986

J. Additional Descriptions for Materials Listed Above

K. Handling codes for Wastes Listed Above: a. S02, T04 Filtered Distillation

Special Handling Instructions and Additional Information

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 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: STEVE ZUSKIN
Signature
Month Day Year

Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Henry Ford Jr
Signature
Month Day Year

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

Discrepancy Indication Space

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

Printed/Typed Name: Mr. Marshall
Signature: Mr. Marshall
Month Day Year

NJA015957

Form 8700-22 (Rev. 4-85) Previous edition is obsolete

3 - TSD MAIL TO GENERATOR

R BWQ-32 REV. 4-77

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WATER QUALITY MANAGEMENT
WASTE DISCHARGE INSPECTION REPORT

PAGE 1/2 ORIGINAL (Red)

DATE 2-27-87
TIME 1000

ESTABLISHMENT	CASE	LOCATION (STREET/STATE ROUTE)	COUNTY	MUNICIPALITY	PROGRAM
METRO CONTAINER CORP.		2nd + PRICE	DELAWARE	TRAINER BORO	I W

OPERATOR NAME	VALID CERTIFICATE POSTED	TELEPHONE NO.	POP SERVED	ACRES UNDER PERMIT	ACRES ALREA MINED
	YES ☐ NO ☐	(215) 485-6120			

RESPONSIBLE OFFICIAL	ADDRESS	TELEPHONE NO.
SIDNEY S. LEVY, PRES	210 + PRICE STS. TRAINER, PA 19013	

PERSON INTERVIEWED	ADDRESS	TELEPHONE NO.
" " " "		

INDUSTRIAL PRODUCTS: 1. 2.

TREATMENT PROCESS	NUMBER OF UNITS TOT	NUMBER OF UNITS IN OP	REMARKS
			OPERATOR AWAITING TREATMENT SYSTEM DRAWINGS, IF APPROVED THE NEW WASTEWATER TREATMENT UNIT COULD BE IN OPERATION IN THE NEXT 4-6 MONTHS. FACILITY EXPERIENCED A FIRE ON 1-29-87 THE ELECTRICITY WAS TAKEN OUT OF SERVICE RESULTING IN PUMPS MALFUNCTIONING AND WATER BUILD-UP. SNOW ENVIRONMENTAL AND WASTE CONVERSIONS HAVE BEEN HIRED TO PUMP AND DISPOSE OF WATER. POWER SOURCE IS NOW GENERATOR. AREAS WHERE CHEMICAL SPILLS WAS OBSERVED ~~are~~ INCLUDED: DRUM STORAGE IN REAR, WASTEWATER TREATMENT AREA AND AT HOLDING TANK. CONTAMINATED DIRT BY REAR HOLDING POND NEEDS REMOVED. CONTAINMENT DIKES AT NEED PUMPED OUT. BLACK DISCHARGE (UNPERMITTED) STILL EXIST IN REAR. RINSE OVERFLOW DISCHARGE HAS CEASED.

VIOLATIONS
1) UNPERMITTED DISCHARGE
2) ~~Rain~~ Containment SPILLAGE, REAR STORAGE AND HOLDING AR

LAWS, REGULATIONS OR PERMIT NO. & CO
1) CLEAN STREAMS LAW
2) CLEAN STREAMS LAW

RECEIVING STREAM APPEARANCE	ABOVE DIS APP	BELO DIS A
NAME		
Stoney Cek.	CL	CL

Sid Levy,

These are some results from the recent sampling I have done on your property. The rest will follow for you. Glad. Call me if you have any questions.

2-27-87

Frank K. Lang

THIS DOCUMENT IS OFFICIAL NOTIFICAT
RESOURCES, BUREAU OF WATER QUALIT
INSPECTION ARE SHOWN ABOVE.

ANY VIOLATIONS WHICH WERE UNCOVE
DISCOVERED UPON EXAMINATION OF T
OF DEPARTMENT RECORDS. NOTIFICA
HEREIN AND LISTING ANY ADDITIONAL

PERSON INTERVIEWED (SIGNATURE)

TITLE AND DATE

INVESTIGATOR (SIGNATURE) [signature]

TITLE AND DATE
WQS 3-5-87

ER BWQ-32 REV. 4-77

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WATER QUALITY MANAGEMENT
WASTE DISCHARGE INSPECTION REPORT

Page 2 of 2

DATE 3

ORIGINAL

TIME 1600

ESTABLISHMENT	CASE	LOCATION (STREET/STATE ROUTE)	COUNTY	MUNICIPALITY	PROGRAM
METRO CONTAINER CORP					

OPERATOR NAME	VALID CERTIFICATE POSTED YES ☐ NO ☐	TELEPHONE NO.	POP SERVED	ACRES UNDER PERMIT	ACRES ALRE. MINED
RESPONSIBLE OFFICIAL	ADDRESS	TELEPHONE NO.			
PERSON INTERVIEWED	ADDRESS	TELEPHONE NO.	INDUSTRIAL PRODUCTS 1.	2	

TREATMENT PROCESS	NUMBER OF UNITS TOT	IN OP	REMARKS	VIOLATIONS
			REAR DRUM STORAGE AREA HAD DRUMS CONTAINING SLUDGE WITH NO LIDS, DRUMS THAT HAD OVER TURNED SPILLING PAINTS AND CHEMICAL SLUDGES.	

LAWS, REGULATIONS OR PERMIT NO. & CO

RECEIVING STREAM APPEARANCE

NAME	ABOVE DIS APP	BELO DIS A
STONE CR		

THIS DOCUMENT IS OFFICIAL NOTIFICATION THAT A REPRESENTATIVE OF THE DEPARTMENT OF ENVIRONMENTAL RESOURCES, BUREAU OF WATER QUALITY MANAGEMENT, INSPECTED THE ABOVE FACILITY. THE FINDINGS OF THIS INSPECTION ARE SHOWN ABOVE.

ANY VIOLATIONS WHICH WERE UNCOVERED DURING THE INSPECTION ARE INDICATED. VIOLATIONS MAY ALSO BE DISCOVERED UPON EXAMINATION OF THE RESULTS OF LABORATORY ANALYSES OF THE DISCHARGE AND REVIEW OF DEPARTMENT RECORDS. NOTIFICATION WILL BE FORTHCOMING, CONFIRMING ANY VIOLATIONS INDICATED HEREIN AND LISTING ANY ADDITIONAL VIOLATIONS.

PERSON INTERVIEWED (SIGNATURE)

TITLE AND DATE

INVESTIGATOR (SIGNATURE)

TITLE AND DATE

WQS 3

SALT SERVICE
601 CHESTER PIKE, CRUM LYNNE, PA 19022

OFFICE	EQUIPMENT DIVISION
MAIN (215) 833-5200	(215) 833-5333
PHILA. (215) 878-8600	

PLEASE SEND REMITTANCE TO:
SALT SERVICE
601 CHESTER PIKE
CRUM LYNNE, PA 19022

14550

ORIGINAL
(Red)

INVOICE DATE	INVOICE NO.
[illegible]	[illegible]

SOLD TO:

SHIPPED TO:

[illegible] CONTAI[illegible]
[illegible] & [illegible]
[illegible]

SALESMAN: [illegible]

CUSTOMER P.O. NUMBER	OUR ORDER NO.	DATE SHIPPED	SHIPPED VIA	FOB	TERMS
[illegible]	[illegible]	[illegible]		DESTINATION	NET 30 DAYS

NO.	PACKAGE	DESCRIPTION	ORD'D.	SHIPPED	QUANTITY	PRICE/RATE	BASIS	AMOUNT

ENTERED FEB 27 1987

Rec'd
OK'D [illegible] LPB
Extended [illegible]
Entered 403.50
Paid
Check No.

RECEIVED
[illegible] 1987
Container Corp.

RS MUST BE PAID FOR WITH MATERIAL. CONTAINER
NDED PROMPTLY IF CONTAINERS RETURNED IN GOOD
HIN 90 DAYS FROM DATE HEREON.

ORIGINAL INVOICE

Y THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTION 6, 7 AND 12 OF
ANDARDS ACT OF 1938, AS AMENDED, AND OF REGULATIONS AND ORDERS OF THE ADMINISTRATOR OF THE WAGE AND HOUR
DER SECTION 14 THEREOF.

LB = POUND
CT = CWT.
TN = TON
GL = GALLON
EA = EACH
KI = KILO

PAY THIS AMOUNT
$ [illegible]

STAPLE ORIGINAL DOCUMENT HERE

ORIGINAL (Red)

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3–9	10–11	12–20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ DAYS DATE NET 10 ____ DAYS DATE

SALES USE TAX VERIFIED BY ____

☑ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO. DAY YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23–28	29–34	35	36–41	42–47	48–58	59–66	67–76
4									

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT
1	22	23–26	27–29	30–34	35–36	37–38	39–40	41–42	43–44	45–46	47–48	49–50	51–52	53–57	58–66	67–76
5	7	6115	025	[illegible]		84	16	50		13		[illegible]	[illegible]	[illegible]	11.52	[illegible]
5	7	7533	810			7	7	7		7		7	7	7		[illegible]
5																
5																
5																

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23–25	26–31	32–39	40–41	42	43–48	49–54
5		[illegible]						

FOR PAYABLES USE ONLY

A 6413

ORIGINAL (Red)

l Corporation

/83 TERMS MOD AM PM

CITY LIMITS ☐ IN ☐ OUT

LIC NO

DRIVER

CUSTOMER ORDER NO

IF PD.

CUST NO

SOLD TO

Received from #475 Mobil

3 1 TOTAL

PRODUCTS	OFFICE CODES PRODUCT	TAX	PKG	QUANTITY	PRICE EX TAX	EXCISE TAX FED.	STATE	PRICE INCL. TAX	AMOUNT
					C/C 698-699				15
									6
					C/C 689				10
					C/C 694				
truck #247	Dyf 6820								31
SALES TAX @ %				0				INVOICE TOTAL	
DRUM DEPOSIT CHARGES				0					
DRUM DEPOSIT CREDITS									

SETTLEMENT: CASH; CREDIT CARD SALES (CO-65 S); CHECKS ID #S; SETTLEMENT TOTAL

REMIT TO: LOCAL ☐ MOBIL PLANT ☐ P.O. BOX 8500 K-120 PHILADELPHIA, PA 1917

CHARGE SALE — RECEIVED ABOVE PRODUCTS AND QUANTITIES

CASH SALE — RECEIVED PAYMENT FOR MOBIL OIL CORPORATION

te of Missouri) rsigned certifies rchaser expressly his intention to im for refund of r fuel tax included

(Agent for Seller)

The seller of motor fuel certifies that the motor fuel tax will be paid as required by law

If taxes not shown separately, unit price shown above includes any applicable accrued federal and/or excise taxes unless otherwise indicated on this invoice

The products covered on this invoice meet the ASTM standards set forth in Arkansas Statutes 53-601 as amended

GASOLINE NOT SOLD FOR ILLUMINATING PURPOSES (So Dakota)

A 64132

CO-134S BL(12-77)

l Oil Corporation

/9 TERMS MOD AM PM

CITY LIMITS ☐ IN ☐ OUT

LIC NO

DRIVER

CUSTOMER ORDER NO

IF PD.

CUST NO

SOLD TO

Mobil Oil #475

Total 48

GES SIZE	PRODUCTS	OFFICE CODES PRODUCT	TAX	PKG.	QUANTITY	PRICE EX TAX	EXCISE TAX FED.	STATE	PRICE INCL. TAX	AMOUNT
							Newburgh	750		23
							Benghazi	679		25
	Dyf 6820									48
	SALES TAX @ %				0				INVOICE TOTAL	
	DRUM DEPOSIT CHARGES				0					
	DRUM DEPOSIT CREDITS									

SETTLEMENT: CASH; CREDIT CARD SALES (CO-65 S); CHECKS ID #S

REMIT TO: LOCAL ☐ MOBIL PLANT ☐ P.O. BOX 8500 K-12(PHILADELPHIA, PA

CHARGE SALE — RECEIVED ABOVE PRODUCTS AND QUANTITIES

CASH SALE — RECEIVED PAYMENT FOR MOBIL OIL CORPORATIO

State of Missouri) ndersigned certifies purchaser expressly his intention to

The seller of motor fuel certifies that the motor fuel tax will be paid as required by law

The products covered on this invoice meet the ASTM standards set forth in Arkansas Statutes 53-601 as amended

INVOICE

Coyne Chemical

GEORGE S COYNE CHEMICAL COMPANY, INC

ORIGINAL (Red)

INVOICE-DATE	PAGE-NO	INVOICE-NO.
08/12/83	1	0031342-0

SOLD-TO	SHIP-TO
UNI43	000000

SOLD TO: METRO CONTAINER CORPORATION
P.O. BOX A
2ND & PRICE STREETS
TRAINER PA 19016

SHIP TO: METRO CONTAINER CORPORATION
2ND & PRICE STREETS
TRAINER PA 19016

TICKET NO. 27

SLM	TERR.	DELIVERY TICKET NO	ORDER DATE	ORDER ACC. BY	CUSTOMER P.O.	SHIP VIA	SHIP-DATE
RHS		37429	08/10/83	CS	08894	TANK TRUCK	08/12/83

ORDERED	SHIPPED	BACK ORDERED	PACKAGE LBS OR GALLONS	PACKAGE UNIT	ITEM NUMBER	DESCRIPTION	QUANTITY	PRICE RATE	Basis	AMOUNT
11	11		100	BAG	PH2250	DISODIUM PHOSPHATE GRAN 100# BAGS	1100	59.3500	2	652.85
10	10		100	BAG	GC5235	SODIUM NITRITE USP SUPER FREE FLOW GRAN 100# BAGS	1000	39.2000	2	392.00
						+ 50.00 TANK UPCHARGE				50.00
						THANK YOU FOR YOUR ORDER				
21	21	0				MERCHANDISE				1,094.85
						MISCELLANEOUS				0.00
						INVOICE TOTAL				1,094.85

Rec'd
OK'D
Extended
Entered 10-4-3
Paid OCT 12 1983
Check No. 11520

RECEIVED AUG 2 Metro Container Corp

BASIS CODE KEY
1 - LB
2 - CWT
3 - TON
4 - GAL
5 - EACH
6 - METRIC TON

TERMS: NET 30 DAYS

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT

Coyne Chemical

INVOICE

GEORGE S COYNE CHEMICAL COMPANY INC

ORIGINAL (Red)

SOLD-TO	SHIP-TO
[illegible]	[illegible]

PAGE-NO	INVOICE-DATE	INVOICE-NO
	/ /	

SOLD TO: [illegible] CONTAINER CORP OF [illegible]
P.O. BOX [illegible]
ONE PRICE STREETS
[illegible]

SHIP TO: [illegible]

SLM	TERR	DELIVERY TICKET NO	ORDER DATE	ORDER ACCEPTED	CUSTOMER P.O.	SHIP VIA	SHIP DATE
GJP		3[illegible]	[illegible]				/ /

ORDERED	SHIPPED	BACK ORDERED	PACKAGE LBS OR GALLONS	PACKAGE UNIT	ITEM NUMBER	DESCRIPTION	QUANTITY	PRICE RATE	BASIS	AMOUNT
10	10		100	[illegible]	[illegible]	[illegible]	[illegible]			
10	10		100	[illegible]	[illegible]	[illegible]	[illegible]			
20	[illegible]	0								

Rec'd [illegible]
OK'D [illegible]
Extended [illegible]
Entered [illegible]
Paid NOV 12 [illegible]
Check No. 11679

BASIS CODE KEY
1 - LB
2 - CWT
3 - TON
4 - GAL
5 - EACH
6 - METRIC TON

TERMS: NET 30 DAYS

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT

Coyne Chemical

INVOICE

GEORGE S. COYNE CHEMICAL COMPANY, INC.

ORIGINAL (Red)

SOLD-TO	SHIP-TO
[illegible]	[illegible]

INVOICE-DATE	
PAGE-NO.	INVOICE-NO.

SOLD TO: [illegible]

SHIP TO: [illegible]

[illegible]KET NO. [illegible]

SLM	TERR	DELIVERY TICKET NO	ORDER DATE	ORDER ACC BY	CUSTOMER P O	SHIP VIA	SHIP DATE
RHS		37[illegible]-7	[illegible]/19[illegible]				

ORDERED	SHIPPED	BACK ORDERED	PACKAGE LBS OR GALLONS	PACKAGE UNIT	ITEM NUMBER	DESCRIPTION	QUANTITY	PRICE/RATE	Basis	AMOUNT
0										

ORD [illegible]

Extended 50

Entered 10-4-7

Paid NOV 2 [illegible]

Check No. 11679

Metro Container Corp.

BASIS CODE KEY
1 - LB
2 - CWT
3 - TON
4 - GAL
5 - EACH
6 - METRIC TON

TERMS: NET 30 DAYS

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT

Coyne Chemical

INVOICE

ORIGINAL (Red)

GEORGE S. COYNE CHEMICAL COMPANY, INC

SOLD-TO	SHIP-TO

INVOICE-DATE	
PAGE-NO.	INVOICE-NO.

SOLD TO:

SHIP TO.

SLM	TERR	DELIVERY TICKET NO	ORDER DATE	ORDER ACC BY	CUSTOMER P O	SHIP VIA	SHIP-DATE

ORDERED	SHIPPED	BACK ORDERED	PACKAGE LBS OR GALLONS	PACKAGE UNIT	ITEM NUMBER	DESCRIPTION	QUANTITY	PRICE/RATE	Basis	AMOUNT

12.820

RECEIVED
JAN - 5 1984
Metro Container Corp.

BASIS CODE KEY
1 - LB
2 - CWT
3 - TON
4 - GAL
5 - EACH
6 - METRIC TON

TERMS:
NET 30
DAYS

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT

Coyne Chemical

GEORGE S COYNE CHEMICAL COMPANY INC

INVOICE

ORIGINAL (Red)

INVOICE-DATE

PAGE-NO.	INVOICE-NO.

TICKET NO.

SOLD-TO	SHIP-TO

SOLD TO:

SHIP TO.

SLM	TERR	DELIVERY LOCAL NO.	ORDER DATE	ORDER ACC BY	CUSTOMER P.O.	SHIP VIA	SHIP-DATE

ORDERED	SHIPPED	BACK ORDERED	PACKAGE LBS OR GALLONS	PACKAGE UNIT	ITEM NUMBER	DESCRIPTION	QUANTITY	PRICE RATE		AMOUNT

Checked

Extended

Entered 10-4-7

Paid FEB 28 1984

No. 12732

TERMS: NET 30 DAYS

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT

1983

2·25+
2·29+
2·24+
2·19+
2·30+
2·26+
2·14+
1·94+
2·21+
2·23+
2·36+
24·41+

ORIGINAL
(Red)

1983

2·36
2·36+
4·72+
4·72+
14·16*

ORIGINAL
(Red)

0·75+
1·04+
0·30+
1·17+
3·26*

183

ORIGINAL
(Red)

OFFICE CODES

ROUTE ORIGINAL (Red)

DELIVERING CARRIER

CAR OR VEHICLE #

IF PREPAID, RENDER FREIGHT BILL IN DUPLICATE TO PERMANENT POST OFFICE ADDRESS OF SHIPPER:

MOBIL OIL CORPORATION

PAUL

PRODUCT	PKG	TAX	WEIGHT	FRT CLASS	LOC

STC

TOTAL PIECES	TOTAL SHIP WEIGHT

LG DRUM	SM DRUM	KEGS	PAILS	BOXES	BULK / OTHER

ARGES PAID BY:

N DELIVERY - $

: MOBIL OIL CORPORATION

Mobil this shipping order

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

FCO-1395 HPS (4-8

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Shipping Order.

From **Mobil Oil Corporation**

SHIPPER'S NUMBER	DATE	CARRIER	CARRIER'S NO.	SHIPPING ORIGIN
				2179

ORDER KEY	CUSTOMER NUMBER	PURCHASE ORDER	F.O.B.	FREIGHT

SHIP TO

PACKAGES NUMBER	PACKAGES DESCR	HM	PRODUCT DESCRIPTION

RECEIVED
JUL 2 1983
Metro Container Corp.

CASH SALES	RECEIVED PAYMENT FOR MOBIL OIL CORPORATION	CUSTOME

OFFICE CODES.

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

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.

The fibre boxes used for this requirements of the Uniform a

* If the shipment moves between tw

NOTE—Where the rate is dependent

The agreed or declare specifically stated by

the property described hereon, in apparent good order, except as noted (contents and condition of contents packages unknown), marked, consigned, and destined as indicated hereon, which said carrier (the word carrie ... any person or corporation in possession of the propert ... on its route, otherwise t ... or any ... sted in a ... erms an ... s in effec ... fication u ... including ... tion of th ... self and h ... correctly ... t is ... lbs. ... ation by ... BLE AND ... UREAU ... greement ... PORATION ... Shipper. ... ied of stamp no ... g approved by the ... Commission ... n, and all other ... hipper's weight ... ty

Recondition & Return

№ 2179

DATE:

RECEIVED FROM: U.P.S. Gettysburg, PA

DRIVER: Dray #781 Mobil

3 20/18-ga.

J.L.

Mobil Oil Corporation

Shipper, Per _____

Agent, Per _____

Universal Container Corp. 3093 9230
STEEL DRUM DIVISION
2nd & Price St.
Trainer, Pa. 19013

MA - 7-7288
494-8200

Date

Received From

Address

QUAN.	DESCRIPTION	PRICE	AMOUNT
ORIGINAL (Pink)			

REC'D BY

DRIVER

MOORE BUSINESS FORMS INC.

PURCHASE INSPECTION Nº 9230 3093

DATE:

RECEIVED FROM: OWEN CORNING

DRIVER: AHB 217

16 - 18/20

16 TOTAL

MIBIV
PURCH

LANREY

SHIPPED TO

DATE				
April 06, 1983	PAYMENT DUE 30 DAYS FROM DATE OF SHIPMENT			
YOUR ORDER NO. 08516	F.O.B. Paulsboro, NJ	TERMS Net 30 days	VIA CTM Trucking	FILE NO. 1577

QUANTITY	DESCRIPTION	TOTAL QUANTITY	UNIT PRICE	AMOUNT
One Tank Truck	Liquid Caustic Soda, 50%	1 0405		
	46,160# x 38.82% / 76 = 23,578=	11.789 TONS	= 9.25/cwt $185.00/ TON	$2180.97
	Plus freight:	46,160#	$.56/cwt	$ 258.50
	Plus pumping charge:			$ 11.00
	Plus superfund tax:	11.789	$.28/ton	$ 3.30
	TERMS: NET 30 DAYS FROM DATE OF SHIPMENT.			$2453.77

ORIGINAL (Red)

RECEIVED JUN - 9 1983

Checked

Entered 10-4-5

Checked

Check No. 10616

2453.77 ÷ 23578 = $10.407/cwt

[redacted]

Universal Container Corp. 08516

STEEL DRUM DIVISION
2nd & Price St.
Trainer, Pa. 19013

MA-7-7288
94-8200

DATE 4-6-83

RECEIVED FROM Kalmazoo Chemical

ADDRESS

CITY STATE

QUAN.	DESCRIPTION	PRICE	AMOUNT
	# 00155		
	Ordered 4-5-83		
6,400	lbs caustic soda		
	(3637 gals)		
	10-4-5		

REC'D BY

DRIVER

MOORE BUSINESS FORMS, INC., E

ALLIED WAREHOUSING SERVICES, Inc.
20 - 26th Street
HUNTINGTON, WEST VIRGINIA 25703

ORIGINAL (Red) 1097

CONSIGNOR	SHIPPER'S NO.	DATE SHIPPED	PURCHASE ORDER NO.
Chem Tek Services	113178	2-1-83	06466

SHIP TO
Universal Container Corp.
2nd & Price St.
Trainer, PA 19016

ROUTING	STAGING AREA	B/L NO.
CAR NO.		
PICKED BY	CHECKED BY	

QUANTITY	PRODUCT CODE	WAREHOUSE LOCATION	QUANTITY PICKED	DESCRIPTION	CS/PLT	TALLY	TOTAL
1 drum		981		5009			

104-7

Universal Container Corp. 07372
STEEL DRUM DIVISION
2nd & Price St.
Trainer, Pa. 19013

MA-7-7288
494-8200

DATE

RECEIVED FROM

ADDRESS

CITY STATE

QUAN.	DESCRIPTION	PRICE	AMOUNT

REC'D BY

DRIVER

Total Ca

NOTICE OF SHIPMENT
count shown above is

MOORE BUSINESS FORMS, INC.

BRULIN & COMPANY, INC.

Federal ID NO. 350201490
D-U-N-S 00-641—4692

GENERAL OFFICES:
P.O. BOX 270-B • INDIANAPOLIS, INDIANA 46206-0270 U.S.A
(317) 923-3211 • TELEX 27-2239 "BRULINCHEM IND"
TOLL FREE: 1-800-428-7149

VENDOR NO.

DATE 12/06/83

CUSTOMER NUMBER 1900026

INVOICE NO. TRANSACTION NO. 363927

SHIP TO .METRO CONTAINER CORP

2ND & PRICE ST
TRAINER PA 19013

SOLD TO

NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION
CREDIT SERVICE CHARGE ADDED TO PAST DUE ACCOUNTS.

TERMS: NET 30 DAYS

ORDER ENTERED	ORDER SHIPPED	VIA	REPRESENTATIVE	CUSTOMER ORDER NO.
12/06/83	11/02/83	WESTWOOD/AFA	LEE BROOKS	

PRODUCT NUMBER	DESCRIPTION	CONTAINER UNITS	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
2212	D-370 PV	55 GAL	10	10	6.990	3844.50
				SUBTOTAL		3844.50
				TOTAL		3844.50

Rec'd
OK'D
Extended
Entered 1
Paid FEB - 3 1984
Check No. 12515

OUR FREIGHT POLICY: WE PREPAY SHIPPING CHARGES ON ORDERS GREATER THAN $200 OR 55 GALLONS UNLESS PREVIOUSLY QUOTED FOB, OUR PLANT. OTHERWISE APPLICABLE FREIGHT CHARGES WILL BE PREPAID AND ADDED TO THE INVOICE. AS OF 8-1-83, WE NO LONGER SUPPLY THE BILL-OF-LADING WITH THE INVOICE.

RECEIVED
DEC 12 1983
Metro Container Corp.

MAKE ALL REMITTANCES BY CHECK DIRECTLY PAYABLE TO BRULIN & COMPANY, INC.

Prices subject to change without notice. Not responsible for goods damaged in transit. Claims should be made with carrier. We hereby certify that these goods were produced in compliance with all applicable requirements of Sections 6, 7 and 12 of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq), and of regulations and orders of the United States Department of Labor issued under Section 14 thereof.

Metro Container Corp. 1060

2nd & Price St.
Trainer, Pa. 19013

MA-7-7288
494-8200

DATE

RECEIVED FROM

ADDRESS

CITY STATE

QUAN.	DESCRIPTION	PRICE	AMOUNT
161			
176			

REC'D BY

DRIVER

MCP. PATENTED. SPEEDISET® MOORE BUSINESS FORMS, INC.

Metro Container Corp. 1042

ORIGINAL (Red)

2nd & Price St.
Trainer, Pa. 19013

MA-7-7288
494-8200

DATE

RECEIVED FROM

ADDRESS

CITY STATE

QUAN.	DESCRIPTION	PRICE	AMOUNT

REC'D BY

DRIVER

MCP. PATENTED. SPEEDISET® MOORE BUSINESS FORMS, INC.

Invoice

Dunlap Mellor & Company
2107 E. Susquehanna Ave
Phila., Penna 19125

#1428

ORIGINAL (Red)

No. 11

Date

Sold To Sun Refining & Marketing
Box 7438 Attn Acct Payable
Phila Pa 19101

Shipped to Metro Container

Your Order No.	Our Order No.	Salesman	
Date Shipped	Shipped VIA	F.O.B.	Terms

Quantity Ordered	Quantity Shipped	Stock Number Description	Price	Per	Amount
54/55		Empty SUN drums			

RECEIVED
- 3 - 1983
Metro Container Corp.

WilsonJones

Invoice

Reconditioned & Retired

DATE
RECEIVED FROM
DRIVER:

1428

ORIGINAL (Red)

RECEIVING RECORD

1305
8327

METRO CONTAINER CORP.
2nd & Price Sts. – P.O. Box A
Trainer, Penna. 19016

RECEIVED FROM: TRI-GAS & OIL Co

ADDRESS: FEDERALSBURG MARYLAND

PURCHASE ORDER NO. OR RETURNED GOODS	FREIGHT BILL NO.	DATE	
VIA: HIS TRAILER 241		PREPAID	COLLECT

	QUANTITY	ITEM NUMBER	DESCRIPTION
1	40		18/[redacted] T/S SUN
2			
3			
4			
5			
6			13- 2" MISSING
7			10 3/4" "
8			
9			
10			[signature]
11			
12			

REMARKS: CONDITIONS, ETC.

NO. PACKAGES	WEIGHT	RECEIVED BY	CHECKED BY	DELIVERED TO

Rediform ®
2H 260

BE SURE TO MAKE THIS RECORD ACCURATE AND COMPLETE

8327

Recondition & Return Nº 1305

DATE: TRI GAS OIL Co

RECEIVED FROM: FEDERALSBURG, MD

DRIVER: TRI-GAS 241

40- 18 T/S

40

13- 2"

10- 3/4"

McNEIL

ORIGINAL (Red)

MONTH	DAY	YEAR		
04	06	3	1601	22 0 200

TOTAL

QUANTITY BILLED (NET)	GROSS QUANTITY BILLED
137	137

PRODUCT CODE	PKG. CODE	BILL OF LADING NO./ MVMT I.D.	QUANTITY BILLED (NET)	PUMPING DIFFERENCE	IN TRANSIT DIFFERENCE	QUANTITY REC (NET)
757500	52201		137			

Empty Drums To be cleaned

From: Blawnox Pa
Sun Refining + Mktg
Freeport Road + 21

RECEIVING LOCATION NAME

Lecondition & Return № 1286

DATE:

RECEIVED FROM: SUN BLAWNOX, PA

DRIVER: SUN VAN 4064

11 - 18# RIEKE SUN
21 - 18/20 RIEKE SUN
20 - 18 T/S SUN
68 - 18/20 T/S SUN
15 - SCRAP SUN

135 TOTAL

SUN R&R

J.L

NATURE

UNLOADED 4/7

135

MAIN OFFICE
QUARRYVILLE, PA.
PHONE 717-786-2181

HERR'S MOTOR EXPRESS, INC.

P.O. BOX 8 • QUARRYVILLE, PA. 17566

WHARTON, N.J. 201-361-0138 | CHESTER, PA. 215-485-1863 | NEW BRIGHTON, PA. 412-843-7[illegible]

TERMINALS

CANANDAIGUA, N.Y. 716-394-1600 | ELMIRA, N.Y. 607-734-2986 | PROVIDENCE, R.I. 401-885-0010

ORIGINAL (Red)

Consignee [illegible]

(Destination)

Consignor [illegible]

Date [illegible]

[illegible]

LOAD NUMBER
(Assign number if Revenue lo

Shipper Nos. [illegible] Tractor No. 16 Trailer No. 590 Drivers Name [illegible]

No. packages or pieces	DESCRIPTION	Weight	Rate	Freight
[illegible]				

Received above in good order
Consignee Signature

Claims for loss or damage must be made in writing in five days. All goods taken subject to road conditions and delays.

Form No. 103
(10-1-78)

Recognition & Return No. 3473

DATE:
RECEIVED FROM: [illegible]
DRIVER: [illegible] #594

15 / 18 [illegible]

TL

Telephone Nos.: GA3-6441-42
RE9-9697

NUMERICAL FILE COPY

No. [illegible]

DUNLAP, MELLOR AND COMPANY, INC.

JAMES GOOD CO. DIVISION

SOLVENTS AND CHEMICALS
SUN OIL DISTRIBUTOR – OIL AND GREASES
2107-15 EAST SUSQUEHANNA AVENUE
PHILADELPHIA, PA. 19125

ORIGINAL (Red)

SHIPPED TO

SOLD TO
Sun Refining & Marketing Co
Box 7438 Attn Lou Gregin
Phila Pa 19101

INVOICE DATE	YOUR ORDER NO.	TERMS	
DATE SHIPPED	SALESMAN	SHIPPED VIA	F.O.B.	OUR ORDER NO.

QUANTITY	DESCRIPTION	UNIT PRICE	UNIT	AMOUNT
123	Empty Oil Drums			

RECEIVED
JEL [illegible]
Metro Container Corp
S. Kelly Jr.

Seller makes no warranty of any kind, express or implied, except that the materials sold hereunder shall be of Seller's standard quality, and Buyer assumes all risk and liability whatsoever resulting from the use of such materials whether used singly or in combination with other substances. Liability of the Seller, if any hereunder, shall in no event exceed in amount the purchase price, actually received of the materials sold with respect to which any damages are claimed. Seller neither assumes nor authorizes any person to assume for it any other liability in connection with the sale or use of the materials sold hereunder, and there are no oral agreements or warranties collateral to or affecting this Agreement.

Recondition & Return

No. 3472

DATE:
RECEIVED FROM:
DRIVER:

IL

MAIN OFFICE
QUARRYVILLE, PA.
PHONE 717-786-2181

HERR'S MOTOR EXPRESS, INC.

P.O. BOX 8 • QUARRYVILLE, PA. 17566

WHARTON, N.J. 201-361-0138 | CHESTER, PA. 215-485-1863 | NEW BRIGHTON, PA. 412-843-7870

ORIGINAL (Red)

TERMINALS

CANANDAIGUA, N.Y. 716-394-1600 | ELMIRA, N.Y. 607-734-2986 | PROVIDENCE, R.I. 401-885-0010

Consignee _____ Consignor _____ Date _____

(Destination)

LOAD NUMBER
(Assign number if Revenue loa

Shipper Nos. _____ Tractor No. _____ Trailer No. _____ Drivers Name _____

No. packages or pieces	DESCRIPTION	Weight	Rate	Freight

COPY

S Kelly

Received above in good order
Consignee Signature

Claims for loss or damage must be made in writing in five days. All goods taken subject to road conditions and delays.

Form No. 103
(10-1-78)

DRIVERS SIGNATURE [illegible]
279049 Pratt & Whitney
PWA
East Hartford ct

Recondition & Return No. 3524

DATE:
RECEIVED FROM: Pratt & Whitney, E. Hartford, Ct.
DRIVER: [illegible] Sign

154 18 [illegible]

7 [illegible]

JL

Telephone Nos.: GA3-6441-42
RE9-9697

NUMERICAL FILE COPY

No. 3312

DUNLAP, MELLOR AND COMPANY, INC.

JAMES GOOD CO. DIVISION

ORIGINAL (Red)

SOLVENTS AND CHEMICALS
SUN OIL DISTRIBUTOR – OIL AND GREASES
2107-15 EAST SUSQUEHANNA AVENUE
PHILADELPHIA, PA. 19125

SHIPPED TO

SOLD TO

Sun Refining & Marketing Co
Box 7438 Attn Loum Grogin
Phila Pa 19101

INVOICE DATE | YOUR ORDER NO. | TERMS

DATE SHIPPED	SALESMAN	SHIPPED VIA	F.O.B.	OUR ORDER NO.

QUANTITY	DESCRIPTION	UNIT PRICE	UNIT	AMOUNT
102	mt Empty Oil Drums			

S Kelly

[illegible]er makes no warranty of any kind, express or implied, except that the materials sold hereunder shall be of Seller's standard quality, and Buyer assumes all risk and li[illegible] whatsoever resulting from the use of such materials, whether used singly or in combination with other substances. Liability of the Seller, if any hereunder, shall in no event exceed in amount the purchase price, actually rec[illegible] of the materials sold with respect to which any damage [illegible] claimed. Seller neither assumes nor authorizes any person to assume for it any other liability in connectio[illegible] the sale or use of the materials sold hereunder, and th[illegible] no oral agreements or warranties collateral to or affecting this Agreement.

Recondition & Return Nº 3312

DATE:
RECEIVED FROM:
DRIVER:

102 [illegible]

IL

Telephone Nos.: GA3-6441-42
RE9-9697

NUMERICAL FILE COPY

No. 3547

DUNLAP, MELLOR AND COMPANY, INC.

JAMES GOOD CO. DIVISION

ORIGINAL (Red)

SOLVENTS AND CHEMICALS
SUN OIL DISTRIBUTOR – OIL AND GREASES
2107-15 EAST SUSQUEHANNA AVENUE
PHILADELPHIA, PA. 19125

SOLD TO
Sun Refining & Marketing Co.
Box 7438 Attn. Lou Grogin
Phila. Penna. 19101

SHIPPED TO

INVOICE DATE | YOUR ORDER NO. | TERMS

DATE SHIPPED	SALESMAN	SHIPPED VIA	F.O.B.	OUR ORDER NO.

QUANTITY	DESCRIPTION	UNIT PRICE	UNIT	AMOUNT
53	Empty Oil Drums			

S Kelly

[illegible] makes no warranty of any kind, express or implied, except that the materials sold hereunder shall be of Seller's standard quality, and Buyer assumes all risk and liab[illegible] whatsoever resulting from the use of such mate[illegible] whether used singly or in combination with other substances. Liability of the Seller, if any hereunder, shall in no event exceed in amount the purchase price, actually rece[illegible] of the materials sold with respect to which any damages [illegible] claimed. Seller neither assumes nor authorizes any person to assume for it any other liability in connectio[illegible] the sale or use of the materials sold hereunder, and th[illegible] no oral agreements or warranties collateral to or affecting this Agreement.

Recondition & Return No. 3547

DATE: 12-19-73
RECEIVED FROM: [illegible] Phila, PA
DRIVER: [illegible] Sun

56 Sun 18-Sa

RECEIVING RECORD

3302
8168

ORIGINAL (R)

RECEIVED FROM

ADDRESS

PURCHASE ORDER NO. OR RETURNED GOODS	FREIGHT BILL NO.	DATE

VIA	PREPAID	COLLECT

	QUANTITY	ITEM NUMBER	DESCRIPTION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

REMARKS: CONDITIONS, ETC.

NO. PACKAGES	WEIGHT	RECEIVED BY	CHECKED BY	DELIVERED TO

Rediform ®
2H 260

BE SURE TO MAKE THIS RECORD ACCURATE AND COMPLETE

Recon[illegible]ion & Return

Nº 3302

DATE:

RECEIVED FROM:

DRIVER:

RECEIVING RECORD

8171

ORIGINAL (Rec'd)

RECEIVED FROM	
ADDRESS	

PURCHASE ORDER NO. OR RETURNED GOODS	FREIGHT BILL NO.	DATE	
VIA		PREPAID	COLLECT

	QUANTITY	ITEM NUMBER	DESCRIPTION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

REMARKS: CONDITIONS, ETC.

NO. PACKAGES	WEIGHT	RECEIVED BY	CHECKED BY	DELIVERED TO

Rediform ®
2H 260

BE SURE TO MAKE THIS RECORD ACCURATE AND COMPLETE

Recondition & Return № 3389

DATE:

RECEIVED FROM:

DRIVER:

2783

STOCK TRANSFER - DOCUMENT 0800

ORIGINAL
(REC)

TRANS CODE	SHIPPING DATE MONTH	DAY	YEAR	DOCUMENT NUMBER
0800				

MA

SHIP TO LOCATION	METHOD OF DEL	EXCHANGE NUMBER

LINE CODE	PRODUCT CODE	PKG CODE	BILL OF LADING NO./ MVMT ID	CARRIER CODE	PETROEX IDENTIFIER	NET QUANTITY SHIPPED
	951H010	522	00010100001	0000		7
9	TOTAL					

S Kelly

APPROVED BY

SUN—40979-A

Recondition & Return

Nº 3395

DATE: 12-8-83

RECEIVED FROM: Sun Refining Baltimore, Md

DRIVER: H 5384

7 18/20-82

Lange

ORIGINAL (Red) 3466

RECEIPT TRUCK LOAD TRANSPORT CO. INC. P.O. BOX 449 MANSFIELD, MA 02048 MA. WATS 1-800-372-3958 OUT OF STATE 1-800-343-3960 N.J. (201) 864-7678 N.Y. (212) 594-5436

PRO NO. 38099

DRIVER'S NAME Steve Lecates

OWNER | %

CK. NO. | ADVANCES | AMT.

CONSIGNEE: Metro

CITY & STATE: Marcus Hook P.A. 08800

SHIPPER: Sun Refining and Marketing Co

CITY & STATE Marcus Hook PA 19061

SHIPPER'S NO. GBL	DATE	FROM	TO	VIA	TRAILER	REVENUE
[illegible]	10 15 83				15326	

NO. PCS.	WEIGHT	DESCRIPTION	PPD/COLL	RATE	AMOUNT
58	17010	Empty 55-Gal Drums			

RECEIVED DEC [illegible] 1983 Metro Container Corp

RECEIVED ABOVE IN GOOD ORDER EXCEPT AS NOTED

DEL'Y DATE

RECEIVER SIGN HERE X C. Rort
(SIGNATURE IN FULL)

DRIVER'S SIGNATURE [illegible]

DETENTION ARRIVAL TIME [illegible] DEPARTURE TIME 11:30 [illegible]

SIGNATURE RECEIVER

RECONSIGNMENT FROM _____ CITY - STATE TO _____ COMPANY _____ CITY-STATE

RECON CHGS TO BE PAID BY:

COMPANY:

ADDRESS:

AUTHORIZED SIGNATURE _____

F[illegible] R-2/81 U

CONSIGNEE MEMO

Recondition & Return Nº 3466

DATE: [illegible]

RECEIVED FROM: Sun Gal

DRIVER: TLT Co M.H. Sun 15326

80	15-[illegible]	
6	15/20 N/S	
1	5-B N/S	
1	Scrap N/S	
88	TOTAL	

TL

Telephone Nos.: GA3-6441-42
RE9-9697

NUMERICAL FILE COPY

ORIGINAL (Red) No. [redacted]

2163

DUNLAP, MELLOR AND COMPANY, INC.

JAMES GOOD CO. DIVISION

SOLVENTS AND CHEMICALS
SUN OIL DISTRIBUTOR – OIL AND GREASES

2107-15 EAST SUSQUEHANNA AVENUE
PHILADELPHIA, PA. 19125

SOLD TO
Sun Refining & Marketing
Box 7438 Acct Payable
Phila Pa 19101

SHIPPED TO
Metro Containers

INVOICE DATE	YOUR ORDER NO.	TERMS		

DATE SHIPPED	SALESMAN	SHIPPED VIA	F.O.B.	OUR ORDER NO.

QUANTITY	DESCRIPTION	UNIT PRICE	UNIT	AMOUNT
106	empty Sun Oil Drums			

Seller makes no warranty of any kind, express or implied, except that the materials sold hereunder shall be of Seller's standard quality, and Buyer assumes all risk and liability whatsoever resulting from the use of such materials, whether used singly or in combination with other substances. Liability of the Seller, if any hereunder, shall in no event exceed in amount the purchase price actually received of the materials sold with respect to which any damages are claimed. Seller neither assumes nor authorizes any person to assume for it any other liability in connection with the sale or use of the materials sold hereunder, and there are no oral agreements or warranties collateral to or affecting this Agreement.

Reconditioning & Return No. 2163

DATE:
RECEIVED FROM:
DRIVER:

Mobil Oil Corporation

ORIGINAL (Red) 7138

DATE [illegible] TERMS MOD

DEL'D FROM AM PM

DEL'D AT CITY LIMITS

TRUCK NO DRIVER LIC NO

DISCOUNT PD CUSTOMER ORDER NO

CUST NO

SOLD TO

PACKAGES NO	PACKAGES SIZE	PRODUCTS	OFFICE CODES PRODUCT	OFFICE CODES TAX	OFFICE CODES PKG	QUANTITY	PRICE EX TAX	EXCISE TAX FED	EXCISE TAX STATE	PRICE INCL TAX	AMOUNT
		MOBIL PREMIUM GASOLINE	010017		1						
		MOBIL SUPER UNLEADED GASOLINE	015024		1						
		MOBIL REGULAR GASOLINE	020016		1						
		MOBIL UNLEADED GASOLINE	035014		1						
		MOBIL DIESEL FUEL	160010		1						
		MOBIL HEATING OIL #2	180018		1						
	55 GAL	[illegible]				12		20			340.00
		COLLECTION ACCOUNT	980029								
		SALES TAX @ %									
		DRUM DEPOSIT CHARGES			0						
		DRUM DEPOSIT CREDITS			0						

RECEIVED OCT 1983 Metro Container Corp

INVOICE TOTAL 340.00

SETTLEMENT

CASH

CREDIT CARD SALES ICO-65 S

CHECKS ID #S

SETTLEMENT TOTAL

REMIT TO MOBIL AT

LOCAL PLANT

CHARGE SALE — RECEIVED ABOVE PRODUCTS AND QUANTITIES

CASH SALE — RECEIVED PAYMENT FOR MOBIL OIL CORPORATION

GASOLINE NOT SOLD FOR ILLUMINATING PURPOSES. So. Dakota

Recondition & Return

Nº 2989

DATE:

RECEIVED FROM:

DRIVER:

1713

Mobil Oil Corporation

ORIGINAL (Red) 7141

DATE [illegible] TERMS MOD

DEL'D FROM AM PM

DEL'D AT CITY LIMITS IN OUT

TRUCK NO [illegible] DRIVER [illegible] LIC NO

DISCOUNT IF PD CUSTOMER ORDER NO

CUST NO [illegible] Stone Prod.

SOLD [illegible]

PACKAGES NO	SIZE	PRODUCTS	OFFICE CODES PRODUCT	TAX	PKG	QUANTITY	PRICE EX TAX	EXCISE TAX RED	STATE	PRICE INCL TAX	AMOUNT
		MOBIL PREMIUM GASOLINE	010017		1						
		MOBIL SUPER UNLEADED GASOLINE	015024		1						
		MOBIL REGULAR GASOLINE	020016		1						
		MOBIL UNLEADED GASOLINE	035014		1						
		MOBIL DIESEL FUEL	160010		1						
		MOBIL HEATING OIL #2	180018		1						
55 gal		Steel Drums				10		20 00/EA			200 00
		COLLECTION ACCOUNT	980029								
		SALES TAX @ %									
		DRUM DEPOSIT CHARGES			0						
		DRUM DEPOSIT CREDITS			0						

1983

Corp.

INVOICE TOTAL [illegible]

SETTLEMENT

CASH

CREDIT CARD SALES (CO CHG)

CHECKS (CHG)

SETTLEMENT TOTAL

REMIT TO MOBIL AT

LOCAL PLANT

CHARGE SALE — RECEIVED ABOVE PRODUCTS AND QUANTITIES

CASH SALE — RECEIVED PAYMENT FOR MOBIL OIL CORPORATION

GASOLINE NOT SOLD FOR ILLUMINATING PURPOSES (So. Dakota)

Recondition & Return Nº 2990

DATE: [illegible]

RECEIVED FROM: [illegible]

DRIVER: [illegible]

REMITTANCE VOUCHER

INVOICE NO.	AMOUNT	DISCOUNT	INVOICE NO.	AMOUNT	DISCOUNT
					ORIGINAL (Red)
GROSS AMOUNT		TOTAL DISCOUNT		CHECK AMOUNT	

60
3

REIT

DATE		
MO	DAY	YEAR

CHECK NO.

AMOUNT

THE SUM OF:

NOT NEGOTIABLE

CONTINENTAL BANK
NORRISTOWN, PA
PAYABLE THROUGH YORK BANK & TRUST COMPAN
YORK, PA.

PAY TO:

ILLEGIBLE NO INFO

amended August 1, 1950 ... Domestic Straight Bill of Lading, adopted by Carriers in Official, Southern, Western and Illinois Classification Territories, March 15, 1922, as ... 5, 1941.)

ORIGINAL (Red)

THIS SHIPPING ORDER MUST BE LEGIBLY FILLED IN, IN INK, IN INDELIBLE PENCIL OR IN CARBON, AND RETAINED BY THE AGENT

Carrier

Shipper's No.

RECEIVE, subject to the classifications and tariffs in effect on the date of this Shipping Order

Carrier's No.

From **EAST FALLS CORPORATION** At **Frazer, PA. 19355**

19

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 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 Classifications 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.

Collect on Delivery $ _____ and remit to: _____

Street City State

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

C.O.D. charge to be paid by: Shipper ☐ consignee ☐

CONSIGNED TO DESTINATION

DRIVER INSTRUCTIONS

☐ PICK UP EMPTY DRUMS ☐ PICK UP WEIGHT SLIP

☐ TAILGATE NEEDED ☐ _____

CUSTOMER'S ORDER NUMBER | DATE ORDERED | OUR ORDER NUMBER | DATE SHIPPED

F.O.B. | P.P.D. | COL.

HM	NO PKGS	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (SUB TO CORR.)	CLASS OR RATE	✓

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"

Rec'd $ _____

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

$ _____

Recondition & Return No. 2067

DATE: 5-19-33

RECEIVED FROM: [illegible]

DRIVER: [illegible]

3/5/33

...t detach and retain this Shipping ...gn the Original Bill of Lading.

...UNDED PROMPTLY IF CON... ...D CONDITION WITHIN 90 DAYS

...of Lading is to be signed by the shipper and agent ...

Dunlap Mellor & Co
2107 E. Susquehanna Ave
Phila Pa 19125

ORIGINAL (Red)

Invoice

#2044

No. 18

Date

Sold To Sun Refining & Marketing
Box 7438 Acct Payable
Phila Pa 19101

Shipped to Metro Containers

Your Order No.	Our Order No.	Salesman	
Date Shipped	Shipped VIA	F.O.B.	Terms

Quantity Ordered	Quantity Shipped	Stock Number Description	Price	Per	Amount
102/55		Empty Sun Oil Drums			

WilsonJones

Invoice

Recondition & Return

DATE:
RECEIVED FROM:
DRIVER:

DX MARKETING COMPANY

ORIGINAL (Red)

CREDIT MEMO

[X] 1050 (CHECK ONE) [ ] 1350 MO DAY YR

4431

Recondition & Return

N° 2057

DATE:

RECEIVED FROM:

DRIVER:

SHIPPED TO

0085-2681-00
Petroleum Products Corp.
900 Ellis [illegible]
Hyphopia Pa. 11057

F.T.C. MOD.	T.S.	FREIGHT RATE	C T C	BILL OF LADING NO
16				

SHIPPED FROM

BILL TO (SAME AS "SHIPPED TO" UNLESS NOTED)

SHIP VIA

[illegible]

LINE ITEM	PRODUCT CODE	PKG CODE	PLI	END USE	IPC	TAX CODE	STC	U OF BLG CODE	U OF BLG DESC	UNIT PRICE	SUR-CHARGE RATE	STATE TAX (1)	FEDERAL TAX	SALES TAX (2)
PRODUCT DESCRIPTION								AND						
10	951400	522												
Empty 55 GAL. L.S. BYD									EA					
90	[illegible]													

ALLOWED $ WHEN PAID WITHIN DISCOUNT PERIOD CASH DISCOUNT

$ TOTAL AMOUNT

NIGHT DELIVERY

WHERE APPLICABLE THE FOLLOWING TAXES ARE CHARGED

	JURISDICTION	RATE
(1) STATE		
(2) SALES		%

RECEIVED QUANTITIES SHOWN IN "QUANTITY DELIVERED" COLUMN IN GOOD ORDER

SIGN HERE Bill [illegible]

SIGNATURE WAIVER

LINE ITEM	REG/DIST NO	FUNC/PROD	COST CNTR	CUSTOMER NO/TRUCK NO	MAIN ACCT	SUB ACCT	DET	APPRO/PROJ NO	AMOUNT	STC
80										
80										
80										

SUN-3427-B

D-676
5-78

SHIPPER - INVOICE

6/10/83 Pass Plant [illegible]

GM Assembly Division General Motors Corporation

Lordstown Plant
P. O. Box 1406
Warren, Ohio 44482

DUNS 04-662-6792

AR
AP

INVOICE DATE
ORIGINAL
(Red)

SHIPPER INVOICE CONTROL NO. 76966

CHARGE TO
Sun Oil Company
P.O. Box 7438
Philadelphia, Pa. 19101

SHIP TO
SAME

REQUEST NO	REQUESTED BY	VIA	PPD	COL	ROUTING	SPECIAL INSTRUCTIONS
B.R.	ZOLLA	TPU	☐	☒		

TRANSACTION CODE (1 2)	MODEL YEAR (3)	PROGRAM NUMBER (4 5 6 7)	M102	BATCH NUMBER (8 9 10)	RECORD (11)	ACTION CODE (12)	PLANT ORDER	BUYERS ORDER	TERMS	F.O.B. POINT
					3	A				

13-15 DECK	16-23 PART NUMBER	SHIPPER NO. 24-32	SHIPPING PLANT G.M. STANDARD LOCATION CODE	33-41	TRANSFER AUTHORIZATION NUMBER	ACCOUNT NUMBER	QUANTITY ORDERED	42-49 QUANTITY SHIPPED	UNIT PRICE	RECEIVING PLANT CODE / EXTENDED AMOUNT
		76966		67078						
		DESCRIPTIVE INFORMATION		CONTAINER AND WEIGHT						
	N	Empty Drums						[illegible]		

Recondition & Return No. 1914

DATE:
RECEIVED FROM:
DRIVER:

#1838

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
CONSIGNEE NO
CARRIER'S NO

CARRIER

RECEIVED, subject to the classifications and tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading,

DATE FROM: ORIGINAL (Red)

(Mail or street address of consignee for purposes of notification only.)

STATE OF COUNTY OF

VEHICLE OR CAR INITIAL

VEHICLE OR CAR NO

WEIGHT LBS	DATE TIME & YEAR	TANK NUMBER LOADED FROM	CARRIER
			TIME IN / TIME OUT
GROSS		LABORATORY OK	TRACTOR NUMBER
TARE		FLASH POINT 100 F OR ABOVE	TRAILER NUMBER
NET		80 F OR LOWER	RATED CAPACITY
		WEIGHT	CLASS OR RATE

DESCRIPTION OF ARTICLES
SPECIAL MARKS AND EXCEPTIONS

FOR TRANSPORTATION EMERGENCY SPILL EXPOSURE OR ACCIDENT CALL 800-4

PER

Recondition

& Return

Nº 1838

DATE:
RECEIVED FROM:
DRIVER:

ORIGINAL
(Red)

Mobil Oil Corporation

A 324 [illegible]
08824

CO-134S BL(12-77)

E 16/[illegible] TERMS MOD

D FROM AM PM

D AT [illegible] CITY LIMITS ☐ IN ☐ OUT

CK [illegible] DRIVER [illegible] LIC. NO.

COUNT: IF PD. CUSTOMER ORDER NO.

CUST. NO. [illegible]

SOLD TO [illegible]

PACKAGES NO.	SIZE	PRODUCTS	OFFICE CODES PRODUCT	TAX	PKG.	QUANTITY	PRICE EX. TAX	EXCISE TAX FED.	STATE	PRICE INCL. TAX	AMOUNT
		SALES TAX @ %									
		DRUM DEPOSIT CHARGES									
		DRUM DEPOSIT CREDITS			0	(10)				20	(300 00)
										INVOICE TOTAL	300 00

RECEIVED
[illegible] 1985
[illegible] CORP

(For State of Missouri) The undersigned certifies that the purchaser expressly declared his intention to file a claim for refund of the motor fuel tax included herein.

Signed _____ (Agent for Seller)

The seller of motor fuel certifies that the motor fuel tax will be paid as required by law.

If taxes not shown separately, unit price shown above includes any applicable accrued federal and/or excise taxes unless otherwise indicated on this invoice.

The products covered on this invoice meet the ASTM standards set forth in Arkansas Statutes 53-601 as amended.

SETTLEMENT	
CASH	
CREDIT CARD SALES (co-65's)	
CHECKS ID #S	
SETTLEMENT TOTAL	

REMIT TO LOCAL ☐ MOBIL PLANT ☐ P.O. BOX 8500 K-120 PHILADELPHIA, PA 19178

CHARGE SALE — RECEIVED ABOVE PRODUCTS AND QUANTITIES

CASH SALE — RECEIVED PAYMENT FOR MOBIL OIL CORPORATION

GASOLINE NOT SOLD FOR ILLUMINATING PURPOSES (So. Dakota)

ORIGINAL
(Red)

Mobil Oil Corporation

A 33927

E TERMS MOD

D FROM AM PM

D AT CITY LIMITS ☐ IN ☐ OUT

CK 754 DRIVER Erhart LIC. NO.

OUNT: IF PD.: CUSTOMER ORDER NO.

CUST. NO. 08821

SOLD TO

CO-134S BL(12-77)

PACKAGES		PRODUCTS	OFFICE CODES			QUANTITY	PRICE EX. TAX	EXCISE TAX		PRICE INCL. TAX	AMOUNT
	SIZE		PRODUCT	TAX	PKG.			FED.	STATE		
		SALES TAX @ %									
		[redacted]									
		DRUM DEPOSIT CREDITS				(120)					( )

RECEIVED
NOV 14 1985
METRO CONTAINER CORP.

(For State of Missouri) The undersigned certifies that the purchaser expressly declared his intention to make a claim for refund of the motor fuel tax included herein.

Signed _____ (Agent for Seller)

The seller of motor fuel certifies that the motor fuel tax will be paid as required by law.

If taxes not shown separately, unit price shown above includes any applicable accrued federal and/or excise taxes unless otherwise indicated on this invoice.

The products covered on this invoice meet the ASTM standards set forth in Arkansas Statutes 53-601 as amended.

SETTLEMENT	
CASH	
CREDIT CARD SALES (co-65's)	
CHECKS ID #S	
SETTLEMENT TOTAL	

INVOICE TOTAL

REMIT TO
☐ LOCAL MOBIL PLANT
☐ P.O. BOX 8500 K-120 PHILADELPHIA, PA 19178

CHARGE SALE — RECEIVED ABOVE PRODUCTS AND QUANTITIES: Erhart

CASH SALE — RECEIVED PAYMENT FOR MOBIL OIL CORPORATION

GASOLINE NOT SOLD FOR ILLUMINATING PURPOSES (So. Dakota)

ORIGINAL (Red)

9523 Florida Mining Boulevard
Jacksonville, Florida 32223
904 / 262-HAUL

SILVEREAGLE TRANSPORT, INC.

FREIGHT BILL NO. 01825

SHIPPERS ORDER NO. 08865

SHIPPER: _____

O (_____) _____

SHIPPER SEAL NO. _____ SET SEAL NO. _____

TRAILER NUMBER _____ DATE _____

PPD ☐ COL ☐

C/L _____ PRO# _____

CONSIGNEE: _____

D (_____) _____

BT (_____) _____

SPECIAL BILLING INSTRUCTIONS

NUMBER OF PKGS	KIND OF PACKAGES, DESCRIPTION OR ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT	RATE	CHARGES
	COMMODITY #			

DATE AND TIME

DRIVER 1

DATE _____

DRIVER # _____ EMP # _____ TRACTOR # 2

EXTRA PAY _____ TYPE _____ APP'D BY _____

DRIVER # _____ EMP # _____ TRACTOR # _____

EXTRA PAY _____ TYPE _____ APP'D BY _____

RECEIVED THE ABOVE DESCRIBED PROPERTY IN GOOD CONDITION EXCEPT AS NOTED.

DRIVER 2

DATE _____

BY _____

FIRM _____

DATE _____

RECEIVING STAMP

3 CONSIGNEE COPY

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

SHIPMENT NO. 08933

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corp.
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED _____ PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE _____

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN _____

ACCOUNTING DISTRIBUTION _____

Shipment of the material shown below was authorized by your Sid Levy

and Shipped today via Metro Truck # 5 3 2 ☐ COLLECT ☐ PREPAID (shipping charges $ _____)

for the following reason:

- ☐ REPAIR NO CHARGE
- ☐ REPAIR AND CHARGE
- ☐ EXCESS SHIPMENT
- ☐ CREDIT FOR PARTS EXCHANGED
- ☐ CREDIT FOR MATERIAL RETURNED
- ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
- ☐ DEFECTIVE
- ☐ BROKEN
- ☐ REPLACEMENT
- ☐ ERROR (EXPLAIN)
- XX OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

- ☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
- ☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
1.	160	Empty 55 Gal. Uncleaned Drums for Reconditioning
2.		Drums Rejected per Metro Ticket #
3.		Refinery Unreconditionable Drums
4	~~12~~	~~Empty [illegible]~~ N/C
	172	Total
		[illegible]

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

08921

ORIGINAL (Red)

SHIPMENT NO. 12

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED 11/1/82

PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and [redacted] Shipped today via Metro Truck # 274 ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

☐ REPAIR NO CHARGE ☐ CREDIT FOR PARTS EXCHANGED ☐ DEFECTIVE ☐ ERROR (EXPLAIN)
☐ REPAIR AND CHARGE ☐ CREDIT FOR MATERIAL RETURNED ☐ BROKEN
☐ EXCESS SHIPMENT ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW) ☐ REPLACEMENT ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
[redacted]	111	Empty 55 Gal. Uncleaned Drums for Reconditioning
	✓	
		(Suitable for making #1 Drums)

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

ORIGINAL (Red)

SHIPMENT NO. 08896

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED 11/[illegible]/85

PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and [illegible]s Shipped today via Metro Truck # 242

☐ COLLECT
☐ PREPAID (shipping charges $)

for the following reason:

☐ REPAIR NO CHARGE
☐ REPAIR AND CHARGE
☐ EXCESS SHIPMENT
☐ CREDIT FOR PARTS EXCHANGED
☐ CREDIT FOR MATERIAL RETURNED
☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
☐ DEFECTIVE
☐ BROKEN
☐ REPLACEMENT
☐ ERROR (EXPLAIN)
☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	152	Empty 55 Gal. Uncleaned Drums for Reconditioning
		(Suitable for making #1 Drums)

EMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

ORIGINAL (Red)

SHIPMENT NO. 08979 / 14

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED 11/5/82 PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and ● Shipped today via Metro Truck # [illegible] ☐ COLLECT ☐ PREPAID (shipping charges $ _____)

for the following reason:

- ☐ REPAIR NO CHARGE
- ☐ REPAIR AND CHARGE
- ☐ EXCESS SHIPMENT
- ☐ CREDIT FOR PARTS EXCHANGED
- ☐ CREDIT FOR MATERIAL RETURNED
- ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
- ☐ DEFECTIVE
- ☐ BROKEN
- ☐ REPLACEMENT
- ☐ ERROR (EXPLAIN)
- ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

- ☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
- ☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	[illegible]	Empty 55 Gal. Uncleaned Drums for Reconditioning
	✓	
		(Suitable for making #1 Drums)

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

(Red)

SHIPMENT NO. 08970 16

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED 11/21/85

PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and was Shipped today via Metro Truck # 241 ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

- ☐ REPAIR NO CHARGE
- ☐ REPAIR AND CHARGE
- ☐ EXCESS SHIPMENT
- ☐ CREDIT FOR PARTS EXCHANGED
- ☐ CREDIT FOR MATERIAL RETURNED
- ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
- ☐ DEFECTIVE
- ☐ BROKEN
- ☐ REPLACEMENT
- ☐ ERROR (EXPLAIN)
- ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

- ☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
- ☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	162	Empty 55 Gal. Uncleaned Drums for Reconditioning
		(Suitable for making #1 Drums)

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson

K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

ORIGINAL (Red)

SHIPMENT NO. 08971

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corp.
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED 11-1-[illegible] PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and [illegible]s Shipped today via Metro Truck # 242 ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

- ☐ REPAIR NO CHARGE
- ☐ REPAIR AND CHARGE
- ☐ EXCESS SHIPMENT
- ☐ CREDIT FOR PARTS EXCHANGED
- ☐ CREDIT FOR MATERIAL RETURNED
- ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
- ☐ DEFECTIVE
- ☐ BROKEN
- ☐ REPLACEMENT
- ☐ ERROR (EXPLAIN)
- ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

- ☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
- ☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
1.	160	Empty 55 Gal. Uncleaned Drums for Reconditioning
2.		Drums Rejected per Metro Ticket #
3.		Refinery Unreconditionable Drums

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson

K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

SHIPMENT NO. 05927 13

ORIGINAL (Red)

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED 11/12/85 PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and Shipped today via Metro Truck # 41 ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

☐ REPAIR NO CHARGE ☐ CREDIT FOR PARTS EXCHANGED ☐ DEFECTIVE ☐ ERROR (EXPLAIN)
☐ REPAIR AND CHARGE ☐ CREDIT FOR MATERIAL RETURNED ☐ BROKEN
☐ EXCESS SHIPMENT ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW) ☐ REPLACEMENT ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	104	Empty 55 Gal. Uncleaned Drums for Reconditioning
		(Suitable for making #1 Drums)

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

08955 ORIGINAL (Red)

SHIPMENT NO. 15

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED 11/4

PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and [redacted]s Shipped today via Metro Truck # 11 ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

- ☐ REPAIR NO CHARGE
- ☐ REPAIR AND CHARGE
- ☐ EXCESS SHIPMENT
- ☐ CREDIT FOR PARTS EXCHANGED
- ☐ CREDIT FOR MATERIAL RETURNED
- ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
- ☐ DEFECTIVE
- ☐ BROKEN
- ☐ REPLACEMENT
- ☐ ERROR (EXPLAIN)
- ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

- ☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
- ☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
[redacted]	11	Empty 55 Gal. Uncleaned Drums for Reconditioning
		(Suitable for making #1 Drums)

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

SHIPMENT NO. 08994 11

ORIGINAL (Red)

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED [illegible] PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and [illegible]s Shipped today via Metro Truck # [illegible] ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

☐ REPAIR NO CHARGE
☐ REPAIR AND CHARGE
☐ EXCESS SHIPMENT
☐ CREDIT FOR PARTS EXCHANGED
☐ CREDIT FOR MATERIAL RETURNED
☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
☐ DEFECTIVE
☐ BROKEN
☐ REPLACEMENT
☐ ERROR (EXPLAIN)
☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
[illegible]	[illegible]	Empty 55 Gal. Uncleaned Drums for Reconditioning
		(Suitable for making #1 Drums)

EMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

08923

ORIGINAL (Red)

SHIPMENT NO. 2

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED 11/14/85 PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and was Shipped today via Metro Truck # 131 ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

☐ REPAIR NO CHARGE ☐ CREDIT FOR PARTS EXCHANGED ☐ DEFECTIVE ☐ ERROR (EXPLAIN)
☐ REPAIR AND CHARGE ☐ CREDIT FOR MATERIAL RETURNED ☐ BROKEN
☐ EXCESS SHIPMENT ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW) ☐ REPLACEMENT ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	125	Empty 55 Gal. Uncleaned Drums for Reconditioning
	1/10	
		(Suitable for making #1 Drums)

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

ORIGINAL (Red)

08998

SHIPMENT NO. 21

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED 11/2/85 PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and [redacted]s Shipped today via Metro Truck # 250 ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

☐ REPAIR NO CHARGE ☐ CREDIT FOR PARTS EXCHANGED ☐ DEFECTIVE ☐ ERROR (EXPLAIN)
☐ REPAIR AND CHARGE ☐ CREDIT FOR MATERIAL RETURNED ☐ BROKEN
☐ EXCESS SHIPMENT ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW) ☐ REPLACEMENT ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	[redacted]	Empty 55 Gal. Uncleaned Drums for Reconditioning
		(Suitable for making #1 Drums)

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

08990
20

ORIGINAL (Red)

SHIPMENT NO. 20

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED [illegible] PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and was Shipped today via Metro Truck # 249 ☐ COLLECT ☐ PREPAID (shipping charges $)
for the following reason:

☐ REPAIR NO CHARGE
☐ REPAIR AND CHARGE
☐ EXCESS SHIPMENT
☐ CREDIT FOR PARTS EXCHANGED
☐ CREDIT FOR MATERIAL RETURNED
☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
☐ DEFECTIVE
☐ BROKEN
☐ REPLACEMENT
☐ ERROR (EXPLAIN)
☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	1	Empty 55 Gal. Uncleaned Drums for Reconditioning
		(Suitable for making #1 Drums)

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

ORIGINAL (Red)

SHIPMENT NO. 08988 11

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED 11/25/85 PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and [redacted]s Shipped today via Metro Truck # ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

- ☐ REPAIR NO CHARGE
- ☐ REPAIR AND CHARGE
- ☐ EXCESS SHIPMENT
- ☐ CREDIT FOR PARTS EXCHANGED
- ☐ CREDIT FOR MATERIAL RETURNED
- ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
- ☐ DEFECTIVE
- ☐ BROKEN
- ☐ REPLACEMENT
- ☐ ERROR (EXPLAIN)
- ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

- ☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
- ☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
[redacted]	146	Empty 55 Gal. Uncleaned Drums for Reconditioning
		(Suitable for making #1 Drums)

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

08982

SHIPMENT NO. 16

ORIGINAL (Red)

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED [illegible] PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and was Shipped today via Metro Truck # [illegible] ☐ COLLECT ☐ PREPAID (shipping charges $ _____)

for the following reason:

- ☐ REPAIR NO CHARGE
- ☐ REPAIR AND CHARGE
- ☐ EXCESS SHIPMENT
- ☐ CREDIT FOR PARTS EXCHANGED
- ☐ CREDIT FOR MATERIAL RETURNED
- ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
- ☐ DEFECTIVE
- ☐ BROKEN
- ☐ REPLACEMENT
- ☐ ERROR (EXPLAIN)
- ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

- ☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
- ☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET; NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	52	Empty 55 Gal. Uncleaned Drums for Reconditioning
		(Suitable for making #1 Drums)

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

Mobil

CO-982 (6-66

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

09153

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

SHIPMENT NO. 1

DATE SHIPPED 7/26/85 PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and was Shipped today via Metro Truck # 254 ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

☐ REPAIR NO CHARGE
☐ REPAIR AND CHARGE
☐ EXCESS SHIPMENT
☐ CREDIT FOR PARTS EXCHANGED
☐ CREDIT FOR MATERIAL RETURNED
☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
☐ DEFECTIVE
☐ BROKEN
☐ REPLACEMENT
☐ ERROR (EXPLAIN)
☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	160	Empty 55 Gal. Uncleaned Drums for Reconditioning

MARKS (Suitable for making #1 Drums)

Returned

ORIGINAL (Red)

MOBIL OIL CORPORATION

BY K. A. Richardson
K. A. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

SHIPMENT NO. 09154 18

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED [illegible] PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

was Shipped today via Metro Truck # [illegible] ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

- ☐ REPAIR NO CHARGE
- ☐ REPAIR AND CHARGE
- ☐ EXCESS SHIPMENT
- ☐ CREDIT FOR PARTS EXCHANGED
- ☐ CREDIT FOR MATERIAL RETURNED
- ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
- ☐ DEFECTIVE
- ☐ BROKEN
- ☐ REPLACEMENT
- ☐ ERROR (EXPLAIN)
- ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

- ☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
- ☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	100	Empty 55 Gal. Uncleaned Drums for Reconditioning
		(Suitable for making #1 Drums)

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

09155

SHIPMENT NO. 1

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED [illegible] PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

was Shipped today via Metro Truck # [illegible] ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

☐ REPAIR NO CHARGE ☐ CREDIT FOR PARTS EXCHANGED ☐ DEFECTIVE ☐ ERROR (EXPLAIN)
☐ REPAIR AND CHARGE ☐ CREDIT FOR MATERIAL RETURNED ☐ BROKEN
☐ EXCESS SHIPMENT ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW) ☐ REPLACEMENT ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	[illegible]	Empty 55 Gal. Uncleaned Drums for Reconditioning
		(Suitable for making #1 Drums)

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

ORIGINAL (Red)

ORIGINAL
(Red)

Mobil Oil Corporation

00616
09103

ATE 12-11-87 TERMS MOD

L'D FROM BRLY.O AM PM

L'D AT 067

UCK 25-691 DRIVER T. CLUEN CITY LIMITS ☐ IN ☐ OUT LIC. NO.

COUNT: IF PD. CUSTOMER ORDER NO.

CUST. NO.

SOLD TO Metro Container
2nd & Price St
Tanner, PA

CO-134S (1-80)

PACKAGES NO.	SIZE	PRODUCTS	OFFICE CODES PRODUCT	TAX	PKG.	QUANTITY	PRICE EX. TAX	EXCISE TAX FED.	EXCISE TAX STATE	PRICE INCL. TAX	AMOUNT
		MOBIL PREMIUM GASOLINE	010017		1						
		[illegible]	[illegible]		1						
		MOBIL REGULAR GASOLINE	020016		1						
		[illegible]	[illegible]		1						
		MOBIL DIESEL FUEL	160010		1						
		[illegible]	[illegible]		1						
		[illegible]									
		[illegible]									
		[illegible]									
		SALES TAX @ %									
		[illegible]									
		DRUM DEPOSIT CREDITS			0						
					0	( )					

RECEIVED
[illegible] 1985
METRO CONTAINER CORP.

State of Missouri)
undersigned certifies that the purchaser expressly declared his tion to file a claim for refund of the motor fuel tax included n. The purchaser also declared that the fuel will be used for a se other than propelling motor vehicles upon the public ays of this state.

Signed _____ (Agent for Seller)

seller of motor fuel es that motor fuel ll be required

If taxes not shown separately, unit price shown above includes any applicable accrued federal and/or excise taxes unless otherwise indicated on this invoice.

The products covered on this invoice meet the ASTM standards set forth in Arkansas Statutes 53-601 as amended.

SETTLEMENT

CASH	
CREDIT CARD SALES (co-65's)	
CHECKS ID #S	
SETTLEMENT TOTAL	

INVOICE TOTAL

REMIT TO MOBIL AT

☐ LOCAL PLANT ☐

CHARGE SALE — RECEIVED ABOVE PRODUCTS AND QUANTITIES

CASH SALE — RECEIVED PAYMENT FOR MOBIL OIL CORPORATION

GASOLINE NOT SOLD FOR ILLUMINATING PURPOSES (So. Dakota)

Mobil

ORIGINAL (Red)

CO-932 (6-66)

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

09122

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

SHIPMENT NO. 11

DATE SHIPPED [illegible]

PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and was Shipped today via Metro Truck # [illegible]

☐ COLLECT
☐ PREPAID (shipping charges $ _____)

for the following reason:

☐ REPAIR NO CHARGE
☐ REPAIR AND CHARGE
☐ EXCESS SHIPMENT
☐ CREDIT FOR PARTS EXCHANGED
☐ CREDIT FOR MATERIAL RETURNED
☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
☐ DEFECTIVE
☐ BROKEN
☐ REPLACEMENT
☐ ERROR (EXPLAIN)
☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	[illegible]	Empty 55 Gal. Uncleaned Drums for Reconditioning

(Suitable for making #1 Drums)

ARKS

MOBIL OIL CORPORATION

BY K. J. Richardson

ORIGINAL (Red)

CO-932 (6-66)

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

09120

SHIPMENT NO. 13

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED 11/13/75 PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and was Shipped today via Metro Truck # S 17 ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

- ☐ REPAIR NO CHARGE
- ☐ REPAIR AND CHARGE
- ☐ EXCESS SHIPMENT
- ☐ CREDIT FOR PARTS EXCHANGED
- ☐ CREDIT FOR MATERIAL RETURNED
- ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
- ☐ DEFECTIVE
- ☐ BROKEN
- ☐ REPLACEMENT
- ☐ ERROR (EXPLAIN)
- XX OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

- ☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
- ☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	23	Empty 55 Gal. Uncleaned Drums for Reconditioning
	✓	

(Suitable for making #1 Drums)

MARKS

MOBIL OIL CORPORATION

BY K A Richardson

Mobil

ORIGINAL (Red) CO-932 (6-66)

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

09119

SHIPMENT NO. 13

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED [illegible] PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and was Shipped today via Metro Truck # [illegible] ☐ COLLECT ☐ PREPAID (shipping charges $ _____)

for the following reason:

- ☐ REPAIR NO CHARGE
- ☐ REPAIR AND CHARGE
- ☐ EXCESS SHIPMENT
- ☐ CREDIT FOR PARTS EXCHANGED
- ☐ CREDIT FOR MATERIAL RETURNED
- ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
- ☐ DEFECTIVE
- ☐ BROKEN
- ☐ REPLACEMENT
- ☐ ERROR (EXPLAIN)
- ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

- ☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
- ☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	[illegible]	Empty 55 Gal. Uncleaned Drums for Reconditioning
		(Suitable for making #1 Drums)

MARKS

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

ORIGINAL (Red)

CO-982 (6-66)

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

SHIPMENT NO. 09137 14

DATE SHIPPED

PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and was Shipped today via Metro Truck # 722 ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

☐ REPAIR NO CHARGE
☐ REPAIR AND CHARGE
☐ EXCESS SHIPMENT
☐ CREDIT FOR PARTS EXCHANGED
☐ CREDIT FOR MATERIAL RETURNED
☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
☐ DEFECTIVE
☐ BROKEN
☐ REPLACEMENT
☐ ERROR (EXPLAIN)
☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	42	Empty 55 Gal. Uncleaned Drums for Reconditioning

ARKS (Suitable for making #1 Drums)

MOBIL OIL CORPORATION

ORIGINAL
(Red)

Mobil Oil Corporation

TE 12/13/85 TERMS MOD

L'D FROM

AM PM

'D AT Hanover Pa

CITY LIMITS ☐ IN ☐ OUT

UCK DRIVER LIC.

COUN[redacted] IF PD. CUSTOMER ORDER NO.

#721662-6

15521
09097

CUST. NO.

SOLD TO
Schubert Inc
900 W Elm Ave
Hanover Pa 17331

CO-134S (1-80)

PAC[redacted]S												
D.	SIZE	PRODUCTS	OFFICE CODES PRODUCT	TAX	PKG.	QUANTITY	PRICE EX. TAX	EXCISE TAX FED.	STATE	PRICE INCL. TAX	AMOUNT
		MOBIL PREMIUM GASOLINE	010017		1						
		MOBIL REGULAR GASOLINE	020016		1						
		MOBIL DIESEL FUEL	160010		1						
		SALES TAX @ %									
		DRUM DEPOSIT CREDITS			0	(/)				20 -	(1460 00

RECEIVED
DEC 7
METER CONTAINER
1985

r State [redacted]ssouri)
e unde[redacted]d certifies that the purchaser expressly declared his ention [redacted]e a claim for refund of the motor fuel tax included ein. The purchaser also declared that the fuel will be used for a pose other than propelling motor vehicles upon the public hways of this state.

Signed _____
(Agent for Seller)

seller of motor fuel rifies that the motor fuel will be paid as required iw.

If taxes not shown separately, unit price shown above includes any applicable accrued federal and/or excise taxes unless otherwise indicated on this invoice.

The products covered on this invoice meet the ASTM standards set forth in Arkansas Statutes 53-601 as amended.

SETTLEMENT

CASH	
CREDIT CARD SALES (CO-65's)	
CHECKS ID #'S	
SETTLEMENT TOTAL	

INVOICE TOTAL 1460 00

REMIT TO MOBIL AT
☐ LOCAL PLANT ✓ ☐

CHARGE SALE — RECEIVED ABOVE PRODUCTS AND QUANTITIES

CASH SALE — RECEIVED PAYMENT FOR MOBIL OIL CORPORATION

GASOLINE NOT SOLD FOR ILLUMINATING PURPOSES (So. Dakota)

Mobil

CO-982 (6-66)

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

ORIGINAL (Red)

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

SHIPMENT NO. 09011 / 1

DATE SHIPPED

PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and was Shipped today via Metro Truck #

☐ COLLECT
☐ PREPAID (shipping charges $ _____)

for the following reason:

☐ REPAIR NO CHARGE
☐ REPAIR AND CHARGE
☐ EXCESS SHIPMENT
☐ CREDIT FOR PARTS EXCHANGED
☐ CREDIT FOR MATERIAL RETURNED
☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
☐ DEFECTIVE
☐ BROKEN
☐ REPLACEMENT
☐ ERROR (EXPLAIN)
☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
		Empty 55 Gal. Uncleaned Drums for Reconditioning

REMARKS (Suitable for making #1 Drums)

MOBIL OIL CORPORATION

Mobil

CO-982 (8-66)

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

09024

ORIGINAL (Red)

SHIPMENT NO. 2

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED [illegible]

PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

nd [illegible] Shipped today via Metro Truck # [illegible]

☐ COLLECT
☐ PREPAID (shipping charges $ _____)

or the following reason:

☐ REPAIR NO CHARGE
☐ REPAIR AND CHARGE
☐ EXCESS SHIPMENT
☐ CREDIT FOR PARTS EXCHANGED
☐ CREDIT FOR MATERIAL RETURNED
☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
☐ DEFECTIVE
☐ BROKEN
☐ REPLACEMENT
☐ ERROR (EXPLAIN)
☒ OTHER (EXPLAIN)

edits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

EM O.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	[illegible]	Empty 55 Gal. Uncleaned Drums for Reconditioning

KS

(Suitable for making #1 Drums)

MOBIL OIL CORPORATION

BY K. J. Richardson

K. J. Richardson

CO-932 (6-66)

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

ORIGINAL (Red)

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corp.
2nd & Price Street
Trainer, PA 19013

SHIPMENT NO. 09032

DATE SHIPPED

PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and was Shipped today via Metro Truck # 5-26 ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

- ☐ REPAIR NO CHARGE
- ☐ REPAIR AND CHARGE
- ☐ EXCESS SHIPMENT
- ☐ CREDIT FOR PARTS EXCHANGED
- ☐ CREDIT FOR MATERIAL RETURNED
- ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
- ☐ DEFECTIVE
- ☐ BROKEN
- ☐ REPLACEMENT
- ☐ ERROR (EXPLAIN)
- ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

- ☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
- ☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
1.	171	Empty 55 Gal. Uncleaned Drums for Reconditioning
2.	~~15~~	Drums Rejected per Metro Ticket # 5601
3.		Refinery Unreconditionable Drums
4.	9	Plastic 55 Gal. Drums

REMARKS

MOBIL OIL CORPORATION

BY K. J. Richardson

K. J. Richardson

CO-932 (6-66)

Mobil

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

ORIGINAL (Red)

SHIPMENT NO. 09654

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corp.
2nd & Price Street
Trainer, PA 19013

DATE SHIPPED [illegible] PURCHASE ORDER NO. D-520091

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and was Shipped today via Metro Truck # 220 ☐ COLLECT ☐ PREPAID (shipping charges $)

for the following reason:

- ☐ REPAIR NO CHARGE
- ☐ REPAIR AND CHARGE
- ☐ EXCESS SHIPMENT
- ☐ CREDIT FOR PARTS EXCHANGED
- ☐ CREDIT FOR MATERIAL RETURNED
- ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
- ☐ DEFECTIVE
- ☐ BROKEN
- ☐ REPLACEMENT
- ☐ ERROR (EXPLAIN)
- ☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

- ☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
- ☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
1.	264	Empty 55 Gal. Uncleaned Drums for Reconditioning
2.		Drums Rejected per Metro Ticket #
3.		Refinery Unreconditionable Drums
	✓	Se 1 # 579657

REMARKS

MOBIL OIL CORPORATION

BY K. A. Richardson

ORIGINAL (Red)

Kramer Chemicals Inc.
P.O. Box 1299
Allwood Station,
Clifton, N.J. 07012

Phone:
(201) 471-9500

Offices:
935 Allwood Road
Clifton, N.J.
Camden Div.
Camden, N.J.

Plants:
206-220 Clifton Blvd.
Clifton, N.J.
109 Fifth Avenue
Paterson, N.J.
Atlantic Ave., & Del. River
Camden, N.J.

Sold To [illegible]

Ship To METRO CONTAINER CORP.
[illegible] & PRICE STS.
TRAINER ,PA 19013

☐ The seller makes no warranty, express or implied, concerning the goods furnished hereunder other than that they shall be of the quality and specifications stated herein. The buyer assumes all responsibility and liability for loss or damage resulting from the handling and/or use of said goods whether used as such or in combination or mixture with other substances.
☐ Seller's liability for damages shall in no event exceed the purchase price of the material used with respect to which damages are claimed. Claims on account of weight, quality, loss or damage are waived unless made in writing within ten days after arrival thereof at destination.
☐ **All returnable containers must be paid for and no discount will be allowed.** ☐ **Deposit containers remain the property of the seller. Monies on deposit are refundable if container is returned in good condition within 60 days.** ☐ **There are no warranties which extend beyond the description above.** ☐ ***Terms: Net 30 days commence from date shipped.***

Customer Number	Sales-man	Order Date	Requisition Number	Customer Order Number	Bill of Lading	Shipped Via	Date Shipped and Invoiced	FOB Point Dest. Origin	Invoice Number
481800	74	10/[illegible]/7[illegible]			[illegible]	[illegible] TRUCK	10/23/7[illegible]		[illegible]

Pkgs.	Units	U/M	Container	Description	Extended Units	Unit Price	U/M	Extended Amount
	[illegible]	[illegible]	[illegible]	[illegible]	11.586[illegible]	12[illegible]	T	1430.97
					23174	.3[illegible]000	T	3.24
					44733	.7400	C	331.[illegible]
				[illegible]				
				[illegible]				
				[illegible] 76.30				
				INSURANCE SURCHARGE				12.00
				[illegible]				12.00
						1794.5		1[illegible]03.30

Container Deposit

DUPLICATE INVOICE

Please Remit To: P.O. Box 1299
Allwood Station, Clifton, N.J. 07012

1799.[illegible]

Kramer Chemicals Inc.
P.O. Box 1299
Allwood Station,
Clifton, N.J. 07012

Phone:
(201) 471-9500

Offices:
935 Allwood Road
Clifton, N.J.
Camden Div.
Camden, N.J.

Plants:
206-220 Clifton Blvd.
Clifton, N.J.
109 Fifth Avenue
Paterson, N.J.
Atlantic Ave., & Del. River
Camden, N.J.

Ship To

ORIGINAL (Red)

seller makes no warranty, express or implied, concerning the goods furnished hereunder other than that they shall be of the quality and specifications stated herein. The buyer s all responsibility and liability for loss or damage resulting from the handling and/or use of said goods whether used as such or in combination or mixture with other substances. r's liability for damages shall in no event exceed the purchase price of the material used with respect to which damages are claimed. Claims on account of weight, quality, loss or are waived unless made in writing within ten days after arrival thereof at destination.

turnable containers must be paid for and no discount will be allowed. ☐ Deposit containers remain the property of the seller. Monies on deposit are refundable if container is d in good condition within 60 days. ☐ There are no warranties which extend beyond the description above. ☐ *Terms: Net 30 days commence from date shipped.*

er	Sales-n	Order Date	Requisition Number	Customer Order Number	Bill of Lading	Shipped Via	Date Shipped and Invoiced	FOB Point Dest. Origin	Invoice Number
									143933

Units	U/M	Container	Description	Extended Units	Unit Price	U/M	Extended Amount
							1447.63
							3.28
							336.26
							12.00
							12.00

403.50

UPLICATE IN

Metro Container Corp. 1394
2nd & Price St.
Trainer, Pa. 19013

MA-7-7288
494-8200

DATE 12/28

RECEIVED FROM Kramer Chem

ADDRESS

CITY STATE

QUAN.	DESCRIPTION	PRICE	AMOUNT
	Tumble		160.00
	403.50		
	MEMO FILLING		

REC'D BY

DRIVER

MCP, PATENTED, SPEEDSET® MOORE BUSINESS FORMS, INC.

ORIGINAL (Red)

Kramer Chemicals Inc.
P.O. Box 1299
Allwood Station,
Clifton, N.J. 07012

Phone:
(201) 471-9500

Offices:
935 Allwood Road
Clifton, N.J.
Camden Div.
Camden, N.J.

Plants:
206-220 Clifton Blvd.
Clifton, N.J.
109 Fifth Avenue
Paterson, N.J.
Atlantic Ave., & Del. River
Camden, N.J.

Sold To

Ship To RETRO [illegible] CORP.
[illegible] & PRICE [illegible]
TRAINER, PA 19013

☐ The seller makes no warranty, express or implied, concerning the goods furnished hereunder other than that they shall be of the quality and specifications stated herein. The buyer assumes all responsibility and liability for loss or damage resulting from the handling and/or use of said goods whether used as such or in combination or mixture with other substances. ☐ Seller's liability for damages shall in no event exceed the purchase price of the material used with respect to which damages are claimed. Claims on account of weight, quality, loss or damage are waived unless made in writing within ten days after arrival thereof at destination.

☐ **All returnable containers must be paid for and no discount will be allowed.** ☐ **Deposit containers remain the property of the seller. Monies on deposit are refundable if container is returned in good condition within 60 days.** ☐ **There are no warranties which extend beyond the description above.** ☐ ***Terms: Net 30 days commence from date shipped.***

Customer Number	Sales-man	Order Date	Requisition Number	Customer Order Number	Bill of Lading	Shipped Via	Date Shipped and Invoiced	FOB Point Dest.	Origin	Invoice Number
[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]			[illegible]

Pkgs.	Units	U/M	Container	Description	Extended Units	Unit Price	U/M	Extended Amount
	[illegible]	[illegible]	[illegible]	[illegible]	11.4757	140.0000	T	[illegible]
					[illegible]	.28000	T	[illegible]
					104-5			
			Container Deposit					

DUPLICATE INVOICE

Please Remit To: P.O. Box 1299
Allwood Station, Clifton, N.J. 07012

[illegible]

ORIGINAL (Red)

Kramer Chemicals Inc.
P.O. Box 1299
Allwood Station,
Clifton, N.J. 07012

Phone:
(201) 471-9500

Offices:
935 Allwood Road
Clifton, N.J.
Camden Div.
Camden, N.J.

Plants:
206-220 Clifton Blvd.
Clifton, N.J.
109 Fifth Avenue
Paterson, N.J.
Atlantic Ave., & Del. River
Camden, N.J.

Sold To METRO CO[illegible]
2ND & PRICE [illegible]
TRAINER [illegible]

Ship To METRO CONTAINER CORP.
2ND & PRICE STS.
TRAINER ,PA 1901[illegible]

☐ The seller makes no warranty, express or implied, concerning the goods furnished hereunder other than that they shall be of the quality and specifications stated herein. The buyer assumes all responsibility and liability for loss or damage resulting from the handling and/or use of said goods whether used as such or in combination or mixture with other substances.
☐ Seller's liability for damages shall in no event exceed the purchase price of the material used with respect to which damages are claimed. Claims on account of weight, quality, loss or damage are waived unless made in writing within ten days after arrival thereof at destination.

☐ **All returnable containers must be paid for and no discount will be allowed.** ☐ **Deposit containers remain the property of the seller. Monies on deposit are refundable if container is returned in good condition within 60 days.** ☐ **There are no warranties which extend beyond the description above.** ☐ ***Terms: Net 30 days commence from date shipped.***

Customer Number	Sales-man	Order Date	Requisition Number	Customer Order Number	Bill of Lading	Shipped Via	Date Shipped and Invoiced	FOB Point Dest.	Origin	Invoice Number
[illegible]	[illegible]	[illegible]			[illegible]779	KCI TRUCK	[illegible]			[illegible]

Pkgs.	Units	U/M	Container	Description	Extended Units	Unit Price	U/M	Extended Amount
	[illegible]	[illegible]	[illegible]	[illegible] L	11.3979	123.5000	T	1407.[illegible]
				PLUS SURCHARGE	[illegible]2796	.280000	T	[illegible].19
				[illegible]				
				[illegible]				
				[illegible] 76.00				
						90		
						704-5		

Container Deposit

DUPLICATE INVOICE

Please Remit To: P.O. Box 1299
Allwood Station, Clifton, N.J. 07012

ORIGINAL (Red)

Kramer Chemicals Inc.
P.O. Box 1299
Allwood Station,
Clifton, N.J. 07012

Phone:
(201) 471-9500

Offices:
935 Allwood Road
Clifton, N.J.
Camden Div.
Camden, N.J.

Plants:
206-220 Clifton Blvd.
Clifton, N.J.
109 Fifth Avenue
Paterson, N.J.
Atlantic Ave., & Del. River
Camden, N.J.

Sold To [illegible]

Ship To METRO CONTAINER CORP.
2ND & BRIDGE STS.
TRAINER, PA [illegible]

☐ The seller makes no warranty, express or implied, concerning the goods furnished hereunder other than that they shall be of the quality and specifications stated herein. The buyer assumes all responsibility and liability for loss or damage resulting from the handling and/or use of said goods whether used as such or in combination or mixture with other substances. ☐ Seller's liability for damages shall in no event exceed the purchase price of the material used with respect to which damages are claimed. Claims on account of weight, quality, loss or damage are waived unless made in writing within ten days after arrival thereof at destination.

☐ **All returnable containers must be paid for and no discount will be allowed.** ☐ **Deposit containers remain the property of the seller. Monies on deposit are refundable if container is returned in good condition within 60 days.** ☐ **There are no warranties which extend beyond the description above.** ☐ ***Terms: Net 30 days commence from date shipped.***

Customer Number	Sales-man	Order Date	Requisition Number	Customer Order Number	Bill of Lading	Shipped Via	Date Shipped and Invoiced	FOB Point Dest. Origin	Invoice Number
[illegible]	[illegible]	[illegible]			[illegible]	KCI TRUCK	[illegible]		[illegible]

Pkgs.	Units	U/M	Container	Description	Extended Units	Unit Price	U/M	Extended Amount
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
				[illegible]	[illegible]	[illegible]	[illegible]	
				[illegible]	70.00			
				OK [illegible]				
			Container Deposit	[illegible]				

DUPLICATE INVOICE

Please Remit To: P.O. Box 1299
Allwood Station, Clifton, N.J. 07012

[illegible]

OCCIDENTAL

Hooker Chemicals & Plastics Corp.

P. O. Box 699 Armand Hammer Blvd.
Pottstown, Pa 19464

MISCELLANEOUS INVOICE ~~H03398~~

SHIPPING ORDER 16-85-R

VENDOR CODE NO	T/C	PAYMENT TERMS	F/T	FREIGHT TERMS	B/L	REFERENCE	DATE
							4-29-85

CHARGE TO:
METRO CONTAINER
2ND & PRICE STREETS
TRAINER, PA

SHIP TO:
SAME AS CHARGE TO

ORIGINAL (Red)

REQUESTED ROUTING

F.O.B. POINT

SHIP VIA #10 TRACTOR THEIR TRUCK

ITEM NO.	QUANTITY	UNIT	DESCRIPTION/EXPLANATION	UNIT PRICE	AMOUNT
			USED METAL DRUMS		
	47		#1 HEADFILLER 20 GAUGE LINED	$3.15	$148.05
	60		#2 HEADFILLER 20 GAUGE LINED	2.65	159.00
			#1 OPEN HEAD 20 GAUGE LINED		
			#2 OPEN HEAD 20 GAUGE LINED		
	39		SCRAP	.65	25.35
	146	TOT			$332.40

719

William Bowman

TOTAL QUANTITY

TOTAL VALUE

REMITTANCE COPY PLEASE RETURN WITH YOUR PAYMENT FOR PROPER CREDIT

2

IASE
CTION
No 16-85-
551
2-85
FROM: OCCIDENTAL CHEMI
PERIOD 5
55 GAL HEAD FILLER CHEM
55 GAL HE LINED
LINED CHAINERS
SCRAP
TOTAL

TD

ORIGINAL (Red)

4
SHIPPER'S COPY

TRUCK BILL-OF-LADING RECEIPT MANIFEST
(PACKAGED GOODS)

BP Oil Inc.
P.O. BOX 6938
CLEVELAND, OHIO 44115

No. 65397

FROM

CONSIGNEE

19

DESTINATION—STREET ADDRESS	BP'S NO.	CUSTOMER'S NO.
CITY AND STATE		VIA

FLEET TRUCK NO	STATE VEHICLE LICENSE NO.	SEALS

PACKAGES NO.	PACKAGES KIND	DESCRIPTION	*WEIGHT (SUBJECT TO CORRECTION)	RATE
	Iron Drums	Pet. Lubricating Grease		
	Iron ½ Drums	Pet. Lubricating Grease		
	Metal Pails	Pet. Lubricating Grease		
	Boxes	Pet. Lub. Grease (In metal cans)		
	Iron Drums	Pet. Lubricating Oil		
	Iron ½ Drums	Pet. Lubricating Oil		
	Iron ¼ Drums	Pet. Lubricating Oil		
	Metal Pails	Pet. Lubricating Oil		
	Boxes	Pet. Lub. Oil (In metal cans)		
	Boxes	Pet. Lub. Oil (In fibre-board cans		
	Boxes	Pet. Lub. Oil (In plastic bottles		
		Petroleum Oil N.O.I.B.N.		
		Prop. Anti-Freeze Prep.		
		Empty Lids		

Subject to Section 7 of conditions of applicable bill of lading (referred to in A-2 on reverse side hereof) if the 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:

$

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.

BP Oil Inc.

By.....

Received subject to tariffs and or contracts in effect on the date of issuance hereof

Trucker.....

By.....

Consignee.....

CLV--8896 2 A

SUBJECT TO CONDITIONS ON REVERSE SIDE HEREOF

OCCIDENTAL

Hooker Chemicals & Plastics Corp.

P. O. Box 699 Armand Hammer Blvd.
Pottstown, Pa 19464

MISCELLANEOUS INVOICE #03491

SHIPPING ORDER

19-85-R

VENDOR CODE NO	T/C	PAYMENT TERMS	F/T	FREIGHT TERMS	B/L	REFERENCE	DATE

CHARGE TO
METRO CONTAINER
2ND & PRICE STREETS
TRAINER, PA

SHIP TO:
SAME AS CHARGE TO ORIGINAL (Red)

REQUESTED ROUTING

F.O.B. POINT

SHIP VIA THEIR TRUCK

ITEM NO.	QUANTITY	UNIT	DESCRIPTION/EXPLANATION	UNIT PRICE	AMOUNT
			USED METAL DRUMS		
			#1 HEADFILLER 20 GAUGE LINED		
		50	#2 HEADFILLER 20 GAUGE LINED		
			#1 OPEN HEAD 20 GAUGE LINED	2.15	107.50
		41	#2 OPEN HEAD 20 GAUGE LINED	1.65	67.65
		191	SCRAP	.65	124.15
		282		~~.65~~	183.[illegible]
					249.30
			Rebilled 10/8/85 ORIGINAL BILLING RETURNED		
			50 @ 2.15		
			41 @ 1.65		
			191 @ .65		
		TOTAL QUANTITY		TOTAL VALUE	

ORIGINATOR

7

Copy per your request.

[illegible]

OFFICE CODES
SLS 12508
SOAW
T/E

Mobil this shipping order

must [illegible] filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

FCO-1395 HPS

ROUTE

DELIVERING CARRIER

ORIGINAL (Red)

CAR OR VEHICLE #

IF PREPAID, RENDER FREIGHT BILL IN DUPLICATE TO PERMANENT POST OFFICE ADDRESS OF SHIPPER

MOBIL OIL CORPORATION
P O BOX 428
PAULSBORO

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

From **Mobil Oil Corporation**

SHIPPER'S NUMBER	DATE	CARRIER	CARRIER'S NO.	SHIPPING ORIGIN
	[illegible]	[illegible] TRUCK		[illegible] PAUL

ORDER KEY	CUSTOMER NUMBER	PURCHASE ORDER	F.O.B	FREIGHT
		[illegible]	[illegible]	

SHIP TO
[illegible]
[illegible]
[illegible] 1227

PRODUCT	PKG	TAX	WEIGHT	FRT CLASS	LOC
971028					
STCL					
349/752					

PACKAGES NUMBER	PACKAGES DESCR	PRODUCT DESCRIPTION
5		[illegible]

The property described hereon, in apparent good order except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated hereon, which said carrier (the [illegible] 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 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 Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) the applicable motor carrier classification or tariff if this is a motor 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.

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.

MOBIL OIL CORPORATION

(Signature of consignor)

†This shipment is co[illegible] described

Correct weight is

Subject to verification by the APPLICABLE WEIGHING AND INSPECTION BUREAU According to Agreement

MOBIL OIL CORPORATION

Shipper

If Bulk Truck:
The Carrier Certifies that the cargo tank supplied for this shipment is a proper container for the transportation of this commodity as described by the shipper

TOTAL PIECES	TOTAL SHIP WEIGHT

LG DRUM	SM DRUM	KEGS	PAILS	BOXES	BULK/OTHER

CASH SALE	RECEIVED PAYMENT FOR MOBIL OIL CORPORATION	CUSTOMER	RECEIVED ABOVE PRODUCTS AND QUANTITIES

† Shipper's imprint in lieu of stamp [illegible] a part of bill of lading approved by [illegible] Interstate Commerce Commission

OFFICE CODES:

COD CHARGES PAID BY:
COLLECT ON DELIVERY - $
AND REMIT TO: MOBIL OIL CORPORATION

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

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.

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 Uniform and National Motor Freight Classifications.

*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

Mobil Oil Corporation Shipper, Per

ENTAL
er Chemicals & Plastics Corp.

x 699 Armand Hammer Blvd.
n, Pa 19464

MISCELLANEOUS INVOICE [redacted]

SHIPPING ORDER

S.O.#R-81-85

OR CODE NO.	T/C	PAYMENT TERMS	F/T	FREIGHT TERMS	B/L	REFERENCE	DATE
							2-28-86

SHIP TO:

METRO CONTAINER
2ND & PRICE STREETS
TRAINER, PA

SAME AS CHARGE TO

ORIGINAL (Red)

#10 TRACTOR

STED
G

F.O.B. POINT

SHIP VIA THEIR TRUCK

UANTITY	UNIT	DESCRIPTION/EXPLANATION	UNIT PRICE	AMOUNT
		USED METAL DRUMS		
	34	#1 HEADFILLER 20 GAUGE LINED	$1.85	$62.90
	45	#2 HEADFILLER 20 GAUGE LINED	1.35	60.75
		#1 OPEN HEAD 20 GAUGE LINED		
		#2 OPEN HEAD 20 GAUGE LINED		
	11	SCRAP	N/C	-
	90	TOT		$123.65

S. Moore
719

William

TOTAL QUANTITY

REMI

S.O.R-81-85
2/16

PURCHASE INSPECTION Nº 08116

DATE: 3-4-86

RECEIVED FROM: OCCIDENTAL

DRIVER: SOPENOR 1632

24 HF 2MX LINED
66 HF 2MX CHAMBERS
90 TOTAL

KW
FROM POTTSTOWN PA

OCCIDENTAL
~~Hooker~~ Chemicals & Plastics Corp.

P. O. Box 699 · Armand Hammer Blvd.
Pottstown, Pa 19464

MISCELLANEOUS
INVOICE ~~H08841~~

SHIPPING ORDER

R-119-84

VENDOR CODE NO.	T/C	PAYMENT TERMS	F/T	FREIGHT TERMS	B/L	REFERENCE	DATE
							12-18-84

CHARGE TO:

METRO CONTAINER
2ND & PRICE STREETS
TRAINER, PA

SHIP TO: ORIGINAL (ed)

SAME AS CHARGE TO

REQUESTED ROUTING

F.O.B. POINT

SHIP VIA #10 Tractor THEIR TRUCK

ITEM NO.	QUANTITY	UNIT	DESCRIPTION/EXPLANATION	UNIT PRICE	AMOUNT
			USED METAL DRUMS		
		61	#1 HEADFILLER 20 GAUGE LINED	3.50	213.50
		83	#2 HEADFILLER 20 GAUGE LINED	3.00	249.00
			#1 OPEN HEAD 20 GAUGE LINED		
			#2 OPEN HEAD 20 GAUGE LINED		
		39	SCRAP	1.00	39.00
		183	TOT.		501.50
		TOTAL QUANT			

719

PURCHASE
INSPECTION
DATE: 12-19-84
RECEIVED FROM: OCCIDENTAL
DRIVER: SUPERIOR

12-19-84
No. 6783

19-55GAL-CONTAINERS
90-55GAL-LINED
45-55GAL-CONTAINER
29-55GAL CUT OUTS

TIM

MISCELLANEOUS INVOICE ~~#03302~~

R-90-84

CCIDENTAL
Chemicals & Plastics Corp.

. Box 699 Armand Hammer Blvd.
stown, Pa 19464

SHIPPING ORDER

VENDOR CODE NO	T/C	PAYMENT TERMS	F/T	FREIGHT TERMS	B/L	REFERENCE	DATE
							11-29-84

SHIP TO:

RGE

METRO CONTAINER
2ND & PRICE STREETS
TRAINER, PA

SAME AS CHARGE TO

ORIGINAL (Red)

REQUESTED ROUTING

F.O.B. POINT

SHIP VIA #10 TRACTOR THEIR TRUCK

M	QUANTITY	UNIT	DESCRIPTION/EXPLANATION	UNIT PRICE	AMOUNT
			USED METAL DRUMS:		
	16		#1 HEADFILLER 20 GAUGE LINED	3.50	56.00
	27		#2 HEADFILLER 20 GAUGE LINED	3.00	81.00
	35		#1 OPEN HEAD 20 GAUGE LINED	2.50	87.50
	47		#2 OPEN HEAD 20 GAUGE LINED	2.00	94.00
	46		SCRAP	1.00	46.00
	171	TOT.			

EXT'D: OK:

William S. Bowen

TOTAL QUANTITY

REMITTA

PURCHASE INSPECTION No. 6672

DATE: 12-4-84

RECEIVED FROM: Occidental Chem. Pottstown, Pa.

DRIVER: Superior H S

32 20/18 OH
91 OH Orig.
8 c/o
40 Chassis
171 Total

RECEIVING RECORD

7050
6854

RECEIVED FROM: American Dredge

ADDRESS: Camden

ORIGINAL (Red)

PURCHASE ORDER NO. OR RETURNED GOODS	FREIGHT BILL NO.	DATE

VIA: Kelly Trailer - Rhodes

PREPAID | COLLECT

	QUANTITY	ITEM NUMBER	DESCRIPTION
1	27		Mobile Drum
2			
3			Picked Up By
4			
5			Dusty Roads
6			
7			Del on #10815
8			Kelly Trailer
9			
10			
11			
12			

REMARKS: CONDITIONS, ETC.

[signature]

NO. PACKAGES	WEIGHT	RECEIVED BY	CHECKED BY	DELIVERED TO

Rediform ®
2H 260

BE SURE TO MAKE THIS RECORD ACCURATE AND COMPLETE

PURCHASE INSPECTION

Kelly 10815

Nº 6854

DATE:

RECEIVED FROM: American Dredge

DRIVER: Rhoads (Kelly)

20 - 18/20
7 - 18
27 - TOTAL

INSP ON Kelly 10815

DH

ORIGINAL (Red)

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

SHIPPER'S NO.
CONSIGNEE NO.
CARRIER
CARRIER'S NO.

RECEIVED, subject to the classifications and tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading,

AT [illegible] DATE FROM:

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 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 Uniform Freight Classifications 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

(Mail or street address of consignee for purposes of notification only.)

DESTINATION STATE OF COUNTY OF

ROUTING

DELIVERING CARRIER VEHICLE OR CAR INITIAL VEHICLE OR CAR NO.

WEIGHT (LBS.)	DATE — TIME & YEAR	TANK NUMBER LOADED FROM	CARRIER
GROSS		LABORATORY OK	TIME IN / TIME OUT
TARE		FLASH POINT	TRACTOR NUMBER
NET		☐ 100°F OR ABOVE ☐ 81 TO 100°F	TRAILER NUMBER
		☐ 80°F OR LOWER	RATED CAPACITY

NO. OF PACKAGES	HM	DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS	STCC NO.	• WEIGHT (SUBJ. TO CORR.)	CLASS OR RATE
		FON CREE			

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."

LL

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

$

s Bill of Lading hereby certifies that transport was loaded as

he cargo tank supplied for this shipment is a proper container for commodity as described by shipper.

ween two ports by a carrier by water, the law requires that the bill of t is "carrier's or shipper's weight."
dependent on value, shippers are required to state specifically in writing of the property. The agreed or declared value of the property is hereby per to be not exceeding

Per

AGENT

5

CUSTOMER: Sun Ray
TRAILER # 264
DATE: 6-6-85
18-ga.
18/20-ga. 2-Reject to
20/20-ga. Metro
Lined
Chainers
REJECTS:
TOTAL 2
Inspector
ROWS: 12 9 8 6

#1851

NOVICK CHEMICAL CO. INC.

№ 86834 (Red)

147 SCRANTON, PA. 18505
ONE (717) 961-5377

DELIVERY RECEIPT

	REQ./REL. NO.	Pick-Up	Partial	C.O.D.	DATE	19

TY	DESCRIPTION	TOTAL QUANTITY	PRICE	AMOUNT

RECEIVED

Metro Containe Corp

Bungs Shit-38
Tops Shit-26

ER:

Recondition & Return № 1851

DATE: [illegible]
RECEIVED FROM: Myrick Chemical
DRIVER: [illegible] Truck (Spec)

3/. 18 yrs Oil
9/. 18 yrs Oil
10 10 yrs Pick
5 Scrap
13 Total

Dry-Jd

5 Jd R

Bungs Shit 38
Tops Shit 26

SUNOCO DX

SUN REFINING AND MARKETING COMPANY

PROD. TRANS. CODE (CHECK ONE) 1050 MISC. 1350 MO. DAY YR. 402

SHIPPED TO

ORIGINAL (Red)

F.T.C. MOD. T.S. FREIGHT RATE C.T.C. BILL OF LADING NO.

SHIPPED FROM

BILL TO (SAME AS SHIPPED TO UNLESS NOTED)

CUSTOMER ORDER NO.

TERMS

SHIP VIA

ORDERING DISTRICT

LINE ITEM	PRODUCT CODE	PKG CODE	PLI	END USE	IPC	TAX CODE	STC	U OF BLG CODE AND U OF BLG DESC	UNIT PRICE	SUR CHARGE RATE	STATE TAX (1)	FEDERAL TAX	SALES TAX (2)	QUANTITY DELIVERED	AMOUNT	PROD. TAX
	PRODUCT DESCRIPTION															
10																
90																

ALLOWED $ WHEN PAID WITHIN DISCOUNT PERIOD CASH DISCOUNT

WHERE APPLICABLE THE FOLLOWING TAXES ARE CHARGED

	JURISDICTION	RATE
(1) STATE		
(2) SALES		%

REC COL SIG HEI SIGN

LINE ITEM	REG/DIST NO	FUNC/PROD	COST CNTR	CUSTOMER NO/TRUCK NO	MAIN ACCT	SUB ACCT	DET	APPRO
80								
80								
80								

CREDIT MEMO

SUN 3427-B

Recondition & Return No. 1846

DATE: 6/ac/85

RECEIVED FROM: [illegible]

DRIVER: Sanchez [illegible]

35 10 [illegible]

111 10/[illegible]

1 10/[illegible]

1 [illegible]

2 [illegible]

150 [illegible]

Sanchez

MAIN OFFICE
QUARRYVILLE, PA.
PHONE 717-786-2181

HERR'S MOTOR EXPRESS, INC.

P.O. BOX 8 • QUARRYVILLE, PA. 17566

WHARTON, N.J. 201-361-0138 | CHESTER, PA 215-485-1863 | NEW BRIGHTON, PA 412-843-7870

TERMINALS

CANANDAIGUA, N.Y. 716-394-1600 | ELMIRA, N.Y. 607-734-2986 | PROVIDENCE, R.I. 401-885-0010

#1836

Consignee _____ Consignor _____ Date _____

_____ _____ _____

_____ _____ LOAD NUMBER

(Destination) (Assign number if Revenue loa

Shipper Nos. _____ Tractor No. _____ Trailer No. _____ Drivers Name _____

No. packages or pieces	DESCRIPTION	Weight	Rate	Freight
		1197		

Received above in good order
Consignee Signature

Claims for loss or damage must be made in writing in five days. All goods taken subject to road conditions and delays.

Form No. 103
(10-1-78)

Recondition & Return No. 1836

DATE: 6/1/83

RECEIVED FROM: [illegible]

DRIVER: [illegible]

20 [illegible]
31 [illegible]
115 [illegible]
6 [illegible]
240 [illegible]

[illegible]

ORIGINAL (Red)

SUN OIL COMPANY

RECEIPT FOR PACKAGES OR MATERIAL RETURNED

Date 6 14 19__

Name

Address

No.	Kind of Package or Material
	Empty Heavy Steel Drum
	Empty 55 Gal. Light Steel Oil Drum
	Empty Special Returnable Drum
	184 [illegible]
	trailer 242 [illegible]
	21 [illegible]

Checked By _____ for customer

Rec'd By _____ Driver

Rec'd for Whse. _____

WHITE - OFFICE COPY CANARY - OFFICE OR OUTSIDE

PINK - CUSTOMER'S COPY DRIVER'S COPY

Recondition & Return

Nº 1817

DATE: 6-16

RECEIVED FROM: SUN Oil Co

DRIVER: 242 METRO

17-SUN T/S 18#

49-NONSUN T/S 18#

33- SUN T/S 18/20

116 - NONSUN T/S 18/20

6- C/O

15- SCRAP

236 96-2"

42 3/4"

GEORGE

Invoi[redacted]402 GrayLine SNAP-A-WAY FORM

Invoice

Dunlap Mellor & Co
2107 E. Susquehanna Ave
Phila Pa 19125

#1829

ORIGINAL (Red)

No. 16

Date

Shipped to

Metro Containers

Sold To Sun Refining & Marketing

Box 7438 Acct Payable

Phila Pa 19101

62/55 Empty Sun oil Drums

Wilson Jones

Invoice

Recondition & Return No 1829

DATE: 6/1/85

RECEIVED FROM:

DRIVER:

Dunlap Mellor & Company
2100 El Susquehanna Ave
Phila Pa 19125

INVOICE

#1781

No. 15

ORIGINAL (Red)

Date

Sold To Sun Refining & Marketing
Box 7438 Acct Payable
Phila Pa 19101

Shipped to Metro Containers

Your Order No.	Our Order No.	Salesman	
Date Shipped	Shipped VIA	F.O.B.	Terms

Quantity Ordered	Quantity Shipped	Stock Number/Description	Price	Per	Amount
78 /55		Empty oil drums			

RECEIVED
JUL
Metro Contain

WilsonJones
GRAYLINE FORM 44-402 4-PART
© 1975 • PRINTED IN U.S.A.

Quadruplicate

Invoice

Recondition & Return No. 1781

DATE: 6/14/85
RECEIVED FROM: [illegible]
DRIVER: [illegible]

13 [illegible]
64 [illegible]
[illegible]
75 [illegible]

Sun [illegible]

MAIN OFFICE
QUARRYVILLE, PA.
HONE 717-786-2181

HERR'S MOTOR EXPRESS, INC.

P.O. BOX 8 • QUARRYVILLE, PA. 17566

[illegible] N.J. 201-361-0138	CHESTER, PA 215-485-1863	NEW BRIGHTON, PA 412-843-7870
CANANDAIGUA, N.Y. 716-394-1600	ELMIRA 607-734-2986	PROVIDENCE, R.I. 401-885-0010

ORIGINAL (Red)

#1831

Consignee: Sun Oil / Metro Container / Trainer Pa

(Destination)

Consignor: Chetucket Iron / [illegible]

Date: 6-14-83

[illegible]

LOAD NUMBER
(Assign number if Revenue load

Shipper Nos. [illegible] Tractor No. [illegible] Trailer No. [illegible] Drivers Name [illegible]

No. packages or pieces	DESCRIPTION	Weight	Rate	Freight
	[illegible]			

Received above in good order
Consignee Signature

Claims for loss or damage must be made in writing in five days. All goods taken subject to road conditions and delays.

Form No. 103
(10-1-78)

Recondition & Return No. 1834

DATE: [illegible]
RECEIVED FROM: [illegible]
DRIVER: [illegible]

36 10 yds
12.3 10 yds
29 - 10 yds
12 20 yds
5 Seg
20 [illegible]

[illegible]

Amended August 1, 1930 and June 15, 1941

THIS SHIPPING ORDER MUST BE LEGIBLY FILLED IN, IN INK, IN INDELIBLE PENCIL, OR IN CARBON, AND RETAINED BY THE AGENT.

Shipper's No. #1758

Carrier

Carrier's No.

ORIGINAL (Red) 19

RECEIVE, subject to the classifications and tariffs in effect on the date of this Shipping Order,

From EAST FALLS CORPORATION At Frazer, PA. 19355

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 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 Classifications 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.

Collect on Delivery $ _____ and remit to: _____

Street City State

(Mail or street address of consignee--For purposes of notification only)

C.O.D. charge to be paid by: Shipper ☐ consignee ☐

CONSIGNED TO: DESTINATION

DRIVER INSTRUCTIONS

☐ PICK UP EMPTY DRUMS ☐ PICK UP WEIGHT SLIP

☐ TAILGATE NEEDED ☐ _____

CUSTOMER'S ORDER NUMBER	DATE ORDERED	OUR ORDER NUMBER	DATE SHIPPED

F.O.B.	PPD	COL

HM	NO. PKGS.	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (SUB. TO CORR.)	CLASS OR RATE	✓

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."

Rec'd $ _____ 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 _____

EAST FALLS CORPORATION

Per _____

Permanent post office address of shipper, LEE BOULEVARD FRAZER, PA 19355

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

Reconditioning & Return

No. 1758

DATE:

RECEIVED FROM:

DRIVER:

ORIGINAL (Red)

Metro Container Corp.

2nd & Price St.
Trainer, Pa. 19013

#1651

MA-7-7288
494-8200

DATE 5/31/83

RECEIVED FROM Sun Oil Co.

ADDRESS

CITY Marcus Hook STATE Pa

QUAN.	DESCRIPTION	PRICE	AMOUNT
54	18 gal 18/2 gal		
	Drum		
	1 Reiche Non/Sun		
	52 - Regular		
	1 Oil		
	1 Scrap		

REC'D BY [signature]

DRIVER

MCP PATENTED SPEEDISET® MOORE BUSINESS FORMS INC.

Recondition & Return

#6003

Nº 1651

DATE: 5/31/83

RECEIVED FROM: Sun Oil Co

DRIVER: Sun Truck #521

15 - 18 gal Oil

52 18/2 gal HF Oil

1 - Scrap Drum

1 - Reiche Off Non/Sun

54 - Total

Dup - LM

Sun Rd Ft

ORIGINAL (Red) #1663

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

SHIPPER'S NO.
CONSIGNEE NO
CARRIER
CARRIER'S NO.

RECEIVED, subject to the classifications and tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading,

AT DATE FROM:

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 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 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

(Mail or street address of consignee for purposes of notification only.)

DESTINATION STATE OF COUNTY OF

ROUTING

DELIVERING CARRIER VEHICLE OR CAR INITIAL VEHICLE OR CAR NO.

WEIGHT LBS	DATE - TIME & YEAR	TANK NUMBER LOADED FROM	CARRIER
GROSS		LABORATORY OK	TIME IN / TIME OUT
TARE		FLASH POINT	TRACTOR NUMBER
NET		100°F OR ABOVE / 81 TO 100°F	TRAILER NUMBER
		80°F OR LOWER	RATED CAPACITY

NO. OF PACKAGES	DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS	WEIGHT (LBS) TO COLL	CLASS OR RATE

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

Recor IS ME on
& R
DATE:
RECEIVED FROM:
DRIVER:

Agent #
Wilkinson
No 1663

FOR TRANSPORTATION EMERGENCY - SPILL, EXPOSURE OR ACCIDENT CALL 800-42

* This is to certify that the above-named materials are properly classified, marked and labeled, and are in proper condition for transportation according to the tions of the Department of Transportation.
* Shipper's Imprint in Lieu of Stamp. Not a Part of Bill of Lading Approved by the Commission.

PER

MAIL FREIGHT BILLS TO:

ORIGINAL (Red)

WARNING-HAZARDOUS MATERIALS

THIS SHIPPING ORDER must be legibly filled in, in ink, or indelible pencil, or in carbon and retained by the Agent — ORIGINAL — NON NEGOTIABLE

Haz Lam Lyed ordman's ly

Shipper's No

Carrier's No

NAME OF CARRIER Metro Container #1655

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

AT Marcus Hook, PA FROM [illegible] Date May 197

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown below, which said company (the word company being understood through 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 railroad, water line, highway route or routes, or within the territory of its highway operations, 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 conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

CONSIGNED TO Metro Container	EXEMPTION # SEAL #
ADDRESS [illegible]	ROUTE FINAL DESTINATION
CITY [illegible] STATE [illegible] ZIP	INTERLINE CARRIER
TELEPHONE ORDER #	CAR OR VEHICLE INITIALS NO

110 X — [illegible] Drums Flammable — Flammable Liquid — Liquid — [illegible] — Empty — [illegible] — flammable liquids — flammable liquids — [illegible] — [illegible] M.

NOS

2042

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.

Signature [illegible]

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement...

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

No. 1655 #2

Recondition & Return

DATE: 6/1/[illegible]

RECEIVED FROM: [illegible]

DRIVER: [illegible]

Company Name METRO CONTAINER

Page 1 of 1 ORIGINAL (Red)

Address

"PEDS" WORKSHEET - INCINERATORS
INITIAL REPORT - 19 DATA

Description of Unit

1. Company's name for the incinerator METRO ENTERPRISE CONTAINER CORP
2. Manufacturer HEAT & PROCESS EQUIPMENT
3. Number of chambers 1
4. Number of burners: (a) Primary 8 (b) Secondary 4
5. Incinerator class (e.g. I, II, III, etc.) SEE NOTE 1 COMMENTS
6. Type of waste burned (e.g. 0, 1, 2, etc.) SEE NOTE 2
7. Rated capacity (lbs/hr) 180 DRUMS/HR.
8. Method of ash disposal SECURED LANDFILL
9. Date installed 9/86
10. Bureau of Air Quality permit number, if any 23-3011-100
11. Operating schedule for the audit year:
    (a) Hours/year 2080 (b) Days/year 208 (c) Hours/day 10
12. Total amount of waste burned during the audit year (tons) 240
13. Percent of waste burned in each quarter of the audit year:
    1st 60 2nd 60 3rd 60 4th 60

Fuel Data

1. Rated input of all burners combined (BTU's/hr) 12 10^6 BTU/HR.
2. Type of fuel(s) used (e.g.#2 oil, natural gas, etc.) NATURAL GAS

	Gas	Oil
3. Amount of each fuel consumed during the audit year. (ft^3, gals.)	5,533,600	—
4. Percent sulfur in the fuel (excluding natural gas)	—	—
5. Operating schedule for each fuel during the audit year, if different from incinerator:		
(a) Hours/year	2080	—
(b) Days/year	208	—
(c) Hours/day	10	—
6. Percent thruput for each fuel during each quarter of the audit year:		
(a) 1st	100	—
(b) 2nd	100	—
(c) 3rd	100	—
(d) 4th	100	—

Control Equipment (if any)

1. Type of control device (e.g. wet scrubber) AFTER-BURNER
2. Manufacturer HEAT & PROCESS EQUIPMENT
3. Date installed 9/86
4. Pressure drop (inches of water) NA
5. Pollutant(s) controlled VOLATILE ORGANICS
6. Collection efficiency(s) NA

(over)

QR0126RO
YEAR: 1986

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF AIR QUALITY CONTROL

ORIGINAL
(Red)

DATE 6/01/8
PAGE

UPDATE FORMS FOR CALENDAR 1986 OPERATIONS

METRO CONTAINER CORP.
LOCATION: TRAINER BORO

COUNTY: DELAWARE

23-2231601-0
SIC: 3491

CONTACT: SIDNEY LEVY
ADDRESS: 2ND & PRICE (P.O.A)
TRAINER, PA 19016

TELEPHONE: (215) ~~494-8200~~ 485-6100

** UTM COORDINATES **

ZONE	HORIZ	VERT	ELEV (FT)
18	465.80	4408.35	0010

SUMMARY OF FUEL USAGE AT THIS FACILITY:

TYPE	TOTAL USE	TYPE	TOTAL USE
#5 FUEL OIL	220,000		
NATURAL GAS	12,668,682		

**** *** **** *** **** *** **** *** **** *** **** *** **** *** **** ***

SOURCE 031 BOILER ENGINEER & SUPPLY
PERMIT NO:

RATED INPUT: 7.4
ORDER NO:

FUEL: #5 OIL
USAGE PRIMARY FUEL

%SULFUR 0.5 %ASH —

BTU/LB-GAL-CUFT 140,000
DATE INSTALLED 63/09/01

** SCHEDULE **
HRS/DAY 8.0
DAYS/YR 250
TOTAL HRS 2000

********** THRUPUT **********
1ST QTR 55,000.00 2ND QTR 55,000.00
3RD QTR 55,000.00 4TH QTR 55,000.00
UNITS: GALLONS

** CATEGORY **
NESHAPS -
NSPS -
PSD -

CHANGES IN FUEL(S) USED, CONTROL DEVICE(S) OR EXHAUST NONE

SOURCE 101 PAINT BOOTH
PERMIT NO: 23318004

MATERIAL: REFURBISH DRUMS
ORDER NO:

** SCHEDULE **
HRS/DAY 16.0
DAYS/YR 250
TOTAL HRS 4000

********** THRUPUT **********
1ST QTR 12.00 2ND QTR 12.00
3RD QTR 12.00 4TH QTR 12.00
UNITS: TONS

** CATEGORY **
NESHAPS -
NSPS -
PSD -

CHANGES IN PROCESS, CONTROL DEVICE(S) OR EXHAUST NONE

SOURCE 102 ACID STRIP/WASH SYSTEM
PERMIT NO:

MATERIAL: RECOND. STEEL DR
ORDER NO:

** SCHEDULE **
HRS/DAY 8.0
DAYS/YR 250
TOTAL HRS 2000

********** THRUPUT **********
1ST QTR 1,392.00 2ND QTR 1,392.00
3RD QTR 1,392.00 4TH QTR 1,392.00
UNITS: TONS

** CATEGORY **
NESHAPS -
NSPS -
PSD -

CHANGES IN PROCESS, CONTROL DEVICE(S) OR EXHAUST NONE

ORIGINAL (Red)

126RO
: 1986

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF AIR QUALITY CONTROL

DATE 6/01/8
PAGE

UPDATE FORMS FOR CALENDAR 1986 OPERATIONS

METRO CONTAINER CORP.

23-2231601-0

SOURCE 103 PRE-HEAT & BACKING OVEN
PERMIT NO: 23318004

MATERIAL: RECOND.STEEL D
ORDER NO:

** SCHEDULE **		********** THRUPUT **********		** CATEGORY *
HRS/DAY	16.0	1ST QTR 168,000.00	2ND QTR --,---.--	NESHAPS -
DAYS/YR	250	3RD QTR --,---.--	4TH QTR --,---.--	NSPS -
TOTAL HRS	4000	UNITS: ~~POUNDS~~ UNITS		PSD -

FUEL: NATURAL GAS %SULFUR --.-- %ASH --.-- BTU/LB-GAL-CUFT --,00

** SCHEDULE **		********** THRUPUT **********		** CATEGORY *
HRS/DAY	--.-	1ST QTR 1,784.00	2ND QTR 1,784.00	NESHAPS -
DAYS/YR	---	3RD QTR 1,784.00	4TH QTR 1,784.00	NSPS -
TOTAL HRS		UNITS: THOUSAND CU FT		PSD -

CHANGES IN PROCESS, CONTROL DEVICE(S) OR EXHAUST ---------None----------

SOURCE 105 DRUM PNT STRIP.SHOT BLAST
PERMIT NO:

MATERIAL: STEEL DRUM REFI
ORDER NO:

** SCHEDULE **		********** THRUPUT **********		** CATEGORY *
HRS/DAY	16.0	1ST QTR 24,000.00	2ND QTR 24,000.00	NESHAPS -
DAYS/YR	250	3RD QTR 24,000.00	4TH QTR 24,000.00	NSPS -
TOTAL HRS	4000	UNITS: POUNDS		PSD -

CHANGES IN PROCESS, CONTROL DEVICE(S) OR EXHAUST None.

ORIGINAL
(Red)

1246

PER THE BOOKS

	TOTAL OF BOTH CONTAINER ACCOUNTS				ENTERPRISE			
DATE	DEPOSITS MADE	CHECKS WRITTEN	CHECKS HELD	BOOK BALANCE	DEPOSITS MADE	CHECKS WRITTEN	CHECKS HELD	BOOK BALANCE
29-Aug-88	7,920.00	1,341.64	11,828.54	16,502.55	11,229.75	16,113.13		26,446.11
30-Aug-88	0.00	0.00	0.00	4,674.01	4,428.00	707.20		34,166.91
31-Aug-88	0.00	1,569.50	0.00	3,104.51	0.00	14,137.89		16,029.02
01-Sep-88	0.00	0.00	0.00	3,104.51	21,216.55	9,229.77		28,015.80
02-Sep-88	0.00	0.00	0.00	3,104.51	7,359.06	1,299.01		34,075.85
05-Sep-88	0.00	0.00	0.00	3,104.51	0.00	0.00		34,075.85
06-Sep-88	0.00	617.43	0.00	2,487.08	16,363.00	8,386.96		42,051.89
07-Sep-88	0.00	2,698.87	0.00	(211.79)	1,971.70	16,218.12		27,805.47
08-Sep-88	1,350.00	1,350.00	0.00	(211.79)	0.00	5,195.62		22,609.85
09-Sep-88	0.00	18.00	0.00	(229.79)	3,032.25	8,306.81		17,335.29
12-Sep-88	0.00	1,169.05	1,169.05	(229.79)	9,118.27	15,801.01	15,801.01	26,453.56
13-Sep-88	2,577.75	0.00	0.00	1,178.91	3,000.00	381.65	9,615.40	22,886.30
14-Sep-88	549.65	1,099.30	0.00	629.26	0.00	12,975.67	9,615.40	9,910.63
15-Sep-88	(549.65)	(549.65)	0.00	629.26	13,514.25	568.62	9,615.40	22,864.26
16-Sep-88	0.00	18.00	0.00	611.26	0.00	870.54	9,615.40	21,993.72
19-Sep-88	0.00	178.50	0.00	432.76	31,954.73	14,781.30	14,136.26	43,888.81
20-Sep-88	0.00	0.00	0.00	432.76	42,950.25	16,914.78		55,587.30
21-Sep-88	1,454.33	1,454.33	0.00	432.76	0.00	11,277.88		44,389.42
22-Sep-88	1,700.31	10,491.46	0.00	(8,358.39)	4,189.81	48,382.90		116.33
23-Sep-88	10,358.39	0.00	0.00	2,000.00	120.00			236.33

CONFIDENTIAL

ORIGINAL
(Red)

MONTH	CONTAINER LIABILITY DEC 11	CONTAINER LIABILITY DEC	CONTAINER LIABILITY JAN	CONTAINER LIABILITY FEB	CONTAINER LIABILITY MAR	CONTAINER LIABILITY MAR 26	CONTAINER LIABILITY TOTAL	CONTAINER PAYMENTS DEC	CONTAINER PAYMENTS JAN	CONTAINER PAYMENTS FEB	CONTAINER PAYMENTS MAR	CONTAINER PAYMENTS TOTAL	CONTAINER PAYMENTS DUE END OF MARCH
FED W/T	1,625.12	4,414.69	4,112.73	2,894.63	989.54	76.25	13,088.46		2,363.00	3,276.34	1,065.22	6,706.56	6,373.90
FICA	947.14	2,232.54	2,126.26	1,278.02	649.01	81.77	7,151.20		1,205.57	1,648.79	904.50	3,758.86	3,392.34
PHILA	315.32	849.04	685.71	307.11	79.27	16.73	2,219.72		407.39	445.35	183.39	1,036.13	1,183.59
SUI	13.31	34.77	28.35	17.02	8.62	1.89	100.98		16.07	21.99	12.01	50.07	50.91
PA W/T	265.79	616.63	483.44	266.46	110.41	22.87	1,719.86		282.79	348.87	181.85	813.51	906.35
NJ W/T	12.66	120.48	115.43	95.58	76.16	0.00	420.31		56.27	116.66	76.16	249.09	171.22
LOCAL	67.91	172.45	137.72	102.35	124.84	6.35	598.92		74.48	123.23	137.58	335.29	263.63
CO FICA	947.20	2,232.64	2,126.28	1,278.02	649.06	81.78	7,151.42		1,205.59	1,648.80	904.52	3,758.91	3,392.51
CO FUI	1.90	4.40	226.50	136.19	43.94	8.72	404.21		128.40	175.68	84.71	388.79	15.42
CO SUI	412.61	1,077.87	1,105.65	663.78	336.18	42.51	3,553.58		498.17	681.69	372.31	1,552.17	2,001.41
TOTAL	4,608.96	11,755.51	11,148.07	6,239.16	2,987.03	338.07	36,488.66	0.00	6,239.73	8,487.40	3,922.25	18,649.38	17,751.28

Company Name / Date Lst Pmt	Lst Pmt	On Account	Finance Chg	Current	30 Days	60 Days	90 Days (Red)	Total (Red)
200230 COVAR 11/ 6/87 (000)000-0000	6,420.00	0.00	0.00	6,744.00	6,672.00	3,372.00	3,444.00	20,232.00
200232 WILLIAM H COOPER 3/25/88 (000)000-0000	2,329.70	0.00	0.00	7,812.00	3,631.00	0.00	0.00	11,443.00
200235 CRYSTAL INC. 2/16/88 (000)000-0000	3,276.00	0.00	0.00	3,744.00	3,588.00	0.00	0.00	7,332.00
200250 E I DUPONT DENEMOURS 3/17/88 (000)000-0000	1,484.00	102.60	0.00	2,065.00	3,878.00	102.60	0.00	5,943.00
200360 GRAPHIC PACKAGING 10/15/87 (000)000-0000	738.50	0.00	0.00	0.00	1,218.00	0.00	0.00	1,218.00
200392 GROUND WATER TECHNOLOGY 10/ 7/87 (000)000-0000	126.00	0.00	0.00	0.00	0.00	126.00	0.00	126.00
200396 GENERAL [illegible] 2/ 2/ [illegible] [illegible]	[illegible]	[illegible]	0.00	2,437.50	0.00	0.00	0.00	2,437.50
[illegible] [illegible] 3/ 2 [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible] GENERAL [illegible] 2 2/ [illegible] [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
200477 INDUSTRIAL STEEL DRUM 3/23/88 (000)000-0000	2,869.75	0.00	0.00	11,842.75	9,322.00	24.00	40.00	21,228.75
200524 JACOB KLINE 11/23/87 (000)000-0000	0.00	0.00	0.00	0.00	2,880.00	3,024.00	0.00	5,904.00
200530 WM JONES 3/21/88 (000)000-0000	3,342.60	0.00	0.00	6,394.50	11,315.00	6,557.50	0.00	24,267.00

CONFIDENTIAL

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

Page 1 of 1

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

A. State Manifest Document Number: NJA 0258631

B. State Gen. ID

C. State Transporter 1 ID

D. Transporter's Phone

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

GENERATOR

I. Waste No.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a. b. c. d.

15. Special handling instructions and additional information

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 according to applicable international and national government regulations.

If I am a small quantity generator, it is true.

TRANSPORTER

FACILITY

NJA 0258631

8 - GENERATOR COPY

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: AD [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: 215 [illegible]

A. State Manifest Document Number: NJA 0258631
B. State Gen. ID: SAME

5. Transporter 1 Company Name: Waste Conversion
6. US EPA ID Number: PAD 0 8 5 6 9 0 9 9 2
C. State Transporter 1 ID: AN-0139 NJDEPS06209

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone: 215-822-8996

9. Designated Facility Name and Site Address: Petroleum Recycling, Inc. P.O.Box 275 Cenco Blvd. Clayton, N.J. 08312
10. US EPA ID Number: N J D 0 8 1 1 3 3 1 5 0
E. State Transporter 2 ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 609-881-7400

11. Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No
[illegible]	[illegible]	[illegible]	[illegible]	E	X 722
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. T, L,
b.
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 and regulations.
[illegible] 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 [illegible]

Printed/Typed Name: [illegible]
Month Day Year

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

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of Receipt of Materials Covered by Manifest Except as Noted in Item 19
Printed/Typed Name:
Signature:
Month Day Year

GENERATOR

TRANSPORTER

FACILITY

NJA

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL
(Red)

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID 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

A. State Manifest Document Number: NJA0163321
B. State Gen. ID: SAMF

4. Transporter 1 Company Name: PLONER OIL DELAWARE VALLEY INC
US EPA ID Number: [illegible]
C. State Transporter 1 ID: NJ DEP 58156

5. Transporter 2 Company Name:
US EPA ID Number:
D. Transporter's Phone: 609-365-5544

6. Designated Facility Name and Site Address
PLONER OIL DELAWARE VALLEY INC
1800 CAMDEN STREET
CAMDEN, NJ 08104
US EPA ID Number: [illegible]
E. State Transporter 2 ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 609-365-5544

9. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	10. Containers No.	Type	11. Total Quantity	12. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, F WEST WATER NA 1993 COMBUSTIBLE LIQUID		T T		G	X72
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. c.
c.

K. Handling codes for Wastes Listed Above
a. T04-CENTRIFUGE c.
b. d.

15. Special Handling Instructions and Additional Information
NJ DECAL #

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 of Receipt of Materials: Date
Printed/Typed Name: Signature: Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

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

FACILITY

NJA

EPA Form 8700-22 (Rev. 4-85) Previous editions obsolete

Please notify your nearest Dept. of Environmental Protection office immediately, and the State Police, the emergency, occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL
(Red)

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Page 1 of

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

A. State Manifest Document Number **NJA 0208541**

B. State Gen. ID

3. Generator's Name and Mailing Address

4. Generator's Phone

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Transporter 1 ID

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

D. Transporter's Phone

9. Designated Facility Name and Site Address — 10. US EPA ID Number

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

GENERATOR

11. Containers (including Proper Shipping Name, Hazard Class, and ID Number)	12. No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a.					
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

a. c.

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 and regulations.

If I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste determination and certification under Section 3002(b) of RCRA, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected a practicable 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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date

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

NJA 0208541

EPA Form 8700-22 (Rev. 4-85) Previous edition obsolete

7 - GENERATOR MAIL - GENERATOR STATE

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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(Red)

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

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 **NJA0208522**

B. State Gen. ID

5 Transporter 1 Company Name

6 US EPA ID Number

C. State Transporter 1 ID

7 Transporter 2 Company Name

8 US EPA ID Number

D. Transporter's Phone

9 Designated Facility Name and Site Address

10 US EPA ID Number

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11 [illegible] (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		K. Handling codes for Wastes Listed Above	
a.	c.	a.	c.
b.	d.	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 and regulations.

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Date

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 of Receipt of Materials

Date

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.

Date

Printed/Typed Name | Signature | Month Day Year

GENERATOR

TRANSPORTER

FACILITY

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

EPA Form 8700-22 (Rev. 4-85) Previous edition obsolete

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State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

2. Page 1 of

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

3. Generator's Name and Mailing Address

A. State Manifest Document Number **NJA** 0208522

B. State Gen. ID

4. Generator's Phone

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter 1 ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

GENERATOR

	Including Proper Shipping Name, Hazard Class, and Number	13. Containers No.	Type	14. Total Quantity	15. Unit Wt./Vol.	I. Waste No.
a.						
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

a. c.

d.

K. Handling codes for Wastes Listed Above

a. c.

b. d.

15. Special Handling Instructions and Additional Information

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

[illegible]

Printed/Typed Name

Signature

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous waste

Printed/Typed Name

Signature

NJA 0208522

EPA Form 8700-22 (Rev. 4-85) Previous edition obsolete

GENERATOR MAIL TO — GENERATOR STATE

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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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

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

3. Generator's Name and Mailing Address

A. State Manifest Document Number **NJA 0208541**

B. State Gen. ID

4. Generator's Phone ( )

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter 1 ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.					
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

a. c. d.

K. Handling codes for Wastes Listed Above

a. b. c. d.

15. Special Handling Instructions and Additional Information

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 and regulations.

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Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

Transporter 2 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

FACILITY

16. Discrepancy Indication Space

17. Facility Owner or Operator: Certification of receipt of hazardous materials covered by manifest except as noted in Item 16 | Date

Printed/Typed Name | Signature | Month Day Year

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5580 (Day) (609) 292-7172 (Night)

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INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ DAYS DATE ____ NET 10 ____

SALES/USE TAX VERIFIED BY ____

[X] SALES TAX BILLED ON INVOICE

[ ] USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____

[ ] SALES OR USE TAX EXEMPT REASON ____

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3	1–11	13–20	21
					7

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO. DAY YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23–28	29–34	35	36–41	42–47	48–58	59–61	62–67
4									

ACCOUNT DISTRIBUTION

TR	REQ./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT
1	22	23–26	27–29	30–34	35–36	37–38	39–40	41–42	43–44	45–46	47–48	49–50	51–52	53–57	58–66	
5	7	6115	025	05521		84	16	50		[illegible]		[illegible]	11	[illegible]	1585	9[illegible]
5	7	7533	810													49[illegible]
5																
5																
5																

P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23–25	26–31	32–39	40–41	42	43–48	49–54
6		[illegible]						
6								
6								
6								

FOR PAYABLES USE ONLY

ORIGINAL
(Red)

STAPLE ORIGINAL DOCUMENT HERE

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3–9	10–11	12–20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DATE

SALES USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. REASON ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23–28			29–34			35	36–41	42–47			48–52	53–56	57–66
4															

ACCOUNT DISTRIBUTION

TR	REG/INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT
1	22	23–26	27–29	30–34	35–36	37–38	39–40	41–42	43–44	45–46	47–48	49–50	51–52	53–57	58–65	67–76
5	7	6115	025	08521		84	16	50		03		05	91	06500	1416	7434 00
5	7	7533	810			\	\	\		\		\	\	\		371 20
5																
5																
5																

P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23–25	26–31	32–39	40–41	42	43–48	49–54
6		065						
6								
6								
6								

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(Red)

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CO 1825 USC

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	TAI.	PAYEE NUMBER	LOC.	INVOICE NUMBER	CEPT.
1		2 — 9	10—11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ ____ DAYS DATE NET 10 ____ DAYS DATE

SALES USE TAX VERIFIED BY ____

[X] SALES TAX BILLED ON INVOICE

[ ] USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

[ ] SALES OR USE TAX EXEMPT. REASON ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1		23 — 28			29 — 34			35	36 — 41	42 — 47			48 — 56	59 — 66	67 — 76
4															

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1		23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 76	
5	7	6115	025	08521		84	16	50		03		05	91	06500	944	4 95600	
5	7	7533	810			\	\	\		\		\	\	\		247 30	
5																	
5																	
5																	

P.A.C.E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1		23—25	26 — 31	32 — 39	40—41	42	43 — 48	49 — 54
6		045						
6								
6								
6								

FOR PAYABLES USE ONLY

COMPUCHEM LABORATORIES

ORIGINAL (Red)

TABLE OF CONTENTS

1. REPORT(S) OF SAMPLE DATA

COMPUCHEM SAMPLE NO. 39091

EXHIBITS (Exhibits are included for each sample above if they pertain to that sample)

I	LABORATORY CHRONICLE	
II	COMPOUND LISTS	
III	VOLATILE	RIC
III-1	VOLATILE	SPECTRA (ABOVE DETECTION LIMITS)
III-2	VOLATILE	STANDARD RIC
IV	ACID	RIC
IV-1	ACID	SPECTRA (ABOVE DETECTION LIMITS)
IV-2	ACID	STANDARD RIC
V	BASE-NEUTRAL/PESTICIDE	RIC
V-1	BASE-NEUTRAL/PESTICIDE	SPECTRA (ABOVE DETECTION LIMITS)
V-2	BASE-NEUTRAL/PESTICIDE	STANDARD RIC
*VI	GC PESTICIDE CHROMATOGRAM (METHOD 608)	
*VI-1	PESTICIDE	RIC
*VI-2	PESTICIDE	SPECTRA (ABOVE DETECTION LIMITS)
*VI-3	PESTICIDE	STANDARD CHROMATOGRAMS
*VII	TCDD	CHROMATOGRAMS
*VIII	20 PEAK SPECTRAL MATCH DIAGRAM(s)	
*IX	CHAIN-OF-CUSTODY	

* if ordered

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(Red)

TABLE OF CONTENTS (Page Two)

2. ANALYTICAL METHODS, DEFINITIONS AND EXPLANATIONS

3. REPORT OF QUALITY CONTROL DATA *

A. MATRIX SPIKE ANALYSIS
B. DUPLICATE ANALYSIS
C. METHOD BLANK ANALYSIS
D. SURROGATE SPIKE RECOVERIES

EXHIBITS

I	VOA	BLANK RIC**
II	VOA	BFB TUNING
III	ACID	BLANK RIC**
IV	ACID	DFTPP TUNING
V	B/N/P	BLANK RIC**
VI	B/N/P	DFTPP TUNING
VII	PESTICIDE	BLANK (Method 608)

* If ordered
** Spectra and Spectral Match Diagrams included only if compounds in blank are above EPA specified detection limits.

ORIGINAL
(Red)

DATA REPORT NOTICE

CompuChem employs Methods 624 and 625 for GC/MS analysis of organics in liquid matrices. These methods were proposed on December 3, 1979 by the U.S.E.P.A. in Volume 44 of the Federal Register. These methods were subsequently revised and reissued in July, 1982 as publication EPA-600/4-82-057. The EPA Environmental Monitoring and Support Laboratory (EMSL-Cincinnati) has subsequently issued method modifications which provide for the analysis of solid matrices. These modifications specify changes in the sample preparation procedures.

Additionally, for solid samples detection limits and any analytical results reported are based on processing the method specified sample size of as-received material.

The referenced methods are no longer appropriate for several of the original priority pollutant compounds. This is due to either the deletion from the toxic pollutant list (40 CFR Part 401) by EPA or the determination by EPA that the referenced methods may not be optimized for certain compounds (EPA-600/4-82-057) originally incorporated by the methods.

CompuChem® presents these compounds in its sample data report for completeness as many of the government compound list forms continue to display the affected compounds. For consistency, these compounds are reported as "BDL" or "Below Detection Limit" as they are either not likely to exist in the sample or are not likely to be detected by the method. Those compounds which have actually been deleted are listed below with the Federal Register deletion reference.

Compound Name	GC/MS Fraction	Federal Register	Date
Dichlorodifluoromethane	Volatile	46FR2264	1/8/81
*Trichlorofluoromethane	Volatile	46FR2264	1/8/81
Bis(Chloromethyl)Ether	Volatile	46FR10723	2/4/81

*While this compound has been deleted, CompuChem® continues to identify and quantitate for it.

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COMPUCHEM
LABORATORIES

REPORT OF DATA

SAMPLE IDENTIFIER: 20839

COMPUCHEM SAMPLE NUMBER: 39091

SUBMITTED TO:

Ms. Sharon Nordstrom
Betz/Converse/Murdoch
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DIRECTOR OF QUALITY ASSURANCE

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EXHIBIT I. LABORATORY CHRONICLE

SAMPLE IDENTIFIER: 20839
COMPUCHEM SAMPLE NUMBER: 39091

	Date
Received/Refrigerated	12/12/84
Organics	
Extracted	12/12/84
Analyzed	
1. Volatiles	12/14/84
2. Acids	12/23/84
3. Base/Neutrals	12/23/84
4. Pesticides/PCBS	12/23/84
Inorganics	
1. Metals	Not Requested
2. Cyanide	Not Requested
3. Phenol	Not Requested

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EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 20839
COMPUCHEM SAMPLE NUMBER: 39091

VOLATILE ORGANICS	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)	SCAN NUMBER
1V. CHLOROMETHANE	BDL	500	
2V. VINYL CHLORIDE	BDL	500	
3V. CHLOROETHANE	BDL	500	
4V. BROMOMETHANE	BDL	500	
5V. ACROLEIN	BDL	5000	
6V. ACRYLONITRILE	BDL	5000	
7V. METHYLENE CHLORIDE	1400	500	198
8V. TRICHLOROFLUOROMETHANE	BDL	500	
9V. 1,1-DICHLOROETHYLENE	BDL	500	
10V. 1,1-DICHLOROETHANE	BDL	500	
11V. TRANS-1,2-DICHLOROETHYLENE	BDL	500	
12V. CHLOROFORM	BDL	500	
13V. 1,2-DICHLOROETHANE	840	500	379
14V. 1,1,1-TRICHLOROETHANE	BDL	500	
15V. CARBON TETRACHLORIDE	BDL	500	
16V. BROMODICHLOROMETHANE	BDL	500	
17V. 1,2-DICHLOROPROPANE	BDL	500	
18V. TRANS-1,3-DICHLOROPROPENE	BDL	500	
19V. TRICHLOROETHYLENE	BDL	500	
20V. BENZENE	BDL	500	
21V. CIS-1,3-DICHLOROPROPENE	BDL	500	
22V. 1,1,2-TRICHLOROETHANE	BDL	500	
23V. DIBROMOCHLOROMETHANE	BDL	500	
24V. BROMOFORM	BDL	500	
25V. 1,1,2,2-TETRACHLOROETHYLENE	BDL	500	
26V. 1,1,2,2-TETRACHLOROETHANE	BDL	500	
27V. TOLUENE	5900	500	726
28V. CHLOROBENZENE	BDL	500	
29V. ETHYLBENZENE	BDL	500	
30V. 2-CHLOROETHYL VINYL ETHER	BDL	500	
31V. DICHLORODIFLUOROMETHANE†	BDL		
32V. BIS(CHLOROMETHYL)ETHER†	BDL		

BDL=BELOW DETECTION LIMIT

†See Data Report Notice
*Sample analyzed using a 50:1 dilution, thus the higher than normal detection limits.

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EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 20839
COMPUCHEM SAMPLE NUMBER: 39091

ACID EXTRACTABLE ORGANICS	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)	SCAN NUMBER
1A. PHENOL	1600(1)	250	427
2A. 2-CHLOROPHENOL	BDL	250	
3A. 2-NITROPHENOL	480	250	550
4A. 2,4-DIMETHYLPHENOL	BDL	250	
5A. 2,4-DICHLOROPHENOL	BDL	250	
6A. P-CHLORO-M-CRESOL	BDL	250	
7A. 2,4,6-TRICHLOROPHENOL	BDL	250	
8A. 2,4-DINITROPHENOL	BDL	2500	
9A. 4-NITROPHENOL	310	250	777
10A. 4,6-DINITRO-O-CRESOL	BDL	2500	
11A. PENTACHLOROPHENOL	BDL	250	

BDL=BELOW DETECTION LIMIT
*Sample analyzed using a 10:1 dilution, thus the higher than normal detection limits.
(1) Quantitated using secondary ion

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EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 20839
COMPUCHEM SAMPLE NUMBER: 39091

	BASE-NEUTRAL EXTRACTABLE ORGANICS	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)	SCAN NUMBER
1.	N-NITROSODIMETHYLAMINE	BDL	200	
2.	BIS (2-CHLOROETHYL) ETHER	BDL	200	
3.	1,3-DICHLOROBENZENE	BDL	200	
4.	1,4-DICHLOROBENZENE	BDL	200	
5.	1,2-DICHLOROBENZENE	BDL	200	
6.	BIS (2-CHLOROISOPROPYL) ETHER	BDL	200	
7.	HEXACHLOROETHANE	BDL	200	
8.	N-NITROSODI-N-PROPYLAMINE	BDL	200	
9.	NITROBENZENE	BDL	200	
10.	ISOPHORONE	170	200	853
11.	BIS(2-CHLOROETHOXY) METHANE	BDL	200	
12.	1,2,4-TRICHLOROBENZENE	BDL	200	
13.	NAPHTHALENE	BDL	200	
14.	HEXACHLOROBUTADIENE	BDL	200	
15.	HEXACHLOROCYCLOPENTADIENE	BDL	200	
16.	2-CHLORONAPHTHALENE	BDL	200	
17.	DIMETHYLPHTHALATE	BDL	200	
18.	ACENAPHTHYLENE	BDL	200	
19.	2,6-DINITROTOLUENE	BDL	200	
20.	ACENAPHTHENE	BDL	200	
21.	2,4-DINITROTOLUENE	BDL	200	
22.	DIETHYLPHTHALATE	BDL	200	
23.	FLUORENE	BDL	200	
24.	4-CHLOROPHENYL PHENYL ETHER	BDL	200	
25.	DIPHENYLAMINE (N-NITROSO)	BDL	200	
26.	1,2-DIPHENYLHYDRAZINE (AZOBENZENE)	BDL	200	
27.	4-BROMOPHENYL PHENYL ETHER	BDL	200	
28.	HEXACHLOROBENZENE	BDL	200	

(Continued)

BDL=BELOW DETECTION LIMIT
*Sample analyzed using a 20:1 dilution because of the presence of large amounts of non-priority pollutant material, thus the higher than normal detection limits.

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EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 20839
COMPUCHEM SAMPLE NUMBER: 39091

BASE-NEUTRAL EXTRACTABLE ORGANICS (continued)	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)	SCAN NUMBER
29B. PHENANTHRENE	BDL	200	
30B. ANTHRACENE	BDL	200	
31B. DI-N-BUTYLPHTHALATE	BDL	200	
32B. FLUORANTHENE	BDL	200	
33B. BENZIDINE	BDL	200	
34B. PYRENE	BDL	200	
35B. BUTYLBENZYLPHTHALATE	BDL	200	
36B. BENZO(A)ANTHRACENE	BDL	200	
37B. 3,3'-DICHLOROBENZIDINE	BDL	200	
38B. CHRYSENE	BDL	200	
39B. BIS(2-ETHYLHEXYL)PHTHALATE	380	200	1616
40B. DI-N-OCTYLPHTHALATE	460	200	1754
41B. BENZO(B)FLUORANTHENE	BDL	200	
42B. BENZO(K)FLUORANTHENE	BDL	200	
43B. BENZO(A)PYRENE	BDL	200	
44B. INDENO(1,2,3-C,D)PYRENE	BDL	500	
45B. DIBENZO(A,H)ANTHRACENE	BDL	500	
46B. BENZO(G,H,I)PERYLENE	BDL	500	

BDL=BELOW DETECTION LIMIT
*Sample analyzed using a 20:1 dilution because of the presence of large amounts of non-priority pollutant material, thus the higher than normal detection limits.

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EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 20839
COMPUCHEM SAMPLE NUMBER: 39091

PESTICIDES/PCB'S	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)
1P. ALDRIN	BDL	200
2P. ALPHA-BHC	BDL	200
3P. BETA-BHC	BDL	200
4P. GAMMA-BHC	BDL	200
5P. DELTA-BHC	BDL	200
6P. CHLORDANE	BDL	200
7P. 4,4'-DDT	BDL	200
8P. 4,4'-DDE	BDL	200
9P. 4,4'-DDD	BDL	200
10P. DIELDRIN	BDL	200
11P. ENDOSULFAN I	BDL	200
12P. ENDOSULFAN II	BDL	200
13P. ENDOSULFAN SULFATE	BDL	200
14P. ENDRIN	BDL	200
15P. ENDRIN ALDEHYDE	BDL	200
16P. HEPTACHLOR	BDL	200
17P. HEPTACHLOR EPOXIDE	BDL	200
18P. PCB-1242	BDL	200
19P. PCB-1254	BDL	200
20P. PCB-1221	BDL	200
21P. PCB-1232	BDL	200
22P. PCB-1248	BDL	200
23P. PCB-1260	BDL	200
24P. PCB-1016	BDL	200
25P. TOXAPHENE	BDL	200

BDL=BELOW DETECTION LIMIT
*Sample analyzed using a 20:1 dilution because of the presence of large amounts of non-priority pollutant material, thus the higher than normal detection limits.

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PREPAREDNESS, PREVENTION AND CONTINGENCY PLAN

METRO CONTAINER CORPORATION

TRAINER, PA

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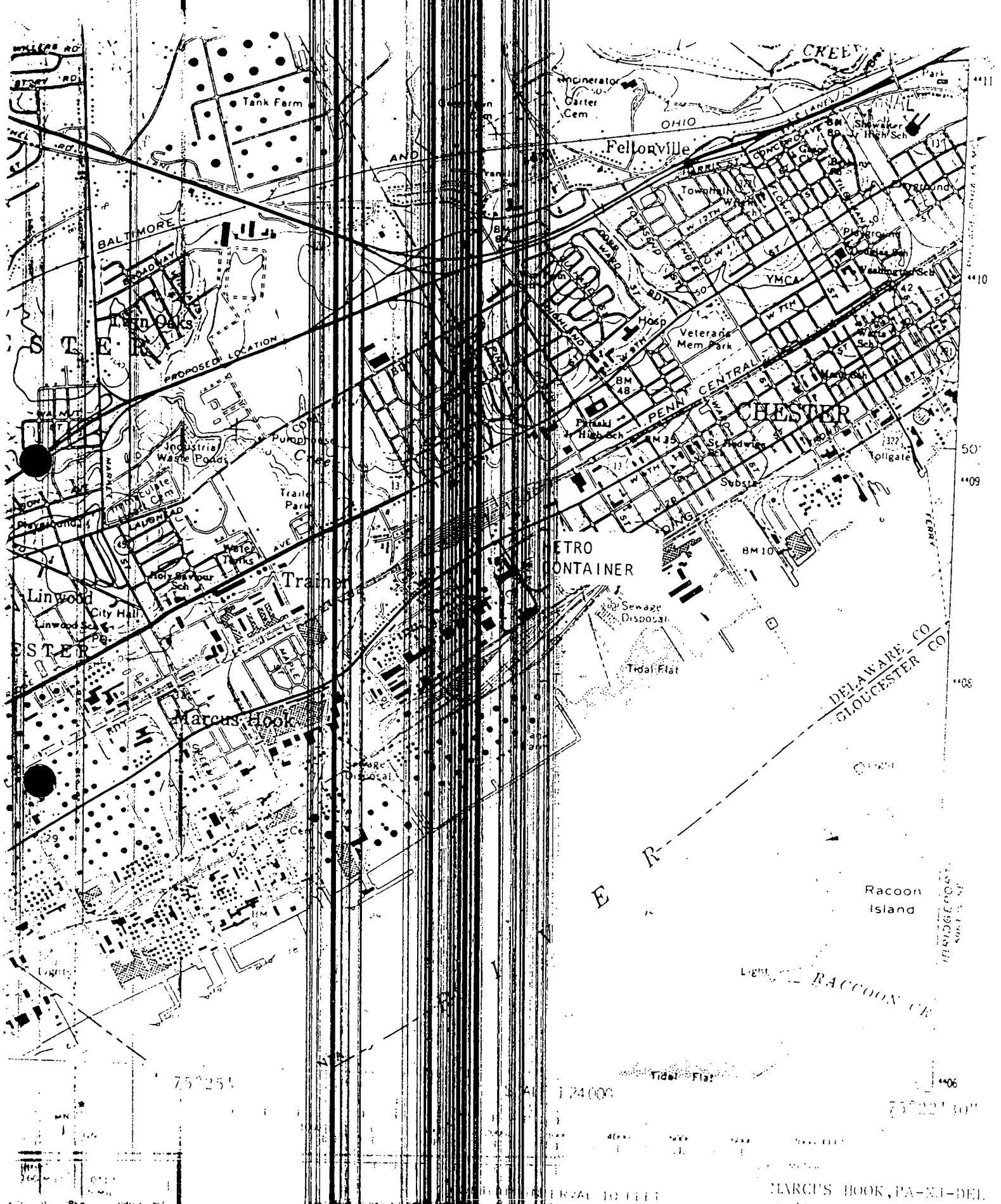
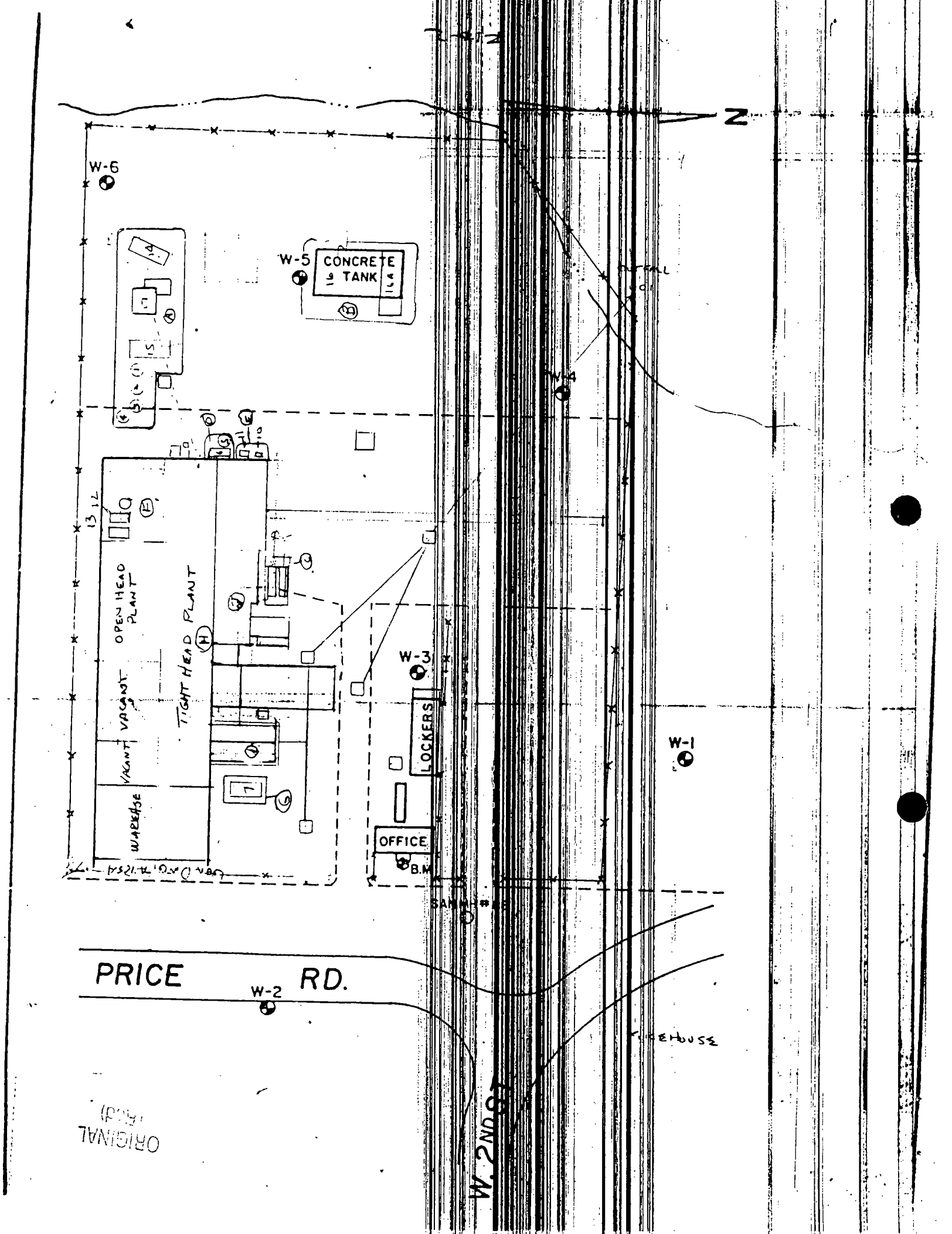


THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, WASHINGTON, D.C. 20242
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



N
W-6
W-5
CONCRETE TANK
W-4
OPEN HEAD PLANT
TIGHT HEAD PLANT
VACANT
VACANT
WAREHOUSE
W-3
LOCKERS
OFFICE
B.M.
W-1
PRICE RD.
W-2
W. 2ND ST.

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SECTION A - GENERAL DESCRIPTION OF THE INDUSTRIAL ACTIVITY

Metro Container Corporation is a closed-head drum reconditioning plant which processes used 55-gallon steel drums for resale and/or disposal. Operations include unloading, paint stripping, label removal, cleaning, metal cleaning, phosphatizing, dedenting, shot blasting, leak testing, and painting per the process flow chart below:

Drums Unloaded → Drums Inspected → Drums Drained → Drums Pre-flushed And/or Chained → Exterior Paint Stripping/Cleaning (23% Caustic) →

Exterior Rinse → Chime Straightening → 1st Interior Cleaning (23% Caustic) → 2nd Interior Cleaning (23% Caustic) → 1st Interior Hot Rinse →

2nd Interior Hot Rinse → 1st Interior Metal Strip (28% HCl) → 2nd Interior Metal Strip (28% HCl) → 1st Cold Rinse → 2nd(Final) Cold Rinse →

Phosphatizing → Syphoning → Drying → Dedenting → Shot Blasting → Leak Testing →

Pre-drying → Painting → Baking → Warehouse → Loading

Waste products include solid waste [illegible], shot, shot blasting sludge, paper waste, DAF float filter cake waste, and waste oil primarily from refining operations.

Figure #1 is a 8½"x11" portion of a 7½ minute USGS map of the Marcus Hook, Pa-NJ-De SW/4 Chester 15 minute quadrangle showing the following:

(a) Location of the site and boundaries of the site.
(b) Location of surface drainage courses leading away from the site(Detailed in Figure #2) and major surface streams and tributaries near the site.
(c) Public/private groundwater supplies are not in the vicinity of the site.
(d) Public/private surface water intakes are downstream of the point where the BP Oil outfall/Stoney Creek joins the Delaware River. The intakes are used soley for industrial purposes such as cooling tower make-up, process water, etc as far as can be determined.

Figure #2 shows the following:

(a) A general layout of the site.
(b) Property boundaries.
(c) Areas occupied by manufacturing facilities.
(d) Raw materials storage.
(e) Loading and unloading areas.
(f) Waste handling, storage and treatment facilities.
(g) Drains/pipes which lead away from potential leak of spill areas.
(h) Outfall pipes which discharge to Stoney Creek/BP Oil outfall tributary.
(i) Secure and open access areas.
(j) Entrance and exit areas to the site.

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SECTION B - DESCRIPTION OF EXISTING EMERGENCY RESPONSE PLAN(S).

An existing plan (PRCP) was submitted on June, 1982 which is currently in effect and will be superceeded by the PRC plan submitted herin. A copy of this plan is attached.

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SECTION C - ORGANIZATIONAL STRUCTURE FOR IMPLEMENTATION OF PPC PLAN

The following personnel are listed according to duties assigned:

Duties	Personnel
(1) Materials inventory - Identification of materials and wastes	Peter Cabrey Steve Zubrin
(2) Identification of potential spill sources	Gardner Flynn
(3) Establishment of spill reporting procedures	Norman Backus
(4) Visual Inspection Programs	Michael Morrissey
(5) Review of past incidents, spills and counter-measures utilized	Gardner Flynn Sidney Levy
(6) Implement goals of PPC Plan	
(7) Coordinate activities for	
(a) Spill clean-up	Sidney Levy
(b) Notification of authorities	Steve Zubrin
(c) Establishment of training programs	Gardner Flynn
(8) Periodically review, evaluate PPC plan at regular intervals with changes as necessary.	Sidney Levy, Gardner Flynn
(9) Review new construction and process changes relative to PPC plan	Sidney Levy, Gardner Flynn
(10) Evaluate effectiveness of the overall PPC plan and make recommendations to management	Gardner Flynn

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SECTION D - MATERIAL AND WASTE INVENTORY

Stroage facilities are shown on Figure #2 for the materials and tankage listed below:

Tank #	Horizontal(H)/ Vertical(V)/Rect(R)	Material(s) Stored	Capacity(Gal)	Materials of Construction
1	V	HCl (28-32%)	3,500	Fiberglass
2	V	HCl (28-32%)	4,500	Polypropylene
3	V	HCl (28-32%)	4,300	Polypropylene
4	V	Alum (50%)	6,300	Polypropylene
5	V	Caustic (50%)	5,800	Carbon Steel
6	H	Caustic (50%)	5,000	Carbon Steel
7	H	Toluol	1,500	Carbon Steel
8	H	#5 Fuel Oil	6,000	Carbon Steel
9	H	#5 Fuel Oil	5,000	Carbon Steel
10	R	Waste Oil	500	Carbon Steel
11	H	Waste Oil	1,000	Carbon Steel
12	H	Caustic (23%)	8,000	Carbon Steel
13	H	Caustic (23%)	10,000	Carbon Steel
14	H	Waste Oil	20,000	Carbon Steel
15	H	DAF Sludge	20,000	Carbon Steel
16	R	DAF Sludge	225,000	Concrete
16A	R	Wastewater	50,000	Concrete
17	R	Wastewater	25,000	Concrete
Area I		Paints	25x55-gallon drums	Steel
Area J		Chemicals	6x55-gallon drums	Steel
			Palletized Bags	
			Fibre Drums	

Material safety data sheets are attached for the above materials.

SECTION E - SPILL & LEAK PREVENTION & RESPONSE

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The following areas indicated on Figure 2 show areas where potential leaks can occur, construction of containment, factors causing leaks, preventive measures and emergency measures.

Area	Tanks	Material Handled/Stored	Containment Construction	Factors Causing	Preventive Measures	Emergency Measures
A	1,2,3, 4,14,15, 17	Alum(50%) HCL(30%) Waste Oil	Earthen	Tank Overflow Leaks	TT Unloading Procedures	Pump into Tank #17
B	16,16A	DAF Sludge Wastewater	Concrete	Tank Overflow Leaks	Operational Procedures Inspections	Pump to Tank 17 via tank 16A
C	8,9	#5 Fuel Oil	Concrete	Leaks Overflow	Tank Inspections Unloading Procedures	Pump to WWTP Via Floor Drain
D	5,6	Caustic(50%)	Earthen	Tank Overflow Leaks	Tank Inspections Unloading Procedures	Pump to Tank 17 via Sump or Used Caustic Tank
E	9,10	Waste Oil	Earthen	Tank Overflow Leaks	Tank Inspections	Pump to WWTP via Tank #17 Shovels, Absorbant
F	12,13	Used Caustic Clarified Caustic(23%)	Concrete	Tank Leak Overflow	Tank Inspections Operating Procedures	Pump to Empty Tank/Wash down to floor drains to WWTP
G	7	Toluol	Concrete	Tank Leak Overflow	Tank Inspections Unloading Procedures	Pump to Drums
H	Drum Processing	Recycle Water Caustic(23%) HCl(30%)	Concrete Drainage Ditch	Tank Overflow Leaks	Operating Procedures Tank Inspections	Shut down process Drain to WWTP via Tank #17
I	Paint Storage	Paint	Concrete Floor Cinder Block Wall	Spills	Drip pans absorbant	Brooms, shovel absorbant

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SECTION F - MATERIAL COMPATABILITY

(1) Materials of construction - All material handling, process and storage equipment are compatable with materials utilized in the process. Typical materials of construction and materials handled are as follows:

Process tanks/pumps/storage tanks/pipes	Process Material
CPVC, reenforced fiberglass, rubber lined or molded fiberglass, teflon, polypropylene, high density polyethylene	HCL(28-32%)
Carbon steel, CPVC	Caustic Soda(50%)
Carbon steel	Toluene
Carbon steel CPVC	Wastewater, sludge

(2) Process Stream Compatibility/Effects of Mixing

(a) Caustic soda with HCl - Effects are minimal to non-existant. Heat is produced with the by-products of NaCl + H_2O. The effect of increased salinity has minimal corrosive effects as it is not normally present and would have to be present over a long period of time to cause incompatibility problems with equipment materials of construction.

(b) HCl + phosphatizer solution - Reaction produces H_2NO_3 which, again, is not present normally nor over a long period of time. It does not cause compatability problems with equipment.

(c) Other combinations do not cause any reactions to occur under system process conditions or when inadvertantly mixed.

(3) Cleaning of pipes, vessels; pumps, etc, before re-use - All equipment is flushed at least 1X per week with water to remove sludge, resins, etc which have deposited in process equipment and to prepare equipment for repairs.

(4) Prevention Practices - HCl and caustic are segregated systems. The only time contact is made is improper dumps to the waste treatment system and even under these conditions does not harm equipment. Dumps of this nature are quickly diluted with waste rinse water reducing any heat produced to a harmless level.

(5) Compatability with Coatings - All tanks, structures, pumps, etc are painted with corrosion-resistant coatings whenever possible. Reactions described above do not cause incompatability problems with process or handling/storage equipment.

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SECTION G - INSPECTION AND MONITORING PROGRAM

Visual inspection are performed daily on pumps, valves, fittings, transfer lines, nozzles, pipes and hoses for leaks, spills and general condition. Production equipment is observed while in operation especially pressure lines while it is not necessary to test or observe storage tank systems as they are gravity systems. Condition of any diking and area inside the diking is inspected for general condition. The following areas are inspected regularly for problems or potential problems:

(1) Production Area
   (a) Pre-flush tanks
   (b) Chainer tanks
   (c) Exterior caustic (23%)
   (d) Exterior caustic hot rinse
   (e) 1st caustic (23%), 2nd caustic (23%) (Interiors).
   (f) 1st caustic hot rinse, 2nd caustic hot rinse (Interiors).
   (g) 1st acid (28%) Interior, 2nd acid (28%) Interior.
   (h) 1st cold rinse, 2nd (final) cold rinse (Interiors).
   (i) Phosphatizer (Interiors)
(2) Chemical storage areas - Tanks 1-3
(3) Fuel oil storage area - Tanks 8-9
(4) Waste oil storage area - Tanks 10-11
(5) Waste system - Tanks 14,15,16
(6) Waste Treatment System
   (a) #1 pumphouse
   (b) #2 pumphouse
   (c) DAF system
   (d) Caustic clarification system
   (e) Pre-coat filter system
   (f) Filter cake dumpster

Most inspections are performed during operating hours in connection with production where the line is monitored continuously. In the waste treatment area logs are maintained for all chemical usages, condition of tanks, etc to provide for proper supply as well as monitoring for potential spills.

Spill or leaks in the production area drain into the waste treatment system and are limited to preclude direct contamination of ground or surface waters or soil contamination, however, all chemicals and/or systems are treated equally.

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SECTION H - PREVENTIVE MAINTENANCE

Equipment systems identified in Section G are maintained on a schedule which depends on expected equipment life, operating hours and/or result of wear noticed during regular inspections. The following areas are monitored on a preventive program as follows:

(1) Production Area
   (a) All tanks are cleaned 1-2X per week of all dirt, sludge and debris inspected and repaired if necessary.
   (b) Pumps are inspected, repacked and replaced/repaired as wear indicates.
   (c) Flanges and fittings are inspected and replaced, repacked or repaired.
   (d) Nozzles are inspected and replaced if necessary.
   (e) Hoses are inspected especially the fittings and replaced if necessary.
   (f) Control valves and manual valves are inspected and replaced/repaired as necessary.

(2) Chemical storage - (Tanks 1-6) - Flanges, valves and fittings are inspected regularly for signs of leakage and repacked, repaired or replaced as necessary. All materials of construction are resistant to corrosion so as to preclude corrosion. No hydrostatic tests are necessary as all chemical storage systems are gravity feed.

(3) Fuel oil storage area - (Tanks 8-9), valves and fittings are inspected, repacked or replaced per regular inspections. Tanks and piping are inspected for corrosion and replaced if necessary.

(4) Waste oil storage area - (Tanks 10, 11). Regular inspections are made for corrosion and tanks or piping are repaired as necessary.

(5) Waste System storage - (Tanks 14, 15, 16)
   (a) Tanks 14,15 are inspected regularly for leaks and repaired if necessary. Tank 15 is out of service and is scheduled to be emptied and and demolished.
   (b) Tank 16 is inspected for structural integrity and repaired if necessary.

(6) Waste Treatment System.
   (a) #1 Pumphouse - Oil skimmers are inspected and repaired if necessary. Clow pumps are inspected daily and repaired. Valves and flanges are inspected for leaks and repaired if necessary.
   (b) #2 Pumphouse - Pump, fittings, flanges and valves are inspected regularly and repaired/replaced as necessary.
   (c) DAF System - System is in almost continuous operation. Parts are stocked and replaced on a time available basis. Leakage from pumps valves, flanges and fittings is contained by concrete floor and retaining wall and pumped back into the treatment system as is the production area.
   (d) Caustic Clarification System - Same as above.
   (e) Pre-Coat Filter System - Same as above.
   (f) Dumpster - The dumpster containing the filter cake material discharged from the pre-coat filter is checked regularly and a new dumpster is delivered before the existing one is full.

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SECTION I - HOUSKEEPING PROGRAM

The housekeeping program is designed to utilize the type of practices which reduce accidental spills and safety hazzards. The following practices are in effect by area:

(1) Production Area - During and after production hours the following is performed as necessary:
   (a) Clean-up labels, bungs, etc from all floors.
   (b) Wash down floors and equipment to drains to WWTP.
   (c) All floors are swept periodically to remove dirt, shot and debris.

(2) Boiler Room
   (a) Chemical storage area.
      1 - Liquids: Drums of material are stored neatly upright and when in use, on drum racks with drums equipped with self-closing spigots. Drip pans are placed under each drum and surrounded with chemical absorbant to prevent potential spills from being tracked to other areas. Spills which do occur are swept up and removed to the WWTP for storage.
      2 - Powders - Bags are palletized and kept neatly stored with any drums of powdered materials. Spills are swept up to prevent tracking to other areas and disposed of in the WWTP.
   (b) Oil Spills - Chemical absorbent is placed around the oil pump area to prevent tracking to other areas. Periodically, the absorbant is swept up and replaced with new absorbant.
   (c) Floors are kept free of accumulations of material which could cause tracking into adjacent areas.

(3) Maintenance Shop - Floors are maintained so as to prevent tracking of oil, grease, etc to other areas. Oil, cleaners, etc are stored so as to prevent spillage.

(4) Garage, Compressor and Storage Area - Floors are kept swept and chemical absorbant is used where necessary to absorb oil spills. Oil drums are stored neatly in an upright position.

(5) Paint Room - Paint and solvent drums are stored neatly in an upright position. Paint spills are cleaned up promptly to prevent tracking to other areas and fire hazzard. Floors are swept periodically.

(6) Waste Oil Storage Area - Dikes are kept free of vegetation and repaired of any damage. Spills are promptly cleaned up.

(7) Waste System Storage Area
   (a) Diking is maintained free of vegetation and repaired when damaged.
   (b) Spills are promptly cleaned up.
   (c) Tanks are kept free of external debris.
   (d) Floors in #1 and #2 pumphouses are cleaned periodically and flushed to the WWTP.
   (e) Dumpsters are kept covered while not being filled.

(8) Chemical Storage Area
   (a) Spills are removed promptly and flushed to the WWTP for disposal.
   (b) Tanks are kept free of external debris.
   (c) Diking is kept free of vegetation and repaired if damaged.

(9) Waste Treatment System Area (DAF room area)
   (a) Pre-coat filter area - Accidental liquid spills are flushed immediately to the WWTP. Solid pre-coat cake and cake solids are deposited in 55-gallon drums for disposal in dumpsters. Cake which overflows drums accidentally is shoveled up into drums for disposal in dumpsters.

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(b) DAF System - Liquid and powdered spills are flushed to the WWTP sump to return for treatment. Trash, bungs, etc are removed and floors are kept free of heavy sludge.

(c) Yard surrounding building is kept free of debris and trash.

(10) Drum Storage Areas - Drums are stored neatly in a horizontal position with bungs on tightly to prevent any leakage. Spills which occur due to leakage are promptly cleaned up. Scrap drums are stored in a separate area and are drained and flushed prior to storage. Scrap drums which are crushed for disposal are stacked neatly and placed in dumpsters for disposal.

(11) Conveyor Area - Drums are loaded from trailers onto the conveyor in an upright position so as to preclude drainage or spills. Chemical absorbant is used to remove any accidental spills which do occur either in the trailers or in the area of unloading. Label removed drums in the area are stored in upright positions and the drums in use is on a drum rack with a self-closing spigot. The area under the spigot is protected with a pan and chemical absorbant is used to clean up any spills.

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SECTION J - SECURITY

Only authorized personnel are permitted access to chemical transfer, control valves and chemical addition points. Areas include, but are not limited to chemical storage areas, process areas, waste treatment pump stations, etc. Where control valving is located in control buildings, the buildings are padlocked and only authorized personnel have keys.

The plant site is enclosed by a chain link fence with gates. Plant production schedules dictate that personnel are on site 24 hours/day, 5 days/week. On weekends or non-production days (at least 2 days/week) the gates are closed and locked. The plant is periodically checked during off hours by local police and plant personnel to report any unusual activity in the plant complex area and waste treatment plant.

Plant personnel are present during all loading/unloading operations to assure that proper procedures are followed to prevent spills or accidents.

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SECTION K - EXTERNAL FACTORS

Power outages, floods and severe weather have no effect on the storage of materials in storage tanks as chemical transfer from storage tanks is gravity or pumps. The exception is the waste plant which cannot process waste water or clarify caustic without pumps.

The site is located above the 100-year flood plain and temperature ranges do no present a factor in freezing of tank contents.

During strikes, management personnel would operate equipment to remove material from the containment areas, operate the waste plant or contact clean-up services as required.

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SECTION L - INTERNAL & EXTERNAL COMMUNICATIONS OR ALARM SYSTEMS

The industrial complex is equipped with the following communications/alarm systems:

(1) American Communications phone system with phones located throughout the complex. The phones are equipped to allow paging of key plant personnel. Each phone has a list of emergency contact numbers including fire, police and rescue.

(2) National Guardian Security Services maintains an alarm system and notifies the appropriate emergency personnel and/or agency as follows:

Item	Function/Alarm	Code	Indicator
(a) Boiler	safety shutdown	234	1
(b) Boiler	low water	"	2
(c) Waste storage tank	high level	"	3
(d) Paint storage room	water flow	411	1
(e) Small shed	water flow	"	2
(f) CO_2	alarm	"	3
(g) Paint storage room	low air pressure	"	5
(h) Small shed	" " "	"	6
(i) Gate valves		"	7

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SECTION N - LIST OF EMERGENCY COORDINATORS

Coordinator	Address	Telephone #
Steve Zubrin		(609)853-1543
Sidney Levy		(302)798-6466
Gerry Butler		(215)671-0798
Mark Daniels		(609)268-9456
Norman Backus		(302)762-3019

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SECTION O - DUTIES AND RESPONSIBILITIES OF THE EMERGENCY COODINATOR

Whenever there is an imminent or actual emergency, the emergency coordinator immediately:

(1) Activate alarms by the paging system and/or plant whistle.
(2) Notify the appropriate local emergency response agencies including the Pa DER.

Whenever there is a discharge, fire, or explosion, the emergency coordinator immediately must identify the character, source, amount and extent of emmitted or discharged materials. He also must determine the possible hazards to human health and/or the environment either directly or indirectly.

If the emergency coordinator determines that the emergency will threaten human life and/or the environment, he will immediately notify local response agencies and indicate if evacuation of local areas is advisable; and notify the Pa DER by telephone at 717-878-4343 and the National Response Center at 800-424-8802 and report the following:

(1) Name of the person reporting the incident.
(2) Name and location of the installation.
(3) Phone number where the person reporting the spill can be reached.
(4) Date, time, and location of the incident.
(5) A brief description of the incident, nature of the materials or wastes involved, extent of any injuries, and possible hazzards to human health and/or the environment.
(6) The estimated quantity of the materials or wastes spilled.
(7) The extent of contimination to air, water or land.

During an emergency, the emergency coordinator must take all reasonable measures to ensure that the fire, explosion, emmission or discharge do not occur, recurr or spread to other areas and contact other materials or wastes in the industrial complex. These measures include, but are not limited to stopping manufacturing processes or operations, collecting and containing released materials or wastes, and removing or isolating containers.

If production is stopped, the emergency coordinator must ensure that adequate monitoring is conducted for leaks, ruptures, pressure build-up, gas generation in tanks, valves, pipes or other equipment as appropriate.

After the emergency, the emergency coordinator with Pa DER approval must provide for treating, storing or disposing of residues, contaminated soil, etc as deemed appropriate.

The emergency coordinator must insure that in the affected areas of the plant complex that no material or waste incompatible with the emmitted or discharged residues is processed, stored, treated, or disposed of until clean-up procedures are completed: and, all emergency equipment listed in the PPC Plan is returned to its original ready status before operations are resumed.

Within 15 days after the incident, the installation must submit a written report on the incident to the PA DER which includes the following:

(1) Name, address, and telephone number of the individual filing the report.
(2) Name, address, and telephone number of the installation.
(3) Date, time, and location of the incident.
(4) A brief description of the circumstances causing the incident.
(5) Description and estimated quantity by weight or volume of materials or wastes involved.
(6) An assessment of any contamination of land, water, or air that has occurred due to the incident.
(7) Estimated euantity and disposition of recovered materials or wastes that have resulted from the incident.
(8) A description of what actions the installation plans to take to prevent a similar occurrence in the future.

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SECTION P - CHAIN OF COMMAND

Gerry Butler

Sidney Levy

Lew Maslow

Pete Cabrey

Mark Daniels

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SECTION Q - LIST OF AGENCIES TO BE NOTIFIED

(1) Pa DER
1875 New Hope Street
Norristown, Pa 19401
(215)270-1975

(2) Pa Emergency Management Agency
Director: John Patten
B151 Transportation & Safety
Harrisburg, Pa 17120
(717)783-8150

(3) Pa Fish Commission
2nd & Delaware Ave
Essington, Pa
(215)521-3675

(4) National Response Center
1-800-424-8802

(5) US Coast Guard
Captain of the Port of Phila
King & Cumberland Ave
Gloucester, N J
(609)456-1370

(6) USEPA
Middle Atlantic Region
6th & Walnut Sts
Phila, Pa
(215)697-9818

(7) Trainer Police
Municipal Building
Trainer, Pa
(215)494-7399

(8) Trainer Fire/Ambulance
3rd & Price Sts
Trainer, Pa
(215)565-2111

(9) DELCORA (plant)
3201 Front St
Chester, Pa
(215)485-1925

PO Box 999 (administration)
100 East Fifth St
Chester, Pa 19016
(215)876-5523

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SECTION R - EMERGENCY EQUIPMENT

Item	Function(s)	Location
(1) Ladder(s)	Repair/access	Maintenance/storage tanks
(2) Absorbants,cleaners	Spill clean-up	Maintenance/strat. areas
(3) Front-end loader	" "	"
(4) Portable pumps	" "	"
(5) Brooms, shovels	" "	Strategic areas
(6) Chain hoists	Equipment repair	Maintenance/Strategic area
(7) Fans	Cooling/fume removal	Strategic areas
(8) Sprinkler system	Fire extinguishing	" "
(9) Medical supplies	First aid	" "
(10) Forklift	Equip/material handling	Maintenance
(11) Compressor	Air-operated tools	"
(12) Portable lighting	Equipment repair	"
(13) Welding/cutting equip.	Tank, pipe repair	"
(14) Dumpster, 55-gallon drums	Solid waste containment	Strategic areas
(15) Plastic repair kits	Tank, pipe repair	Maintenance
(16) Auto Fire extinguisher	Fire	Paint booth
(17) Portable fire extinguishers	Fire	Strategic areas

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SECTION S - EVACUATION PLAN

Evacuations are signalled by several three short blasts on the plant whistle and/or the plant paging system. The whistle and paging system are strategically located in major areas where emergencies can arise.

Primary evacuation routes are marked as required by fire and federal regulations. When the signal is given, all personnel proceed to the nearest exit and proceed towards the front of the plant for a head count. If rescue is required, rescue squads will aid in evacuation if it is determined all employees are not accounted for.

Alternate evacuation routes are dictated by proximity to primary routes and best avenue of excape.

Periodic drills are held at least once/quarter.

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SECTION T - ARRANGMENT WITH EMERGENCY RESPONSE CONTRACTORS

In the event of a major spill, one the following contractors will be contacted by the emergency coordinator:

(1) Snow Environmental Services
11th Street & Aspahs Rd
Bala Cynwyd, Pa 19004
(215)494-8558(Aston Office)

(2) Continental Vanguard, Inc
204 Harding Ave
Bellmawr, N J
(609)931-0950

(3) Waste Conversion, Inc
2829 Sandstone Drive
Hatfield, Pa 19440
(215)822-8996

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SECTION V - POLLUTION INCIDENT HISTORY

Date(s)	Incident	Corrective Action	Preventive Action	Date Complete
2/18/86	Flow of unidentified red material to BP waste plant effluent overflow portion of Stoney Creek.	Spill containment by Snow Environmental Services and identification of source	Source eliminated by sealing drain pipe in boiler room/chainer area	
	Flow of water seepage from same area as above but black in appearence	Locate source as flow from drum leak test water and non-contact cooling water. Divert water flow to WWTP.	Construct pipeline for discharge to outfall 001 at Stoney Creek Apply for NPDES permit for discharge to above outfall.	
	Spill from large concrete holding tank overflow and migration of same into Stoney Creek via heavy rain.	Dam up area of immediate overflow. Pump area to WWTP transfer tank Waste Conversions pump 2' from large concrete tank	Construct earthen dike around concrete tanks. Install level indicator monitor to indicate high level-transfer large tank to small tank to pump to WWTP to maintain 2' of freeboard in large concrete tank.	
	Spill(s) in diked area of Pumphouse #1 and chemical storage tanks	Monitor levels in #1 pumphouse tank, oil skimmer storage tank and DAF float storage tank to prevent overflows. Filter DAF float from storage tank to lower level and monitor.	Install level controls to transfer to small concrete tank at preset level to prevent overflow. Filter DAF float directly from DAF sludge collection tank in recycle room to keep sludge out of diked area around #1 pumphouse.	
	Various spills in yard & plant.	Clean-up with shovels etc	Refer to Housekeeping Program (Section 1).	

SECTION W - IMPLEMENTATION SCHEDULE

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Item	Corrective Action	Completion Date(s)
(1) Water flow/seepage into Stoney Creek especially during periods of heavy rain.	Dig up soil in area of discharge and excavate area to locate source.	
(2) Spills from all concrete holding tanks and steel tanks in diked areas.	Construction/operation of WWTP to discontinue the use of subject tanks. Emptying of tanks via the new WWTP.	
(3) Spills in yard and plant.	Implement housekeeping program. Implement preventive maintenance program.	
(4) Spills and/or potential spills from chemical storage tanks.	Construct concrete containments.	

[illegible]

[illegible] STATE PA

ZIP 19013 PHONE NUMBER (215)485-6100 S.I.C. CODE 3412

[illegible] OFFICIAL USE ONLY

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MONTH AND YEAR	DATE	DAY OF THE WEEK	PRECIPITATION INCHES	TYPE OF SAMPLE	FLOW MGD	TEMPERATURE °F	PH [illegible]	SUSPENDED SOLIDS mg/1	TOTAL DISSOLVED SOLIDS mg/1	BOD mg/1	COD mg/1	PHENOLS mg/1	SULFIDES mg/1	K - NITROGEN mg/1	CHLORIDES mg/1	MERCURY Hg mg/1	IRON Fe mg/1	COPPER mg/1	ZINC mg/1	NICKEL mg/1	CHROMIUM mg/1	CYANIDE mg/1	OIL AND GREASE mg/1	TURBIDITY J.T.U.	TOC- Mg/L	Al - Mg/L	Cd - Mg/L	As - Mg/L	REMARKS
NoJ'81	X	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
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TOTAL	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
AVERAGE	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					

31 Certifying Signatures

Testing Laboratory

Company Name UNITED ENG/STEARNS Street Address 201 E 10TH ST Zip 19061 Signature SR ANAL CHEM Title

City MARCUS HOOK State PA Phone NO. (215)485-537[illegible] Name WM F COWAN, PHD (print or type) Date

Company

Signature Title PE

Name G K FLYNN (print or type) Date

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Item	Instruction
1.	None
2.	Fill in company information as requested
3.	None
4.	Fill in month and year
5.	Indicate the day of the week as follows: Monday-M Tuesday-T Wednesday-W Thursday-Th Friday-F Saturday-S Sunday-Su
6.	List precipitation in inches for that day
7.	List type of sample as follows: Flow proportional composit sample-F Grap sample-G 4 to 8 hour composite sample-indicate the number of hours
8. through 26.	List information as requested. Example-item 13. Request the five day Biochemical Oxygen Demand (BOD) in milligrams per liter (mg/l). Record the analytical value for this parameter in the column 13 opposite the day the sample was taken.
27.	Indicate the color of the effluent by the following code: Black-Bl Brown-Br Red-R Blue-B Green-G Yellow-Y Indicate the degree of color of the effluent by the following code: Dark-D Light-L
28. through 31.	Additional parameter to be specified by DELCORA.
32.	This column is provided for the reporting company to indicate comments, problems, etc.
33.	Fill in the information requested. This block must be signed on each report forwarded to DELCORA. The individual's signatures indicate that they certify all information contained on this form is correct.

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PREPAREDNESS, PREVENTION AND CONTINGENCY PLAN

METRO CONTAINER CORPORATION

TRAINER, PA

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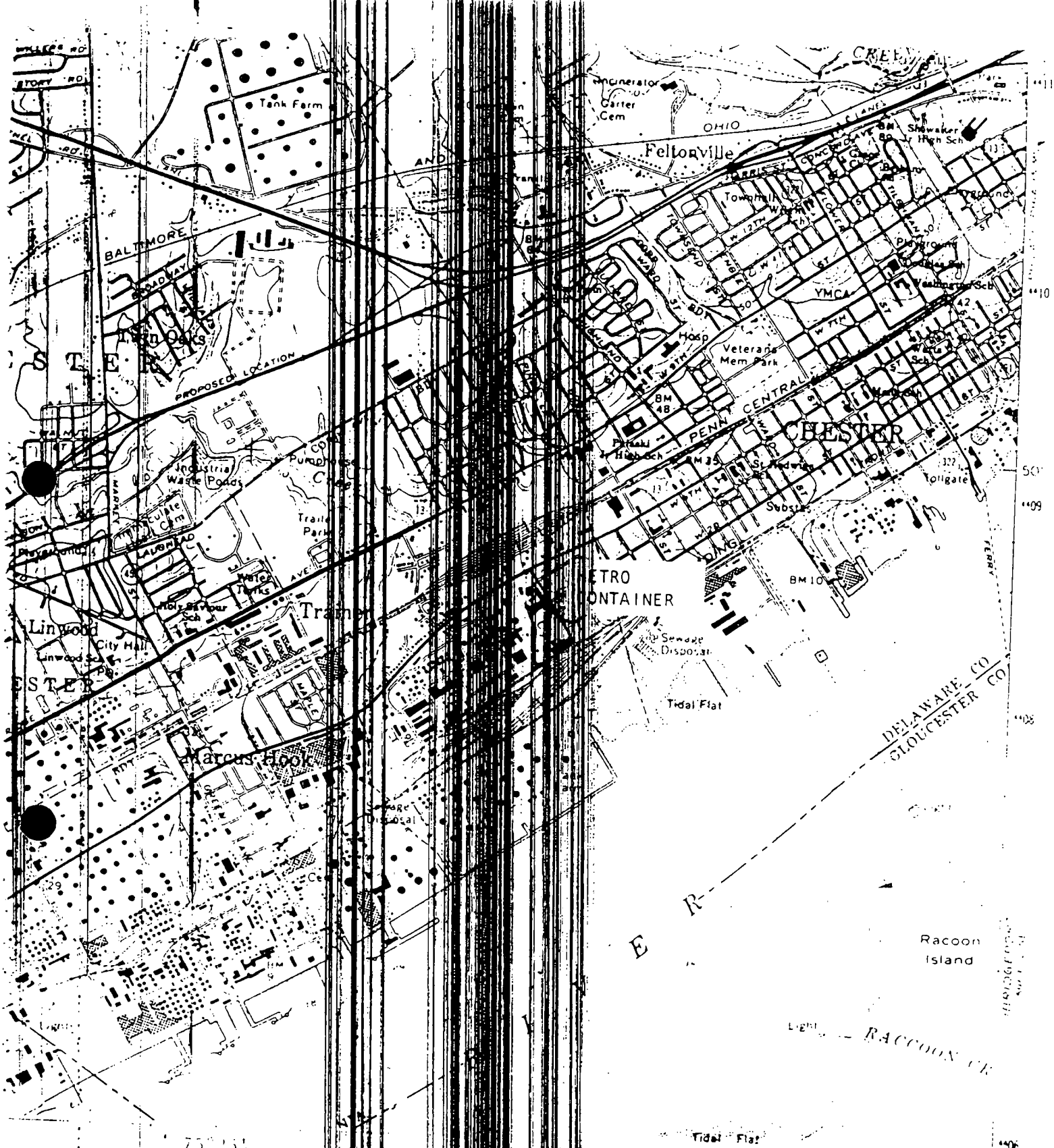

MARCUS HOOK, PA-NJ-DEL
SW/4 CHESTER 15' QUAD

SCALE 1:24000

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, WASHINGTON, D.C. 20242
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

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SECTION A - GENERAL DESCRIPTION OF THE INDUSTRIAL ACTIVITY

Metro Container Corporation is a closed-head drum reconditioning plant which processes used 55-gallon steel drums for resale and/or disposal. Operations include unloading, paint stripping, label removal, cleaning, metal cleaning, phosphatizing, dedenting, shot blasting, leak testing, and painting per the process flow chart below:

Drums Unloaded → Drums Inspected → Drums Drained → Drums Pre-flushed And/or Chained → Exterior Paint Stripping/Cleaning (23% Caustic) →

Exterior Rinse → Chime Straightening → Interior Cleaning (23% Caustic) → 2nd Interior Cleaning (23% Caustic) → 1st Interior Hot Rinse

2nd Interior Hot Rinse → 1st Interior Metal Strip (28% HCl) → 2nd Interior Metal Strip (28% HCl) → 1st Cold Rinse → 2nd(Final) Cold Rinse →

Phosphatizing → Syphoning → Drying → Dedenting → Shot Blasting → Leak Testing →

Pre-drying → Painting → Baking → Warehouse → Loading

Waste products include solid waste [illegible], shot blasting sludge, paper waste, DAF float filter cake waste, and waste oil primarily from refining operations.

Figure #1 is a 8½"x11" portion of a [illegible] USGS map of the Marcus Hook, Pa-NJ-Del SW/4 Chester 15 minute quadrangle showing the following:

(a) Location of the site and boundaries of the site.
(b) Location of surface drainage courses leading away from the site(Detailed in Figure #2) and major surface streams and tributaries near the site.
(c) Public/private groundwater supplies are not in the vicinity of the site.
(d) Public/private surface water intakes are downstream of the point where the BP Oil outfall/Stoney Creek joins the Delaware River. The intakes are used soley for industrial purposes such as cooling tower make-up, process water, etc as far as can be determined.

Figure #2 shows the following:

(a) A general layout of the [illegible]
(b) Property boundaries.
(c) Areas occupied by manufacturing facilities.
(d) Raw materials storage.
(e) Loading and unloading areas.
(f) Waste handling, storage and treatment facilities.
(g) Drains/pipes which lead away from potential leak of spill areas.
(h) Outfall pipes which discharge to Stoney Creek/BP Oil outfall tributary.
(i) Secure and open access areas.
(j) Entrance and exit areas to the site.

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SECTION B - DESCRIPTION OF EXISTING EMERGENCY RESPONSE PLAN(S).

An existing plan (PRCP) was submitted on June, 1982 which is currently in effect and will be superseeded by the PRC plan submitted herin. A copy of this plan is attached.

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SECTION C - ORGANIZATIONAL STRUCTURE FOR IMPLEMENTATION OF PPC PLAN

The following personnel are listed according to duties assigned:

Duties	Personnel
(1) Materials inventory - identification of materials and wastes	Peter Cabrey Steve Zubrin
(2) Identification of potential spill sources	Gardner Flynn
(3) Establishment of spill reporting procedures	Norman Backus
(4) Visual Inspection Programs	Michael Morrissey
(5) Review of past incidents, spills and counter-measures utilized	Gardner Flynn Sidney Levy
(6) Implement goals of PPC Plan	
(7) Coordinate activities for	
(a) Spill clean-up	Sidney Levy
(b) Notification of authorities	Steve Zubrin
(c) Establishment of training programs	Gardner Flynn
(8) Periodically review, evaluate PPC plan at regular intervals with changes as necessary.	Sidney Levy, Gardner Flynn
(9) Review new construction and process changes relative to PPC plan	Sidney Levy, Gardner Flynn
(10) Evaluate effectiveness of the overall PPC plan and make recommendations to management	Gardner Flynn

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SECTION D - MATERIAL AND WASTE INVENTORY

Stroage facilities are shown on Figure #2 for the materials and tankage listed below:

Tank #	Horizontal(H)/ Vertical(V)/Rect(R)	Material(s) Stored	Capacity(Gal)	Materials of Construction
1	V	HCl [illegible]	3,500	Fiberglass
2	V	HCl [illegible]	4,500	Polypropylene
3	V	HCl [illegible]	4,300	Polypropylene
4	V	Alum [illegible]	6,300	Polypropylene
5	V	Caustic [illegible]	5,800	Carbon Steel
6	H	Caustic [illegible]	5,000	Carbon Steel
7	H	Toluol	1,500	Carbon Steel
8	H	#5 Fuel Oil	6,000	Carbon Steel
9	H	#5 Fuel Oil	5,000	Carbon Steel
10	R	Waste [illegible]	500	Carbon Steel
11	H	Waste [illegible]	1,000	Carbon Steel
12	H	Caustic [illegible]	8,000	Carbon Steel
13	H	Caustic [illegible]	10,000	Carbon Steel
14	H	Waste [illegible]	20,000	Carbon Steel
15	H	DAF Sludge	20,000	Carbon Steel
16	R	DAF Sludge	225,000	Concrete
16A	R	Wastewater	60,000	Concrete
17	R	Wastewater	25,000	Concrete
Area I		Paints	25x55-gallon drums	Steel
Area J		Chemicals	6x55-gallon drums	Steel
			Palletized Bags	
			Fiber Drums	

Material safety data sheets are attached for the above materials.

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SECTION E - SPILL & LEAK PREVENTION & RESPONSE

The following areas indicated on Figure 2 show areas where potential leaks can occur, construction of containment, factors causing leaks, preventive measures and emergency measures

Area	Tanks	Material Handled/Stored	Containment Construction	Factors Causing	Preventive Measures	Emergency Measures
A	1,2,3, 4,14,15, 17	Alum(50%) HCL(30%) Waste Oil	Earthen	Tank Overflow Leaks	TT Unloading Procedures	Pump into Tank #17
B	16,16A	DAF Sludge Wastewater	Concrete	Tank Overflow Leaks	Operational Procedures Inspections	Pump to Tank 17 via tank 16A
C	8,9	#5 Fuel Oil	Concrete	Leaks Overflow	Tank Inspections Unloading Procedures	Pump to WWTP Via Floor Drain
D	5,6	Caustic(50%)	Earthen	Tank Overflow Leaks	Tank Inspections Unloading Procedures	Pump to Tank 17 via Sump or Used Caustic Tank
E	9,10	Waste Oil	Earthen	Tank Overflow Leaks	Tank Inspections	Pump to WWTP via Tank #17 Shovels, Absorbant
F	12,13	Used Caustic Clarified Caustic(23%)	Concrete	Tank Leak Overflow	Tank Inspections Operating Procedures	Pump to Empty Tank/Wash down to floor drains to WWTP
G	7	Toluol	Concrete	Tank Leak Overflow	Tank Inspections Unloading Procedures	Pump to Drums
H	Drum Processing	Recycle Water Caustic(23%) HCl(30%)	Concrete Drainage Ditch	Tank Overflow Leaks	Operating Procedures Tank Inspections	Shut down process Drain to WWTP via Tank #17
I	Paint Storage	Paint	Concrete Floor Cinder Block Wall	Spills	Drip pans absorbant	Brooms, shovel absorbant

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SECTION F - MATERIAL COMPATABILITY

(1) Materials of construction - All material handling, process and storage equipment are compatable with materials utilized in the process. Typical materials of construction and materials handled are as follows:

Process tanks/pumps/storage tanks/pipes	Process Material
CPVC, reenforced fiberglass, machined or molded fiberglass, teflon, polypropylene, high density polyethylene	HCL (28-32%)
Carbon steel, CPVC	Caustic Soda (50%)
Carbon steel	Toluene
Carbon steel CPVC	Wastewater, sludge

(2) Process Stream Compatibility/Effects of Mixing
(a) Caustic soda with HCl - Effects are minimal to non-existant. Heat is produced with the by-product of NaCl + H_2O. The effect of increased salinity has minimal corrosive effects as it is not normally present and would have to be present over a long period of time to cause incompatibility problems with equipment materials of construction.
(b) HCl + phosphalizer solution - Reaction produces H_2NO_3 which, again, is not present normally nor over a long period of time. It does not cause compatability problems with equipment.
(c) Other combinations do not cause any reactions to occur under system process conditions or when adequately mixed.

(3) Cleaning of pipes, vessels; pumps, etc. before re-use - All equipment is flushed at least 1X per week with water to remove sludge, resins, etc which have deposited in process equipment and to prepare equipment for repairs.

(4) Prevention Practices - HCl and caustic are segregated systems. The only time contact is made is improper dumps to the waste treatment system and even under these conditions does not harm equipment. Dumps of this nature are quickly diluted with waste or rise water reducing any heat produced to a harmless level.

(5) Compatability with Coatings - All tanks, structures, pumps, etc are painted with corrosion-resistant coatings whenever possible. Reactions described above do not cause incompatability problems with process or handling/storage equipment.

ORIGINAL
(Red)

SECTION G - INSPECTION AND MONITORING PROGRAM

Visual inspection are performed daily on pumps, valves, fittings, transfer lines, nozzles, pipes and hoses for leaks, spills and general condition. Production equipment is observed while in operation especially pressure lines while it is not necessary to test or observe storage tank systems as they are gravity systems. Condition of any diking and area inside the diking is inspected for general condition. The following areas are inspected regularly for problems or potential problems:

(1) Production Area
- (a) Pre-flush tanks
- (b) Chainer tanks
- (c) Exterior caustic (23%)
- (d) Exterior caustic hot rinse
- (e) 1st caustic (23%), 2nd caustic (23%) (Interiors).
- (f) 1st caustic hot rinse, 2nd caustic hot rinse (Interiors).
- (g) 1st acid (28%) Interior, 2nd acid (28%) Interior.
- (h) 1st cold rinse, 2nd (final) cold rinse (Interiors).
- (i) Phosphatizer (Interiors)

(2) Chemical storage areas - Tanks [illegible]
(3) Fuel oil storage area - Tanks [illegible]
(4) Waste oil storage area - Tanks [illegible]
(5) Waste system - Tanks 14,15,16
(6) Waste Treatment System
- (a) #1 pumphouse
- (b) #2 pumphouse
- (c) DAF system
- (d) Caustic clarification system
- (e) Pre-coat filter system
- (f) Filter cake dumpster

Most inspections are performed during operating hours in connection with production where the line is monitored continuously. The waste treatment area logs are maintained for all chemical usages, condition of tanks, etc to provide for proper supply as well as monitoring for potential spills.

Spill or leaks in the production area drain into the waste treatment system and are limited to preclude direct contamination of ground or surface waters or soil contamination, however, all chemicals and/or systems are treated equally.

ORIGINAL
(Red)

SECTION H - PREVENTIVE MAINTENANCE

Equipment systems identified in Section G are maintained on a schedule which depends on expected equipment life, operating hours and/or result of wear noticed during regular inspections. The following areas are monitored on a preventive program as follows:

(1) Production Area
- (a) All tanks are cleaned 1-2X per week of all dirt, sludge and debris inspected and repaired if necessary.
- (b) Pumps are inspected, repacked and replaced/repaired as wear indicates.
- (c) Flanges and fittings are inspected and replaced, repacked or repaired.
- (d) Nozzles are inspected and replaced if necessary.
- (e) Hoses are inspected especially the fittings and replaced if necessary.
- (f) Control valves and manual valves are inspected and replaced/repaired as necessary.

(2) Chemical storage - (Tanks 1-6) Flanges, valves and fittings are inspected regularly for signs of leakage and repacked, repaired or replaced as necessary. All materials of construction are resistant to corrosion so as to preclude corrosion. No hydrostatic tests are necessary as all chemical storage systems are gravity feed.

(3) Fuel oil storage area - (Tanks [illegible]) Valves and fittings are inspected, repacked or replaced per regular inspections. Tanks and piping are inspected for corrosion and repaired if necessary.

(4) Waste oil storage area - (Tanks [illegible]) Regular inspections are made for corrosion and tanks or piping are repaired as necessary.

(5) Waste System storage - (Tanks 14,15,16)
- (a) Tanks 14,15 are inspected regularly for leaks and repaired if necessary. Tank 15 is out of service and is scheduled to be emptied and and demolished.
- (b) Tank 16 is inspected for structural integrity and repaired if necessary.

(6) Waste Treatment System.
- (a) #1 Pumphouse - Oil skimmers are inspected and repaired if necessary. Clow pumps are inspected daily and repaired. Valves and flanges are inspected for leaks and repaired if necessary.
- (b) #2 Pumphouse - Pump, fittings, flanges and valves are inspected regularly and repaired/replaced as necessary.
- (c) DAF System - System is in almost continuous operation. Parts are stocked and replaced on a time available basis. Leakage from pumps valves, flanges and fittings are contained by concrete floor and retaining wall and pumped back into the treatment system as is the production area.
- (d) Caustic Clarification System - Same as above.
- (e) Pre-Coat Filter System - Same as above.
- (f) Dumpster - The dumpster containing the filter cake material discharged from the pre-coat filter is checked regularly and a new dumpster is delivered before the existing one is full.

SECTION I - HOUSKEEPING PROGRAM

Unc... (Red)

The housekeeping program is designed to utilize the type of practices which reduce accidental spills and safety hazards. The following practices are in effect by area:

(1) Production Area - During and after production hours the following is performed as necessary:
   (a) Clean-up labels, bungs, etc from all floors.
   (b) Wash down floors and equipment to drains to WWTP.
   (c) All floors are swept periodically to remove dirt, shot and debris.
(2) Boiler Room
   (a) Chemical storage area.
      1 - Liquids: Drums of material are stored neatly upright and when in use, on drum racks with drums equipped with self-closing spigots. Drip pans are placed under each drum and surrounded with chemical absorbant to prevent potential spills from being tracked to other areas. Spills which do occur are swept up and removed to the WWTP for storage.
      2 - Powders - Bags are palletized and kept neatly stored with any drums of powdered materials. Spills are swept up to prevent tracking to other areas and disposed of in the WWTP.
   (b) Oil Spills - Chemical absorbant is placed around the oil pump area to prevent tracking to other areas. Periodically, the absorbant is swept up and replaced with new absorbant.
   (c) Floors are kept free of accumulations of material which could cause tracking into adjacent areas.
(3) Maintenance Shop - Floors are maintained so as to prevent tracking of oil, grease, etc to other areas. Oil, cleaners, etc are stored so as to prevent spillage.
(4) Garage, Compressor and Storage Area - Floors are kept swept and chemical absorbant is used where necessary to absorb oil spills. Oil drums are stored neatly in an upright position.
(5) Paint Room - Paint and solvent drums are stored neatly in an upright position. Paint spills are cleaned up promptly to prevent tracking to other areas and fire hazzard. Floors are swept periodically.
(6) Waste Oil Storage Area - Dikes are kept free of vegetation and repaired of any damage. Spills are promptly cleaned up.
(7) Waste System Storage Area
   (a) Diking is maintained free of vegetation and repaired when damaged.
   (b) Spills are promptly cleaned up.
   (c) Tanks are kept free of external debris.
   (d) Floors in #1 and #2 pumphouses are cleaned periodically and flushed to the WWTP.
   (e) Dumpsters are kept covered while not being filled.
(8) Chemical Storage Area
   (a) Spills are removed promptly and flushed to the WWTP for disposal.
   (b) Tanks are kept free of external debris.
   (c) Diking is kept free of vegetation and repaired if damaged.
(9) Waste Treatment System Area (DAF and area)
   (a) Pre-coat filter area - Accidental liquid spills are flushed immediately to the WWTP. Solid pre-coat cake and cake solids are deposited in 55-gallon drums for disposal in dumpsters. Cake which overflows drums accidentally is shoveled up into drums for disposal in dumpsters.

ORIGINAL
(Red)

(b) DAF System - Liquid and powdered spills are flushed to the WWTP sump to return for treatment. Trash, bungs, etc are removed and floors are kept free of heavy sludge.

(c) Yard surrounding building is kept free of debris and trash.

(10) Drum Storage Areas - Drums are stored neatly in a horizontal position with bungs on tightly to prevent any leakage. Spills which occur due to leakage are promptly cleaned up. Scrap drums are stored in a separate area and are drained and flushed prior to storage. Scrap drums which are crushed for disposal are stacked neatly and placed in dumpsters for disposal.

(11) Conveyor Area - Drums are loaded from trailers onto the conveyor in an upright position so as to preclude drainage or spills. Chemical absorbant is used to remove any accidental spills which do occur either in the trailers or in the area of unloading. Empty removed drums in the area are stored in upright positions and the drums in use are on a drum rack with a self-closing spigot. The area under the spigot is protected with a pan and chemical absorbant is used to clean up any spills.

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(Red)

SECTION J - SECURITY

Only authorized personnel are permitted access to chemical transfer, control valves and chemical addition points. Areas include, but are not limited to chemical storage areas, process areas, waste treatment pump stations, etc. Where control valving is located in control buildings, the buildings are padlocked and only authorized personnel have keys.

The plant site is enclosed by a chain link fence with gates. Plant production schedules dictate that personnel are on site 24 hours/day, 5 days/week. On weekends or non-production days (at least 2 days/week) the gates are closed and locked. The plant is periodically checked during off hours by local police and plant personnel to report any unusual activity in the plant complex area and waste treatment plant.

Plant personnel are present during all loading/unloading operations to assure that proper procedures are followed to prevent spills or accidents.

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(Red)

SECTION K - EXTERNAL FACTORS

Power outages, floods and severe weather have no effect on the storage of materials in storage tanks as chemical transfer from storage tanks is gravity or pumps. The exception is the waste plant which cannot process waste water or clarify caustic without pumps.

The site is located above the 100-year flood plain and temperature ranges do no present a factor in freezing of tank contents.

During strikes, management personnel would operate equipment to remove material from the containment areas, operate the waste plant or contact clean-up services as required.

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(Red)

SECTION L - INTERNAL & EXTERNAL COMMUNICATIONS OR ALARM SYSTEMS

The industrial complex is equipped with the following communications/alarm systems:

(1) American Communications phone system with phones located throughout the complex. The phones are equipped to allow paging of key plant personnel. Each phone has a list of emergency contact numbers including fire, police and rescue.

(2) National Guardian Security Services maintains an alarm system and notifies the appropriate emergency personnel and/or agency as follows:

Item	Function/Alarm	Code	Indicator
(a) Boiler	safety shutdown	234	1
(b) Boiler	low water	"	2
(c) Waste storage tank	high level	"	3
(d) Paint storage room	water flow	411	1
(e) Small shed	water flow	"	2
(f) CO_2	alarm	"	3
(g) Paint storage room	low air pressure	"	5
(h) Small shed	"	"	6
(i) Gate valves		"	7

ORIGINAL
(Red)

SECTION N - LIST OF EMERGENCY COORDINATORS

Coordinator	Address	Telephone #
Steve Zubrin		(609)853-1543
Sidney Levy		(302)798-6466
Gerry Butler		(215)671-0798
Mark Daniels		(609)268-9456
Norman Backus		(302)762-3019

SECTION O - DUTIES AND RESPONSIBILITIES OF THE EMERGENCY COODINATOR

ORIGINAL (Red)

Whenever there is an imminent or actual emergency, the emergency coordinator immediately:

(1) Activate alarms by the paging system and/or plant whistle.
(2) Notify the appropriate local emergency response agencies including the Pa DER.

Whenever there is a discharge, fire, or explosion, the emergency coordinator immediately must identify the character, source, amount and extent of emmitted or discharged materials. He also must determine the possible hazards to human health and/or the environment either directly or indirectly.

If the emergency coordinator determines that the emergency will threaten human life and/or the environment, he will immediately notify local response agencies and indicate if evacuation of local areas is advisable; and notify the Pa DER by telephone at 717-878-4343 and the National Response Center at 800-424-8802 and report the following:

(1) Name of the person reporting the incident.
(2) Name and location of the installation.
(3) Phone number where the person reporting the spill can be reached.
(4) Date, time, and location of the incident.
(5) A brief description of the incident, nature of the materials or wastes involved, extent of any injuries, and possible hazzards to human health and/or the environment.
(6) The estimated quantity of the materials or wastes spilled.
(7) The extent of contimination to air, water or land.

During an emergency, the emergency coordinator must take all reasonable measures to ensure that the fire, explosion, emmission or discharge do not occur, recurr or spread to other areas and contact other materials or wastes in the industrial complex. These measures include, but are not limited to stopping manufacturing processes or operations, collecting and containing released materials or wastes, and removing or isolating containers.

If production is stopped, the emergency coordinator must ensure that adequate monitoring is conducted for leaks, ruptures, pressure build-up, gas generation in tanks, valves, pipes or other equipment as appropriate.

After the emergency, the emergency coordinator with Pa DER approval must provide for treating, storing or disposing of residues, contaminated soil, etc as deemed appropriate.

The emergency coordinator must insure that in the affected areas of the plant complex that no material or waste incompatible with the emmitted or discharged residues is processed, stored, treated, or disposed of until clean-up procedures are completed: and, all emergency equipment listed in the PPC Plan is returned to its original ready status before operations are resumed.

Within 15 days after the incident, the installation must submit a written report on the incident to the PA DER which includes the following:

(1) Name, address, and telephone number of the individual filing the report.
(2) Name, address, and telephone number of the installation.
(3) Date, time, and location of the incident.
(4) A brief description of the circumstances causing the incident.
(5) Description and estimated quantity by weight or volume of materials or wastes involved.
(6) An assessment of any contamination of land, water, or air that has occurred due to the incident.
(7) Estimated euantity and disposition of recovered materials or wastes that have resulted from the incident.
(8) A description of what actions the installation plans to take to prevent a similar occurrence in the future.

ORIGINAL
(Red)

SECTION P - CHAIN OF COMMAND

Gerry Butler

Sidney Levy

Lew Maslow

Pete Cabrey

Mark Daniels

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(Red)

SECTION Q - LIST OF AGENCIES TO BE NOTIFIED

(1) Pa DER
1875 New Hope Street
Norristown, Pa 19401
(215)270-1975

(2) Pa Emergency Management Agency
Director: John Patten
B151 Transportation & Safety
Harrisburg, Pa 17120
(717)783-8150

(3) Pa Fish Commission
2nd & Delaware Ave
Essington, Pa
(215)521-3675

(4) National Response Center
1-800-424-8802

(5) US Coast Guard
Captain of the Port of Phila.
King & Cumberland Ave
Gloucester, N J
(609)456-1370

(6) USEPA
Middle Atlantic Region
6th & Walnut Sts
Phila, Pa
(215)697-9818

(7) Trainer Police
Municipal Building
Trainer, Pa
(215)494-7399

(8) Trainer Fire/Ambulance
3rd & Price Sts
Trainer, Pa
(215)565-2111

(9) DELCORA (plant)
3201 Front St
Chester, Pa
(215)485-1925

PO Box 999 (administration)
100 East Fifth St
Chester, Pa 19016
(215)876-5523

ORIGINAL
(Red)

(Red)

SECTION R - EMERGENCY EQUIPMENT

Item	Function(s)	Location
(1) Ladder(s)	Repair/access	Maintenance/storage tanks
(2) Absorbants,cleaners	Spill clean-up	Maintenance/strat. areas
(3) Front-end loader	" "	"
(4) Portable pumps	" "	"
(5) Brooms, shovels	" "	Strategic areas
(6) Chain hoists	Equipment repair	Maintenance/Strategic area
(7) Fans	Cooling/fume removal	Strategic areas
(8) Sprinkler system	Fire extinguishing	" "
(9) Medical supplies	First aid	" "
(10) Forklift	Equip/material handling	Maintenance
(11) Compressor	Air-operated tools	"
(12) Portable lighting	Equipment repair	"
(13) Welding/cutting equip.	Tank, pipe repair	"
(14) Dumpster, 55-gallon drums	Solid waste containment	Strategic areas
(15) Plastic repair kits	Tank, pipe repair	Maintenance
(16) Auto Fire extinguisher	Fire	Paint booth
(17) Portable fire extinguishers	Fire	Strategic areas

ORIGINAL

SECTION S - EVACUATION PLAN

Evacuations are signalled by several three short blasts on the plant whistle and/or the plant paging system. The whistle and paging system are strategically located in major areas where emergencies can arise.

Primary evacuation routes are marked as required by fire and federal regulations. When the signal is given, all personnel proceed to the nearest exit and proceed towards the front of the plant for a head count. If rescue is required, rescue squads will aid in evacuation if it is determined all employees are not accounted for.

Alternate evacuation routes are dictated by proximity to primary routes and best avenue of excape.

Periodic drills are held at least once/quarter.

ORIGINAL
(Red)

SECTION T - ARRANGMENT WITH EMERGENCY RESPONSE CONTRACTORS.

In the event of a major spill, one the following contractors will be contacted by the emergency coordinator:

(1) Snow Environmental Services
11th Street & Aspahs Rd
Bala Cynwyd, Pa 19004
(215)494-8558(Aston Office)

(2) Continental Vanguard, Inc
204 Harding Ave
Bellmawr, N J
(609)931-0950

(3) Waste Conversion, Inc
2829 Sandstone Drive
Hatfield, Pa 19440
(215)822-8996

ORIGINAL (Red)

SECTION V - POLLUTION INCIDENT HISTORY

ORIGINAL (Red)

Date(s)	Incident	Corrective Action	Preventive Action	Date Complete
2/18/86	Flow of unidentified red material to BP waste plant effluent overflow portion of Stoney Creek.	Spill containment by Snow Environmental Services and identification of source	Source eliminated by sealing drain pipe in boiler room/chainer area	
	Flow of water seepage from same area as above but black in appearence	Locate source as flow from drum leak test water and non-contact cooling water. Divert water flow to WWTP.	Construct pipeline for discharge to outfall 001 at Stoney Creek Apply for NPDES permit for discharge to above outfall.	
	Spill from large concrete holding tank overflow and migration of same into Stoney Creek via heavy rain.	Dam up area of immediate overflow. Pump area to WWTP transfer tank Waste Conversions pump 2' from large concrete tank	Construct earthen dike around concrete tanks. Install level indicator monitor to indicate high level-transfer large tank to small tank to pump to WWTP to maintain 2' of freeboard in large concrete tank.	
	Spill(s) in diked area of Pumphouse #1 and chemical storage tanks	Monitor levels in #1 pumphouse tank, oil skimmer storage tank and DAF float storage tank to prevent overflows. Filter DAF float from storage tank to lower level and monitor.	Install level controls to transfer to small concrete tank at preset level to prevent overflow. Filter DAF float directly from DAF sludge collection tank in recycle room to keep sludge out of diked area around #1 pumphouse.	
	Various spills in yard & plant.	Clean-up with shovels etc	Refer to Housekeeping Program (Section 1).	

SECTION W - IMPLEMENTATION SCHEDULE

ORIGINAL
(Red)

Item	Corrective Action	Completion Date(s)
(1) Water flow/seepage into Stoney Creek especially during periods of heavy rain.	Dig up soil in area of discharge and excavate area to locate source.	
(2) Spills from all concrete holding tanks and steel tanks in diked areas.	Construction/operation of WWTP to discontinue the use of subject tanks. Emptying of tanks via the new WWTP.	
(3) Spills in yard and plant.	Implement housekeeping program. Implement preventive maintenance program.	
(4) Spills and/or potential spills from chemical storage tanks.	Construct concrete containments.	

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Item	Instruction
1.	None
2.	Fill in company information as requested
3.	None
4.	Fill in month and year
5.	Indicate the day of the week as follows: Monday-M Tuesday-T Wednesday-W Thursday-Th Friday-F Saturday-$ Sunday-Su
6.	List precipitation in inches for that day
7.	List type of sample as follows: Flow proportional composit sample-F Grap sample-G 4 to 8 hour composite sample-indicate the number of hours
8. through 26.	List information as requested. Example-item 13. Request the five day Biochemical Oxygen Demand (BOD) in milligrams per liter (mg/l). Record the analytical value for this parameter in the column 13 opposite the day the sample was taken.

[redacted]

STATE PA

ZIP 19013 PHONE NUMBER (215) 485-6100

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MONTH AND YEAR	DATE	DAY OF THE WEEK	PRECIPITATION INCHES	TYPE OF SAMPLE	FLOW MGD	TEMPERATURE °F	PH	SUSPENDED SOLIDS mg/l	TOTAL DISSOLVED SOLIDS mg/l	BOD5 mg/l	COD mg/l	PHENOLS mg/l	SULFIDES mg/l	K - NITROGEN mg/l	CHLORIDES mg/l
NoJ'81		5	6	7	8	9	10	11	12	13	14	15	16	17	18
	1														
	2														
	3														
	4														
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	27														
	28														
	29														
	30														
	31														
TOTAL															
AVERAGE															

11 Certifying Signatures

Testing Laboratory

Company Name UNITED ENG/STEARNS Street Address 201 E 10TH ST Zip 19061 Signat

City MARCUS HOOK State PA Phone NO. (215) [redacted] 5377 Name

ORIGINAL
(Red)

EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 13994
COMPUCHEM SAMPLE NUMBER: 14717

VOLATILE ORGANICS	CONCENTRATION (UG/L)	DETECTION LIMIT (UG/L)	SCAN NUMBER
1V. ACROLEIN	BDL	100	
2V. ACRYLONITRILE	BDL	100	
3V. BENZENE	BDL	10	
4V. BIS (CHLOROMETHYL) ETHER	BDL	10	
5V. BROMOFORM	BDL	10	
6V. CARBON TETRACHLORIDE	BDL	10	
7V. CHLOROBENZENE	BDL	10	
8V. CHLORODIBROMOMETHANE	BDL	10	
9V. CHLOROETHANE	BDL	10	
10V. 2-CHLOROETHYLVINYL ETHER	BDL	10	
11V. CHLOROFORM	22	10	365
12V. DICHLOROBROMOMETHANE	BDL	10	
13V. DICHLORODIFLUOROMETHANE	BDL	10	
14V. 1,1-DICHLOROETHANE	BDL	10	
15V. 1,2-DICHLOROETHANE	2800(1)	10	388
16V. 1,1-DICHLOROETHYLENE	BDL	10	
17V. 1,2-DICHLOROPROPANE	BDL	10	
18V. CIS-1,3-DICHLOROPROPENE	BDL	10	
19V. TRANS-1,3-DICHLOROPROPENE	BDL	10	
20V. ETHYLBENZENE	37	10	865
21V. BROMOMETHANE	29	10	88
22V. CHLOROMETHANE	6100(1)	10	56
23V. METHYLENE CHLORIDE	410	10	208
24V. 1,1,2,2-TETRACHLOROETHANE	110	10	693
25V. TETRACHLOROETHYLENE	20	10	694
26V. TOLUENE	680(1)	10	738
27V. 1,2-TRANS-DICHLOROETHYLENE	BDL	10	
28V. 1,1,1-TRICHLOROETHANE	34	10	428
29V. 1,1,2-TRICHLOROETHANE	BDL	10	
30V. TRICHLOROETHYLENE	34	10	520
31V. TRICHLOROFLUOROMETHANE	BDL	10	
32V. VINYL CHLORIDE	BDL	10	

BDL=BELOW DETECTION LIMIT

(1) Quantitated using secondary ion

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EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 13994
COMPUCHEM SAMPLE NUMBER: 14717

ACID EXTRACTABLE ORGANICS	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)	SCAN NUMBER
1A. 2-CHLOROPHENOL	BDL	500	
2A. 2,4-DICHLOROPHENOL	BDL	500	
3A. 2,4-DIMETHYLPHENOL	BDL	500	
4A. 4,6-DINITRO-O-CRESOL	BDL	5000	
5A. 2,4-DINITROPHENOL	BDL	5000	
6A. 2-NITROPHENOL	BDL	500	
7A. 4-NITROPHENOL	BDL	500	
8A. 4-CHLORO-M-CRESOL	BDL	500	
9A. PENTACHLOROPHENOL	BDL	500	
10A. PHENOL	1800	500	552
11A. 2,4,6-TRICHLOROPHENOL	BDL	500	

BDL = BELOW DETECTION LIMIT
*Sample analyzed using a 20:1 dilution, thus the higher than normal detection limits.

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EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 13994
COMPUCHEM SAMPLE NUMBER: 14717

BASE-NEUTRAL EXTRACTABLE ORGANICS	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)	SCAN NUMBER
3B. ACENAPHTHENE	BDL	200	
5B. ACENAPHTHYLENE	BDL	200	
6B. ANTHRACENE	BDL	200	
8B. BENZIDINE	BDL	200	
9B. BENZO (A) ANTHRACENE	BDL	200	
10B. BENZO (A) PYRENE	BDL	200	
11B. 3,4-BENZOFLUORANTHENE	BDL	200	
12B. BENZO (GHI) PERYLENE	BBL	500	
13B. BENZO (K) FLUORANTHENE	BDL	200	
10[illegible]. BIS (2-CHLOROETHOXY) METHANE	BDL	200	
11[illegible]. BIS (2-CHLOROETHYL) ETHER	BDL	200	
12[illegible]. BIS (2-CHLOROISOPROPYL) ETHER	BDL	200	
13[illegible]. BIS (2-ETHYLHEXYL) PHTHALATE	BDL	200	
14[illegible]. 4-BROMOPHENYL PHENYL ETHER	BDL	200	
15[illegible]. BUTYL BENZYL PHTHALATE	BDL	200	
16[illegible]. 2-CHLORONAPHTHALENE	BDL	200	
17[illegible]. 4-CHLOROPHENYL PHENYL ETHER	BDL	200	
18[illegible]. CHRYSENE	BDL	200	
19[illegible]. DIBENZO (A,H) ANTHRACENE	BDL	200	
20[illegible]. 1,2-DICHLOROBENZENE	BDL	500	
21[illegible]. 1,3-DICHLOROBENZENE	BDL	200	
22[illegible]. 1,4-DICHLOROBENZENE	BDL	200	
23[illegible]. 3,3'-DICHLOROBENZIDINE	BDL	200	
24[illegible]. DIETHYL PHTHALATE	BDL	200	
25[illegible]. DIMETHYL PHTHALATE	BDL	200	
26[illegible]. DI-N-BUTYL PHTHALATE	BDL	200	
27[illegible]. 2,4-DINITROTOLUENE	BDL	200	
28[illegible]. 2,6-DINITROTOLUENE	BDL	200	
29[illegible]. DI-N-OCTYL PHTHALATE	BDL	200	

BDL = BELOW DETECTION LIMIT
*Sample analyzed using a 20:1 dilution, thus the higher than normal detection limits.

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(Red)

EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 13994
COMPUCHEM SAMPLE NUMBER: 14717

BASE-NEUTRAL EXTRACTABLE ORGANICS (continued)	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)	SCAN NUMBER
308. 1,2-DIPHENYLHYDRAZINE	BDL	200	
318. FLUORANTHENE	BDL	200	
328. FLUORENE	BDL	200	
338. HEXACHLOROBENZENE	BDL	200	
348. HEXACHLOROBUTADIENE	BDL	200	
358. HEXACHLOROCYCLOPENTADIENE	BDL	200	
368. HEXACHLOROETHANE	BDL	200	
378. INDENO (1,2,3-CD) PYRENE	BDL	500	
388. ISOPHORONE	1900	200	649
398. NAPHTHALENE	BDL	200	
408. NITROBENZENE	BDL	200	
418. N-NITROSODIMETHYLAMINE	BDL	200	
428. N-NITROSODI-N-PROPYLAMINE	BDL	200	
438. N-NITROSODIPHENYLAMINE	BDL	200	
448. PHENANTHRENE	BDL	200	
458. PYRENE	BDL	200	
468. 1,2,4-TRICHLOROBENZENE	BDL	200	

BDL= BELOW DETECTION LIMIT
*Sample analyzed using a 20:1 dilution, thus the higher than normal detection limits.

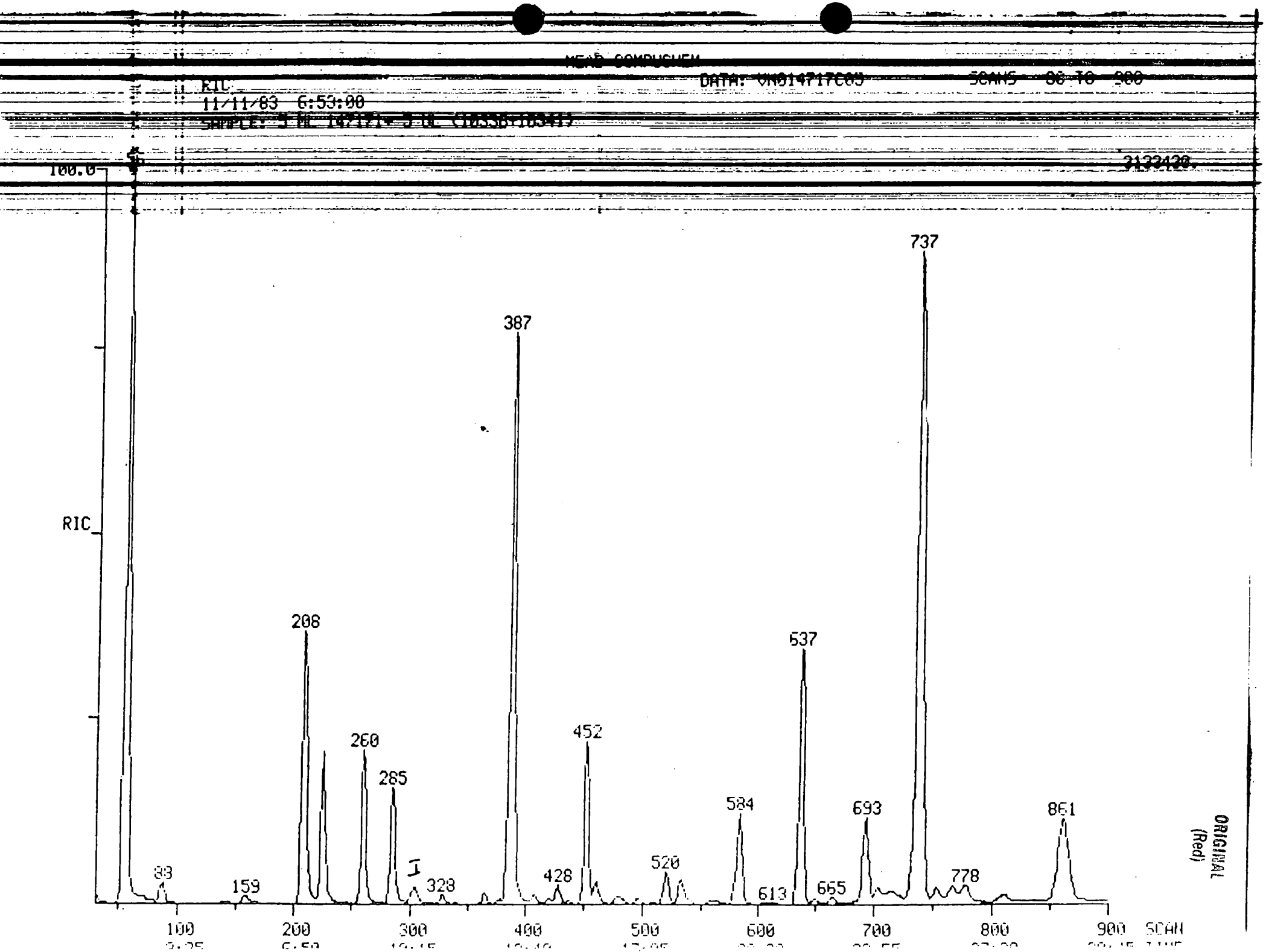
ORIGINAL
(Red)

EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 13994
COMPUCHEM SAMPLE NUMBER: 14717

PESTICIDES/PCB'S	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)
1P. ALDRIN	BDL	200
2P. ALPHA-BHC	BDL	200
3P. BETA-BHC	BDL	200
4P. GAMMA-BHC	BDL	200
5P. DELTA-BHC	BDL	200
6P. CHLORDANE	BDL	200
7P. 4,4'-DDT	BDL	200
8P. 4,4'-DDE	BDL	200
9P. 4,4'-DDD	BDL	200
10P. DIELDRIN	BDL	200
11P. ALPHA-ENDOSULFAN	BDL	200
12P. BETA-ENDOSULFAN	BDL	200
13P. ENDOSULFAN SULFATE	BDL	200
14P. ENDRIN	BDL	200
15P. ENDRIN ALDEHYDE	BDL	200
16P. HEPTACHLOR	BDL	200
17P. HEPTACHLOR EPOXIDE	BDL	200
18P. PCB-1242	BDL	200
19P. PCB-1254	BDL	200
20P. PCB-1221	BDL	200
21P. PCB-1232	BDL	200
22P. PCB-1248	BDL	200
23P. PCB-1260	BDL	200
24P. PCB-1016	BDL	200
25P. TOXAPHENE	BDL	200

BDL= BELOW DETECTION LIMIT
*Sample analyzed using a 20:1 dilution, thus the higher than normal detection limits.

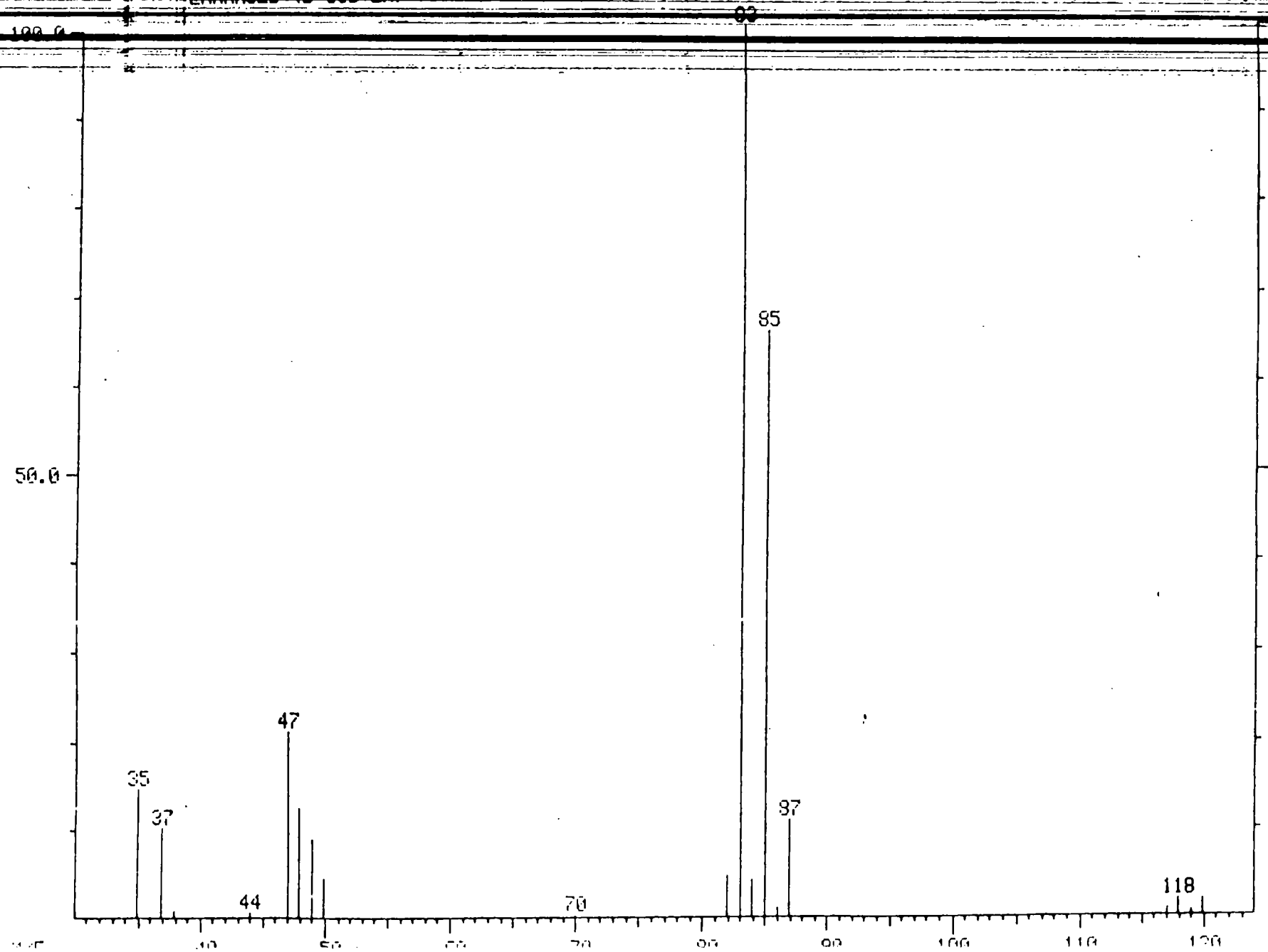


MEAD COMPUSHEM
RIC
11/11/83 6:53:00
DATA: VN014717C05
SCANS 80 TO 900
100.0
RIC
737
387
208
637
260
452
285
584
693
861
520
88
159
328
428
613
665
778
100
200
300
400
500
600
700
800
900
SCAN
ORIGINAL
(Red)

MEAD COMPOCHEM

MASS SPECTRUM
11/11/83 6:53:00 + 12:28
SAMPLE: 5 ML 147171+ 5 UL (10336+10341)
ENHANCED (S 15B 2N)

DATA: VN014717C05 #365
BASE M/E: 83
RIC: 47872.



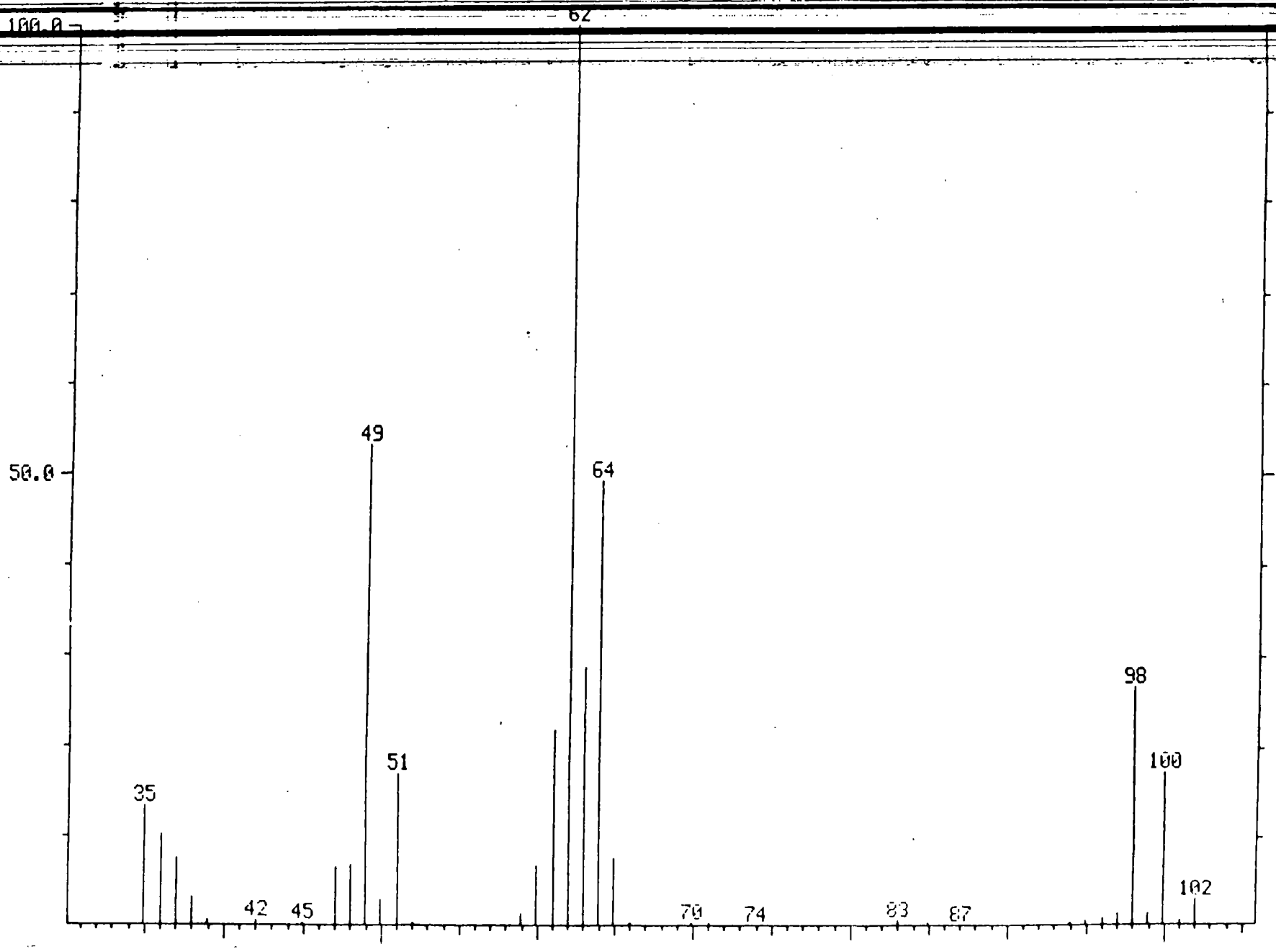
ORIGINAL
(Red)

215

MEMO COMPUCHEM

MASS SPECTRUM
11/11/83 6:53:00 + 13.15
SAMPLE: 5 ML 147171+ 5 UL (10326+10341)
ENHANCED (S-15B 2N)

DATA: UM014717C05 #388
BASE M/E: 62
RIC: 2207240



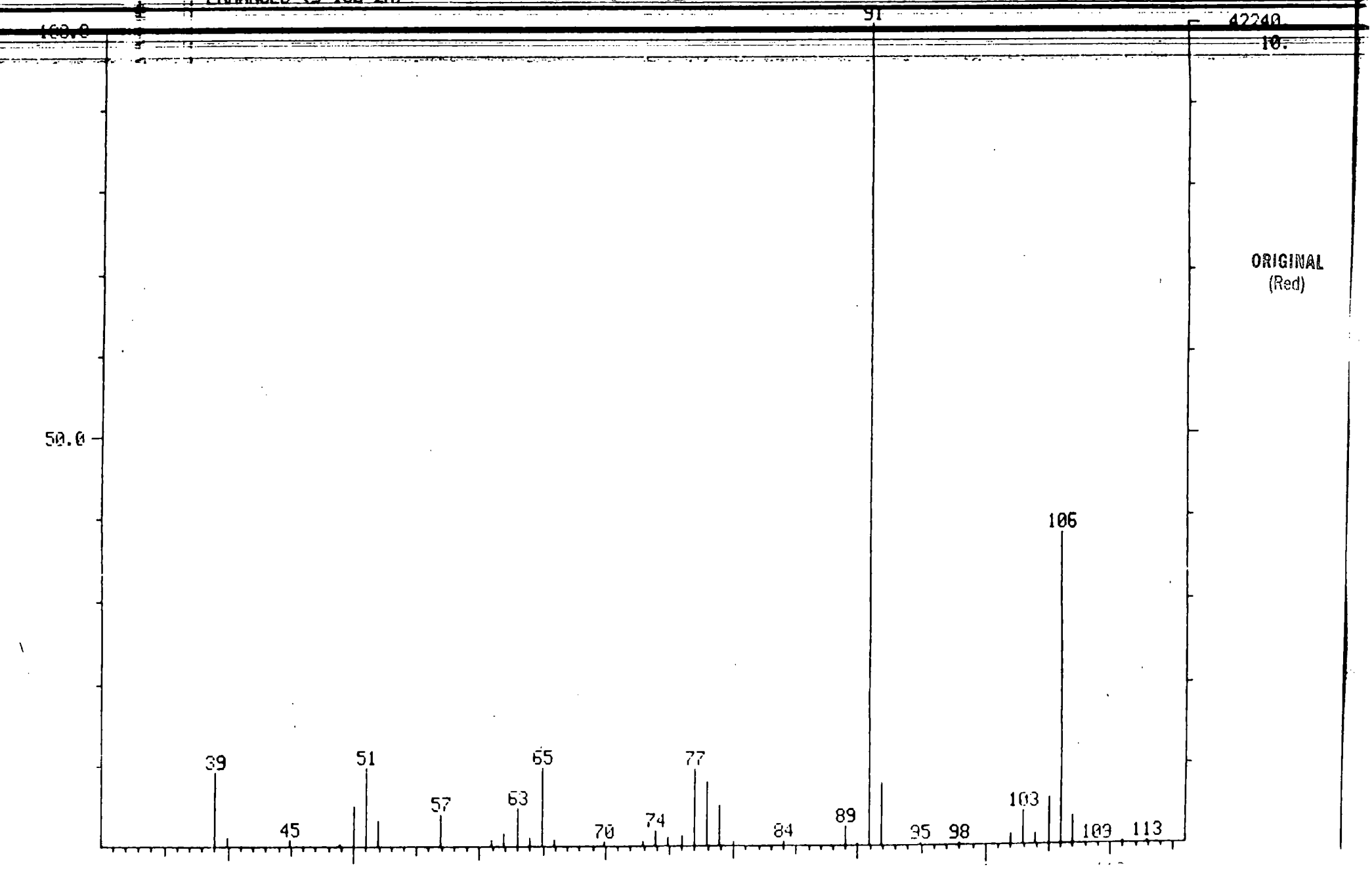
ORIGINAL
(Red)

219

MEGA COMPUCHEM

MASS SPECTRUM
11/11/83 6:53:00 + 29:33
SAMPLE: 5 ML 147171+ 5 UL (10336+10341)
ENHANCED (S 15B 2N)

DATA: VN014717C05 #865
BASE M/E: 91
RIC: 103552



ORIGINAL
(Red)

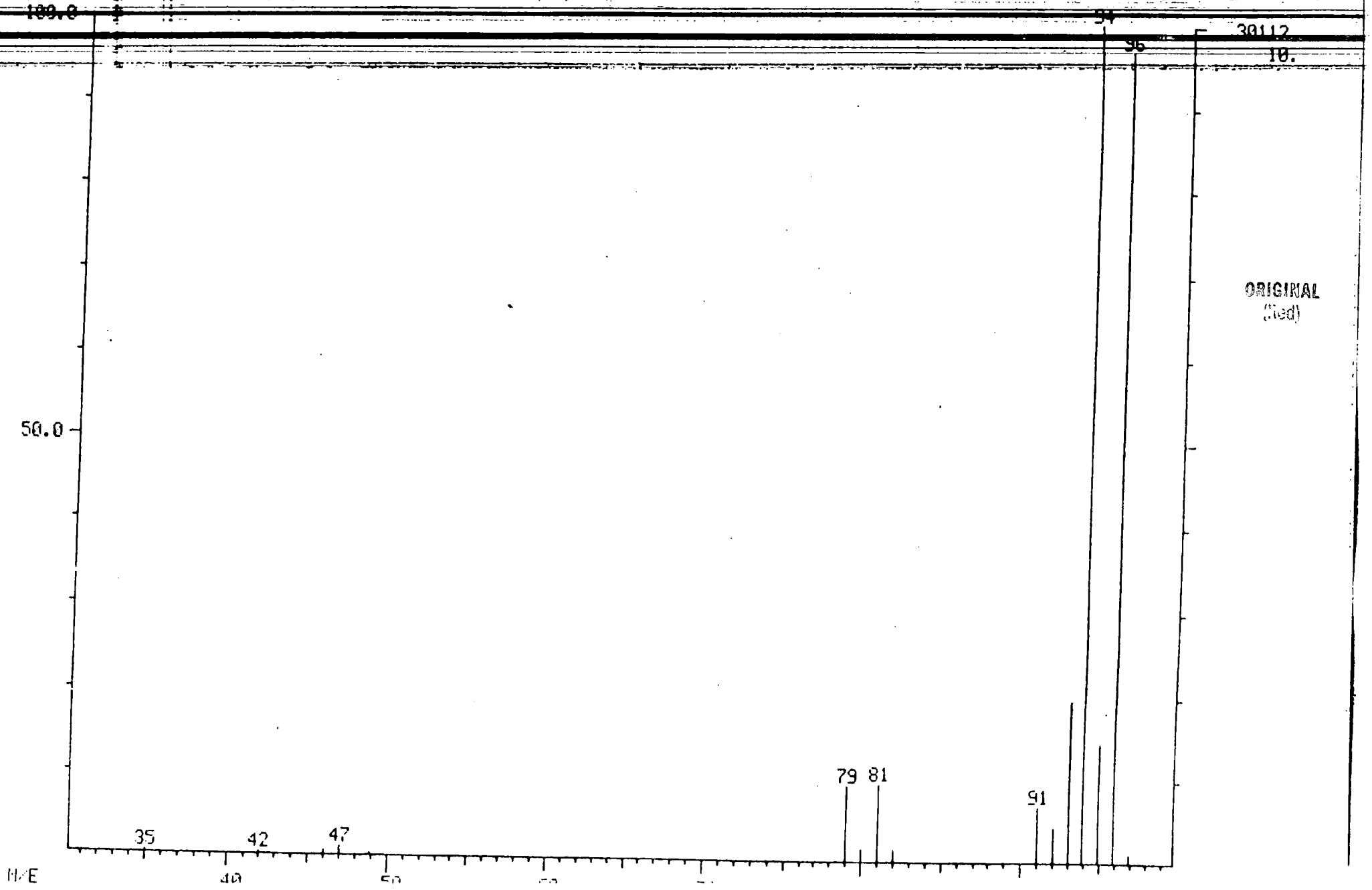
220

HEAD COMPUCHEM

MASS SPECTRUM
11/11/83 6:53:00 + 3:00
SAMPLE: 5 ML 147171+ 5 UL (10336/10341)
ENHANCED (S 15B 2N)

DATA: UN014717C05 #88

BASE M/E: 94
RIC: 80512.



ORIGINAL
(Red)

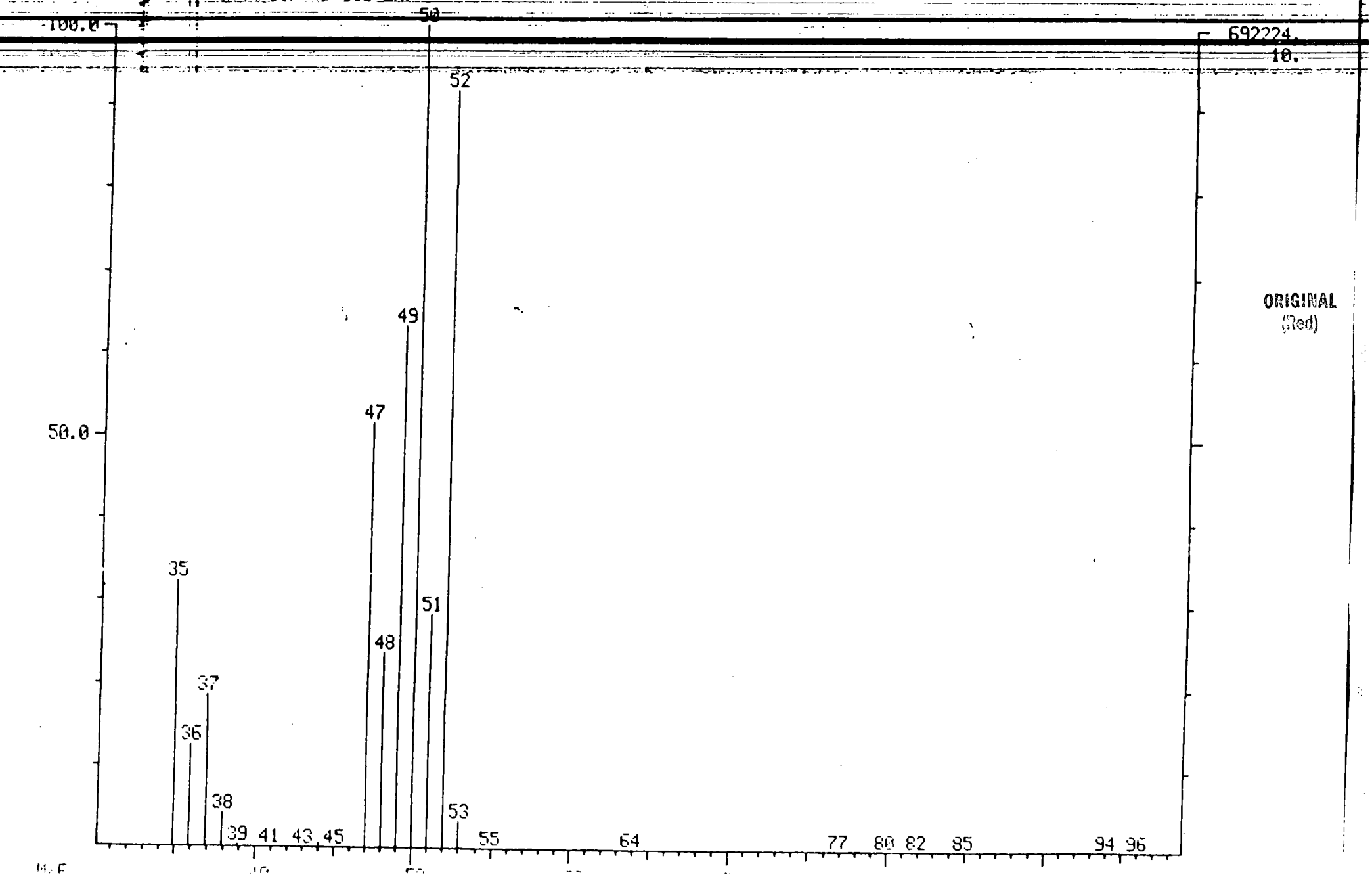
221

HEAD COMPUCHEM

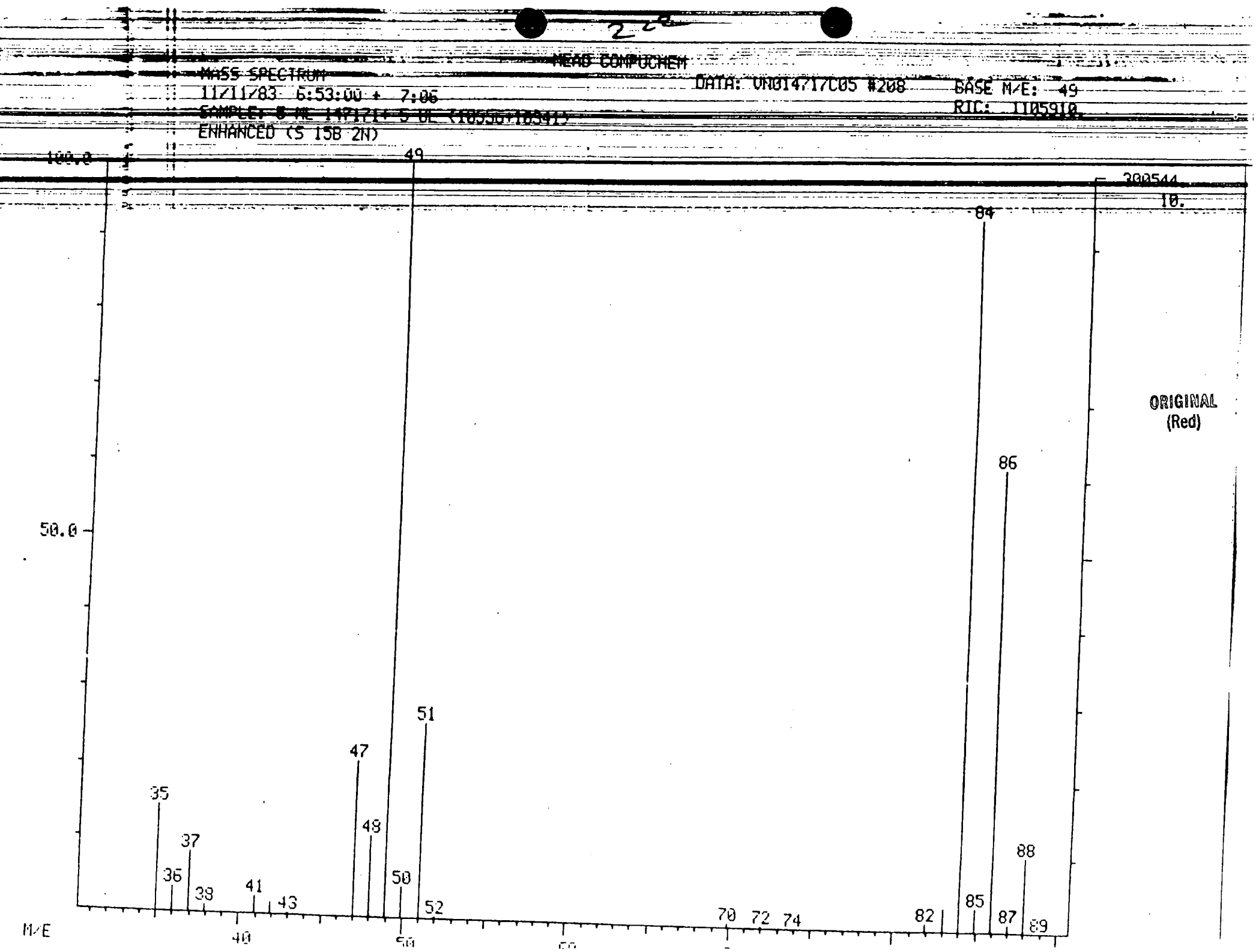
MASS SPECTRUM
11/11/83 6:53:00 + 1:55
SAMPLE: 5 ML 147171+ 5 UL (10336+10341)
ENHANCED (S 15B 2N)

DATA: VN014717C05 #56

BASE M/E: 50
RIC: 2985980.



ORIGINAL
(Red)


MEAD COMPUCHEM
MASS SPECTRUM
11/11/83 6:53:00 + 7:06
SAMPLE: 5 ML 147171+ 5 UL (10556+10541)
ENHANCED (S 15B 2N)
DATA: VN014717C05 #208
BASE M/E: 49
RIC: 1105910.
100.0
50.0
49
84
86
51
47
48
35
37
36
38
41
43
50
52
70
72
74
82
85
87
88
89
300544.
10.
ORIGINAL
(Red)
M/E
40
50

223

MEAD COMPUCHEM

MASS SPECTRUM

11/11/83 6:53:00 + 23:41

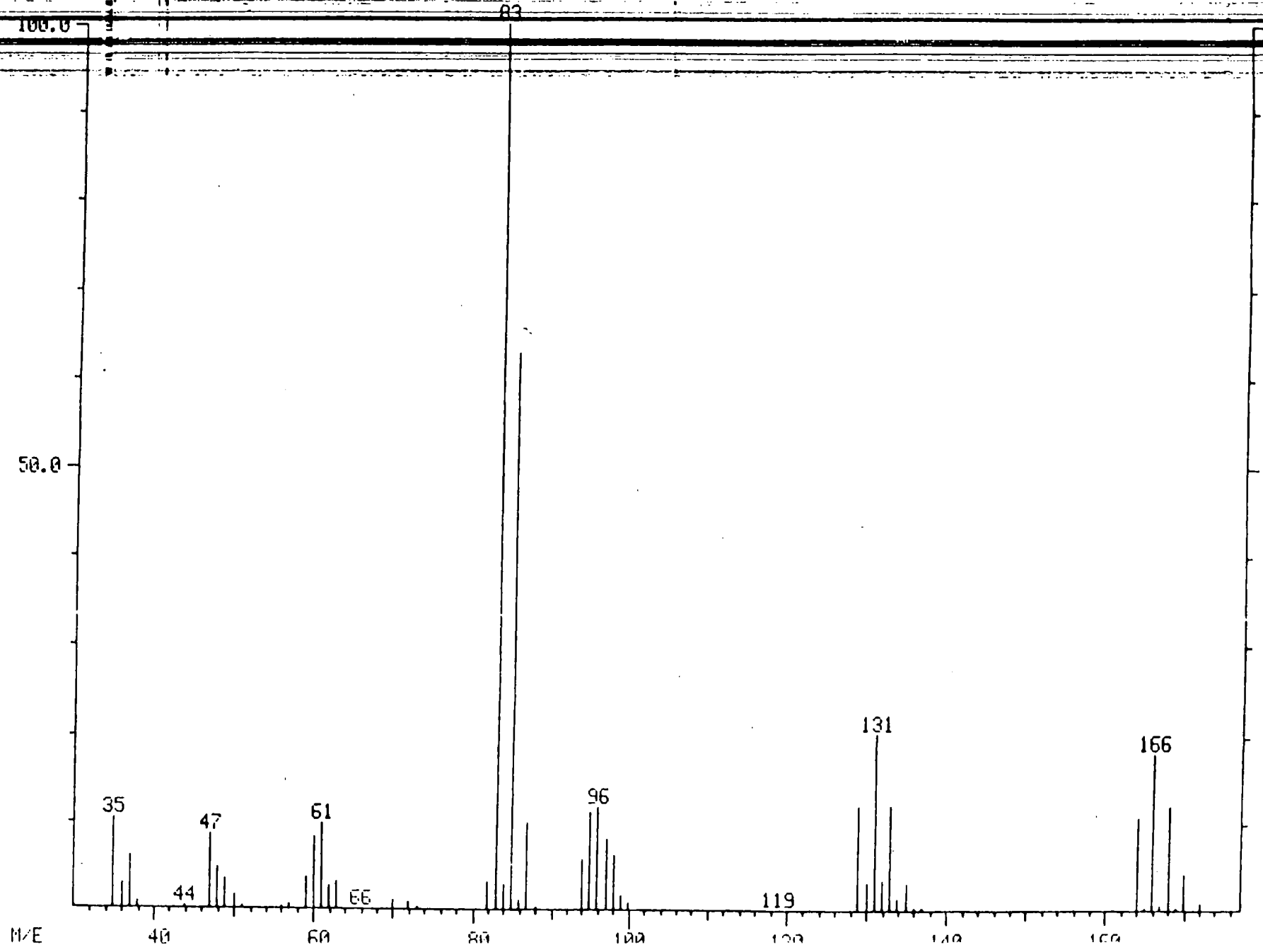
DATA: 1N014717C05 #693

BASE M/E: 83

RIC: 358912.

SAMPLE: 5 ML 147171+ 5 UL (10396+10341)

ENHANCED (5 15B 2N)



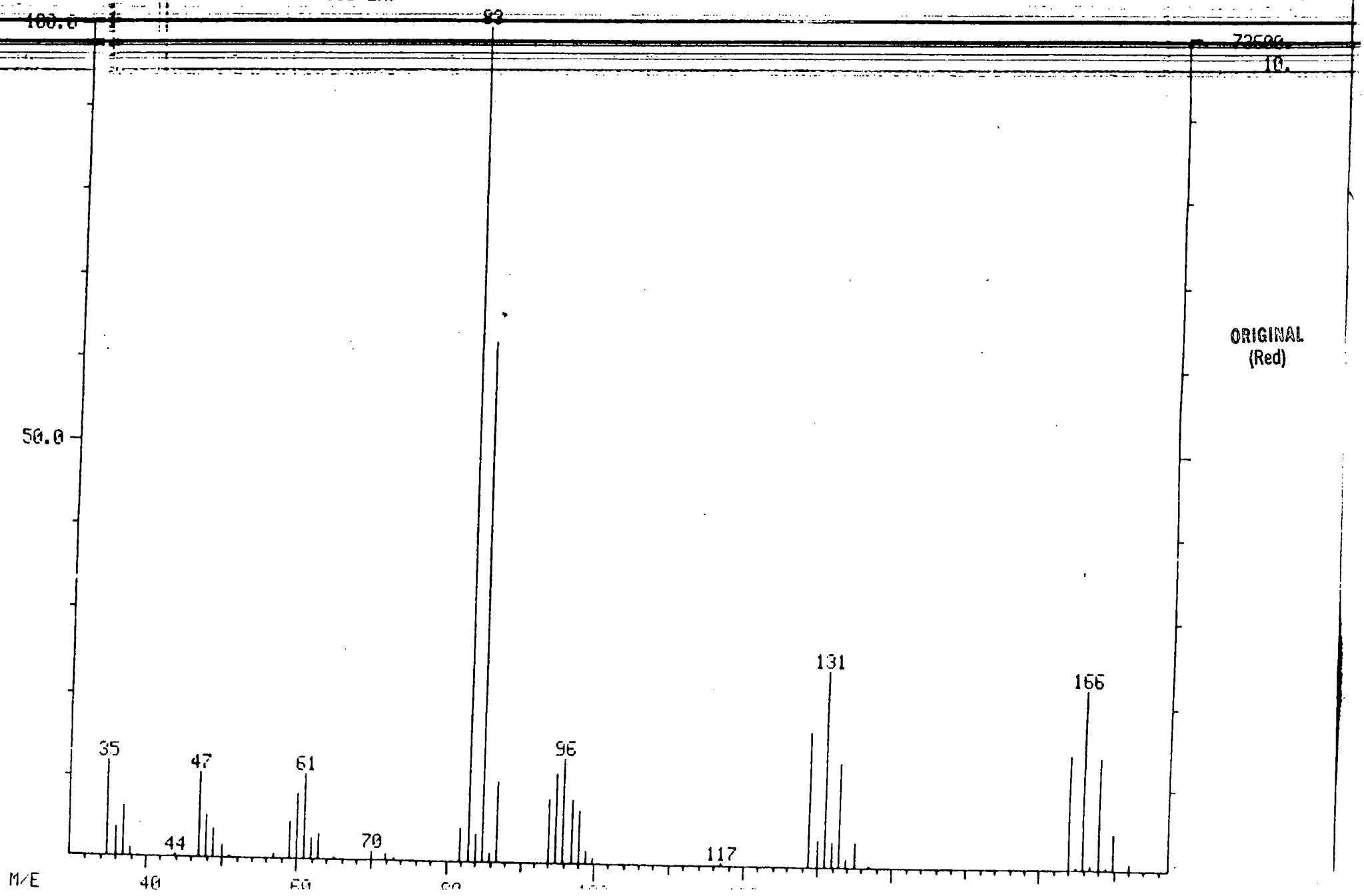
ORIGINAL
(Red)

224

MEAD COMPUCHEM

MASS SPECTRUM
11/11/83 6:53:00 + 23:43
SAMPLE: 5 ML 147171+ 5 UL (10336+10341)
ENHANCED (S 15B 2N)

DATA: UN014717C05 #694
BASE M/E: 83
RIC: 314368.



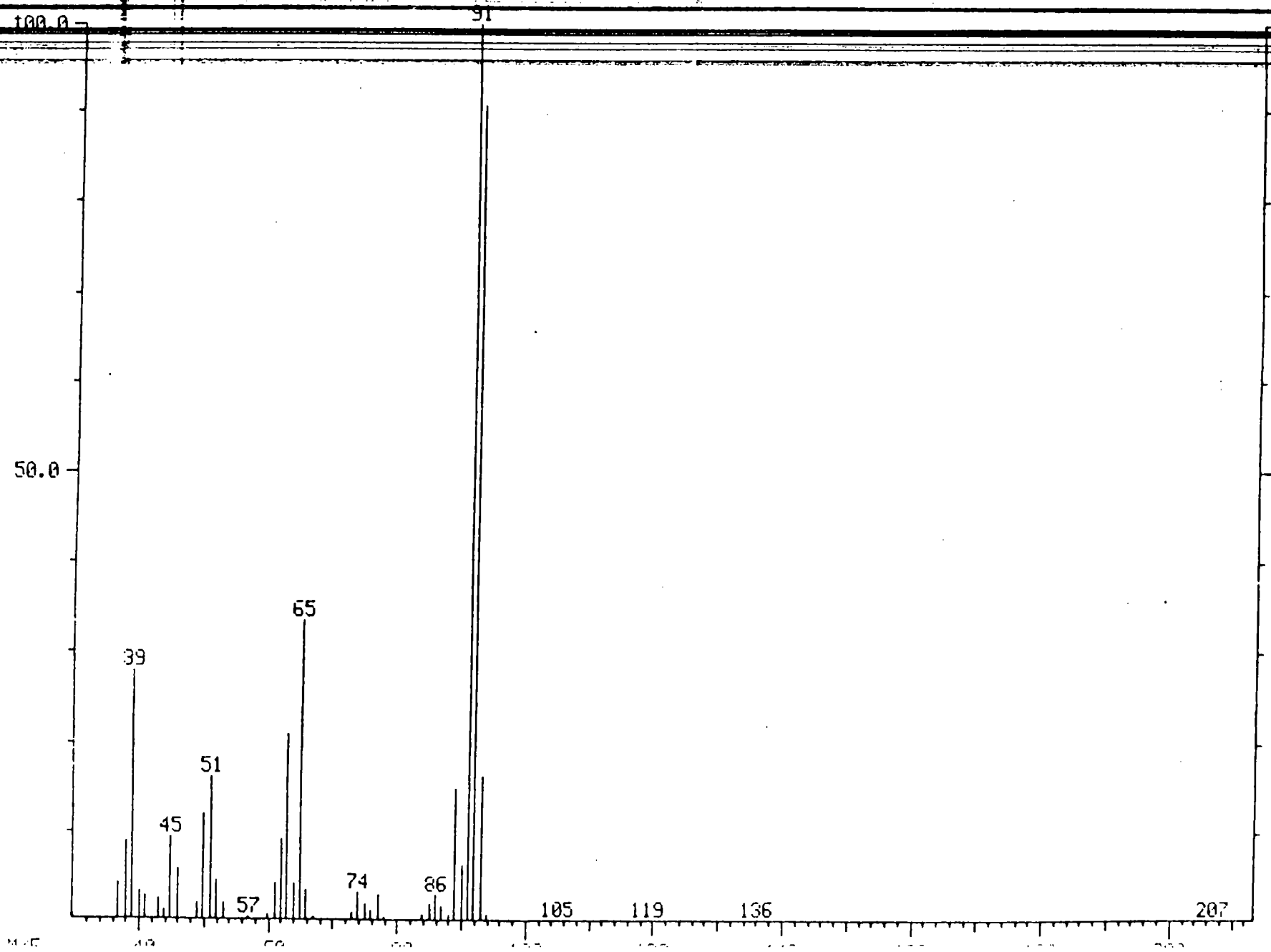
ORIGINAL
(Red)

225

MEAD COMPUCHEM

MASS SPECTRUM
11/11/83 6:53:00 + 25:13
SAMPLE: 5 ML 147171+ 5 UL (10336+10341)
ENHANCED (S 15B 2N)

DATA: VN014717C05 #738
BASE M/E: 91
RIC: 2596860.



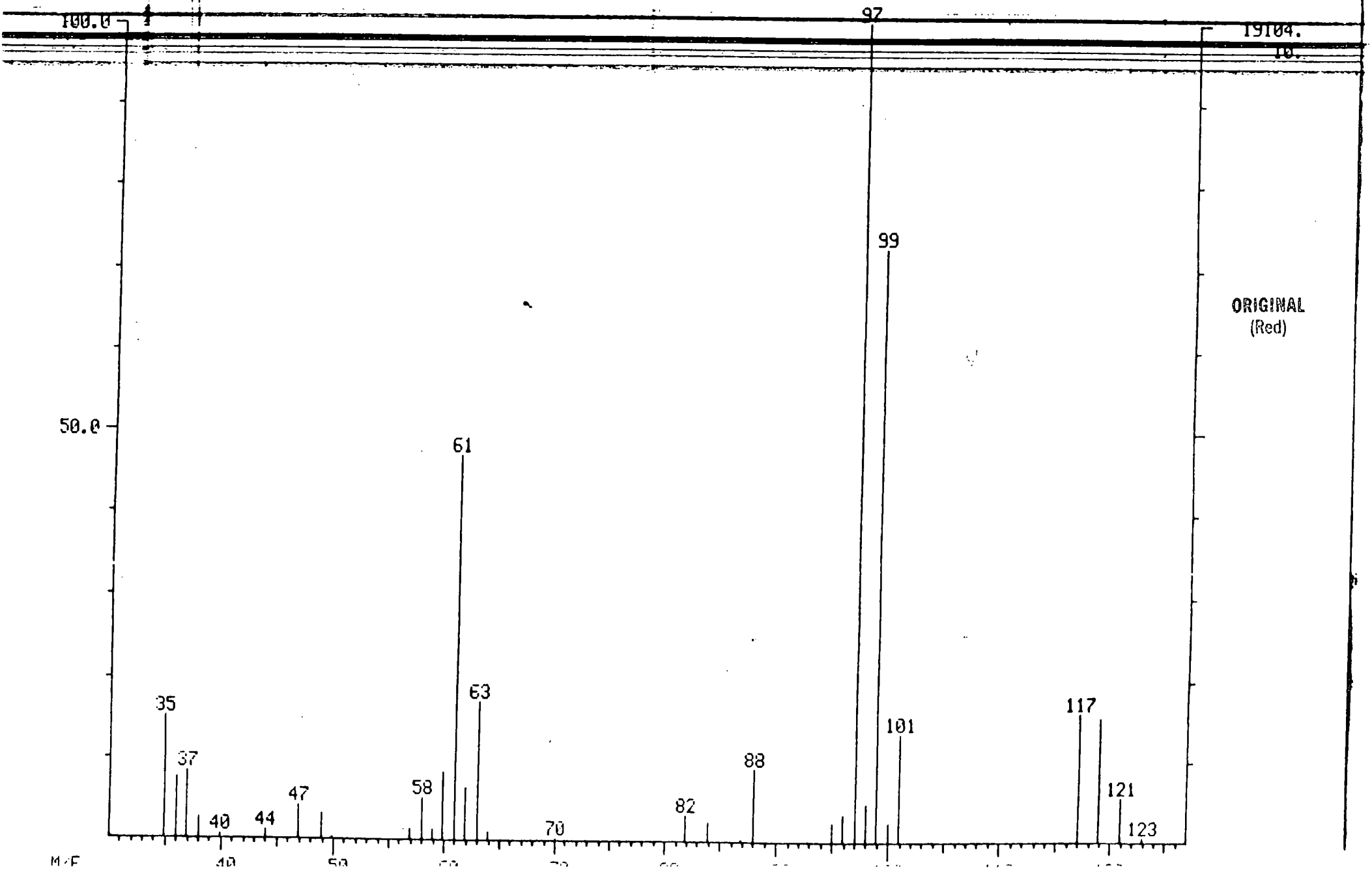
ORIGINAL
(Red)

227

MEAD COMPUCHEM

MASS SPECTRUM
11/11/83 6:53:00 + 14:37
SAMPLE: 5 ML 147171+ 5 UL (10336+10341)
ENHANCED (5 15B 2N)

DATA: UN014717C05 #428 BASE M/E: 97
RIC: 72832.



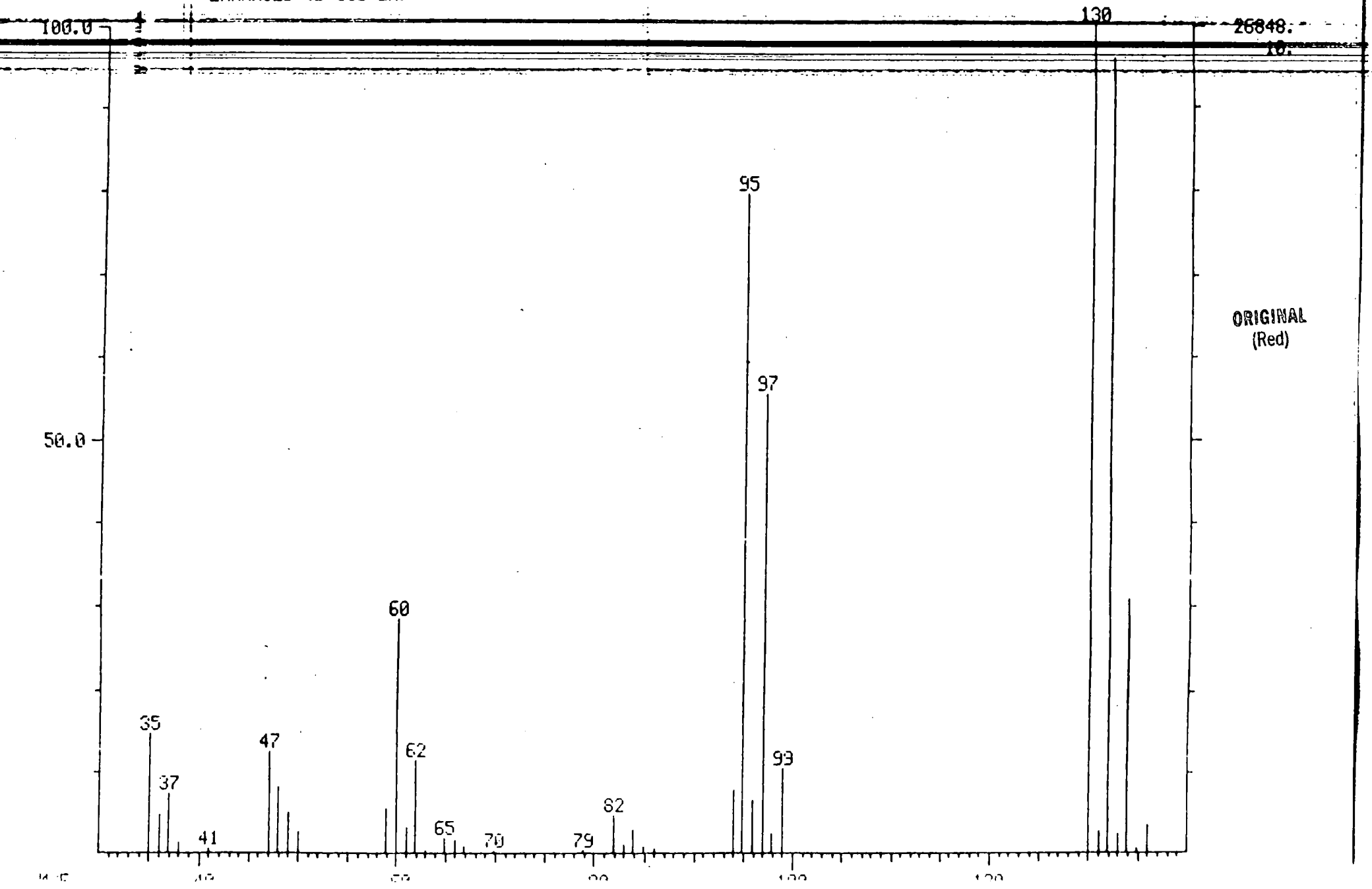
ORIGINAL
(Red)

229

HEAD COMPUCHEM

MASS SPECTRUM
11/11/83 6:53:00 + 17:46
SAMPLE: 5 ML 147171+ 5 UL (10536+10541)
ENHANCED (S 15B 2N)

DATA: VN014717C05 #520
BASE M/E: 130
RIC: 139264.



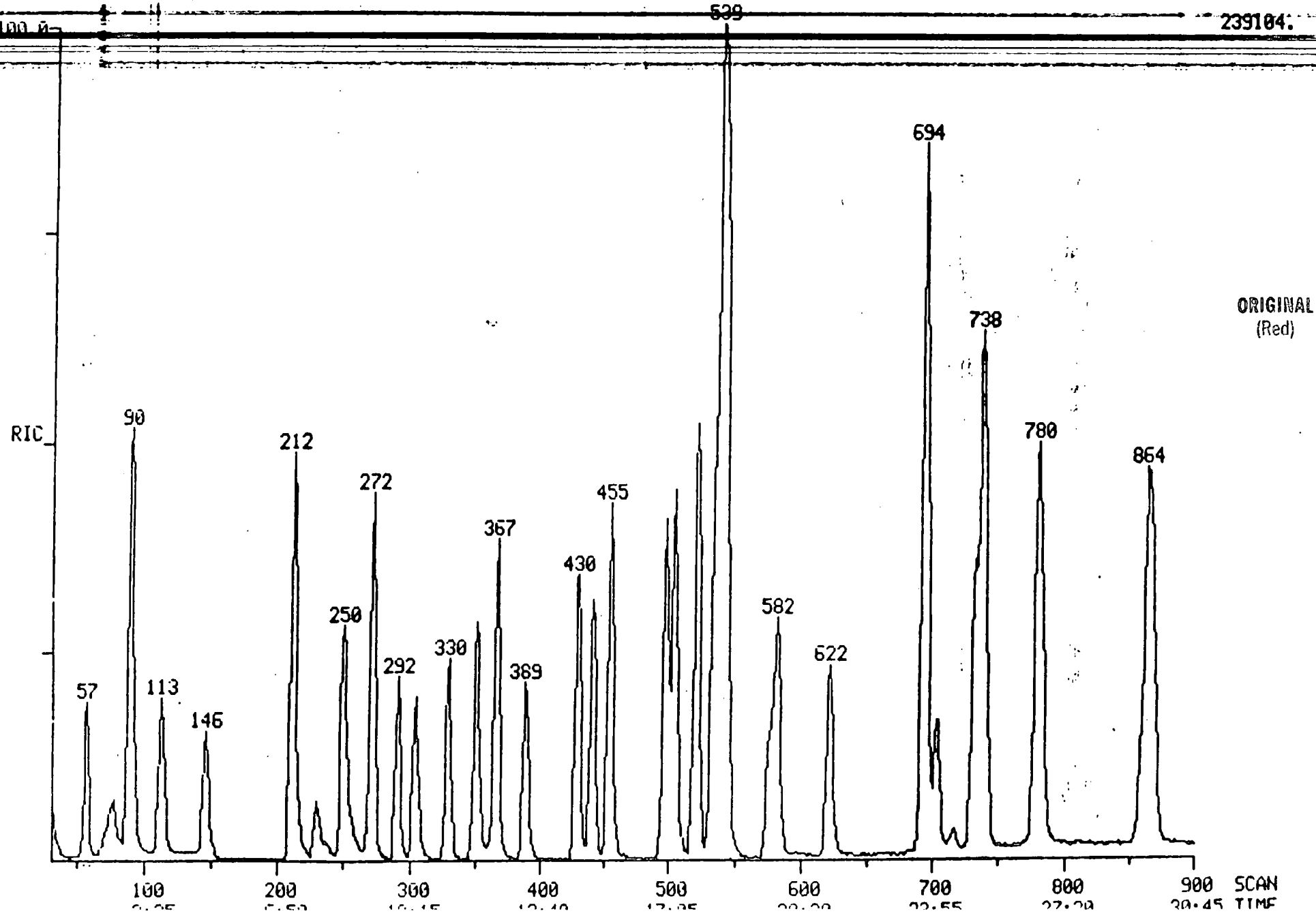
MEAD COMPUCHEM

RIC

DATA: V583IIIIC05 SCANS 30 TO 900

11/11/83 1:47:00

SAMPLE: 5 ML H2O + 5 UL (10336+10341) + COMM VOAS STD 1819



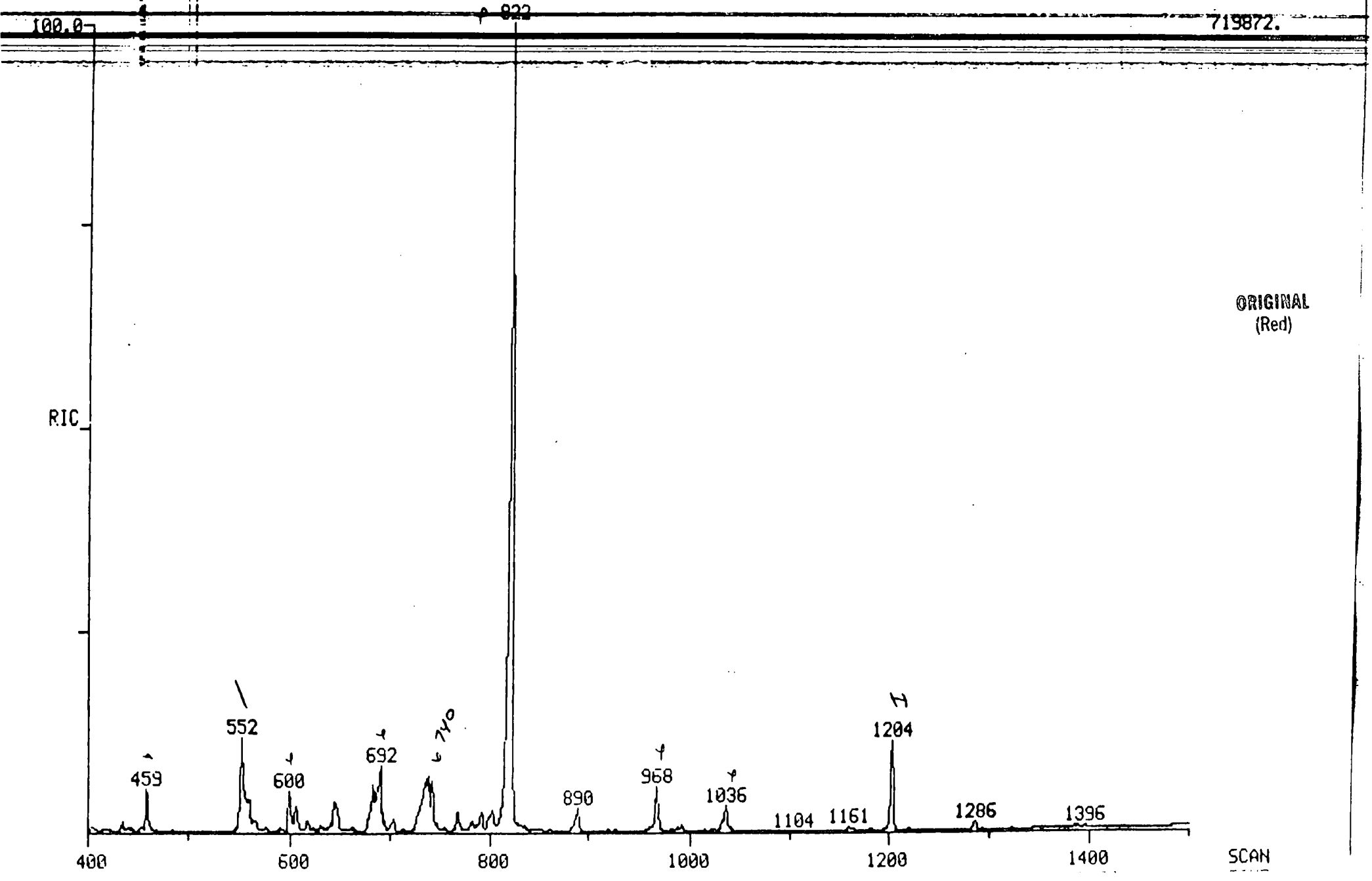
MEAD COMPUCHEM

RIC

DATA: AD014717A08 SCANS 400 TO 1500

11/14/83 12:38:00

SAMPLE: IUL 14717 ACID 11-8-83 20:1 DILUTION ON #8



ORIGINAL
(Red)

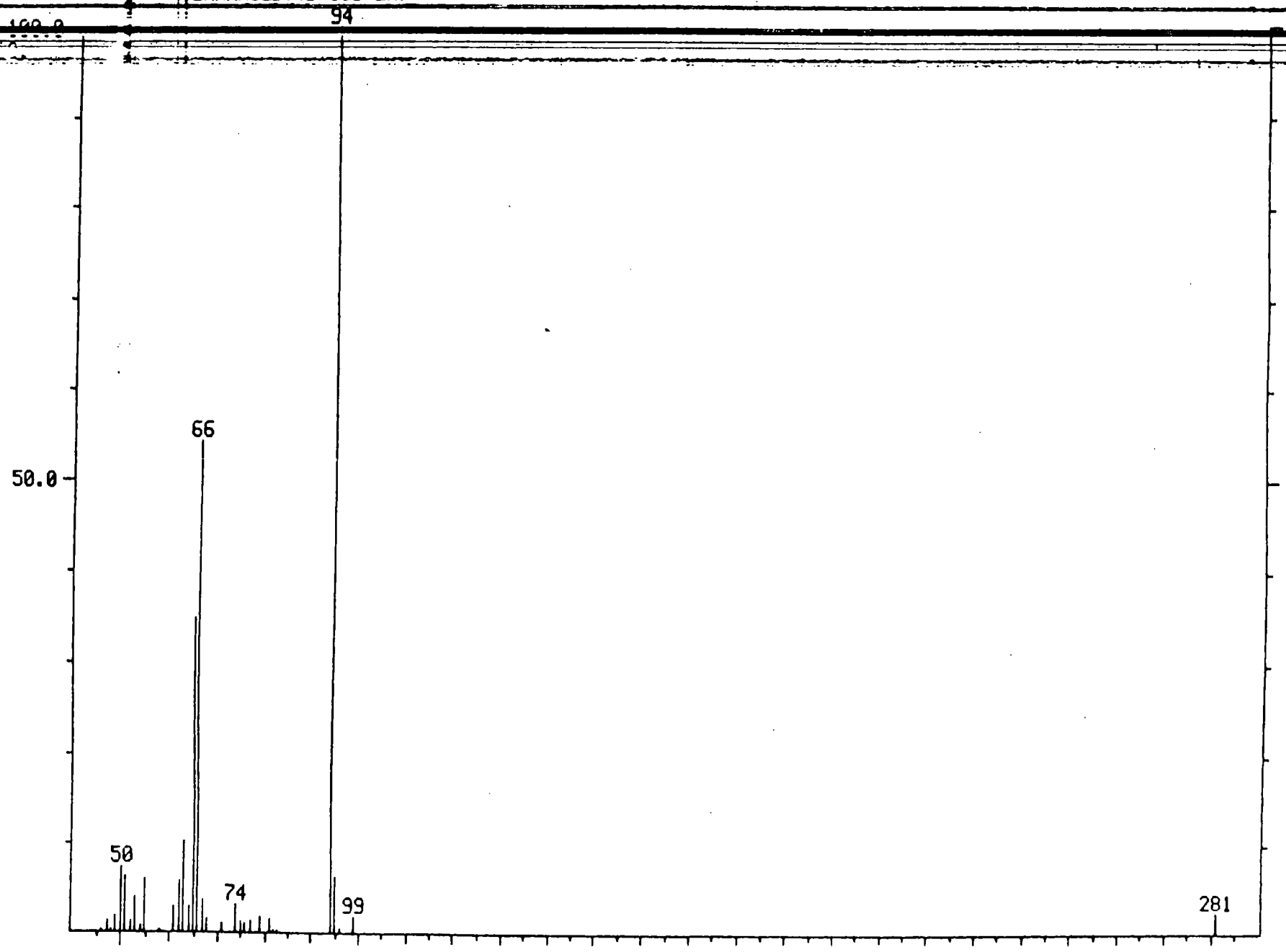
MEAD COMPUCHEM

MASS SPECTRUM DATA: AD014717A08 #552 BASE M/E: 94

11/14/83 12:38:00 + 6.54 RIC: 60672.

SAMPLE: 1UL 14717 ACID 11-8-83 20:1 DILUTION ON-#8

ENHANCED (S 15B 2N)



ORIGINAL (Red)

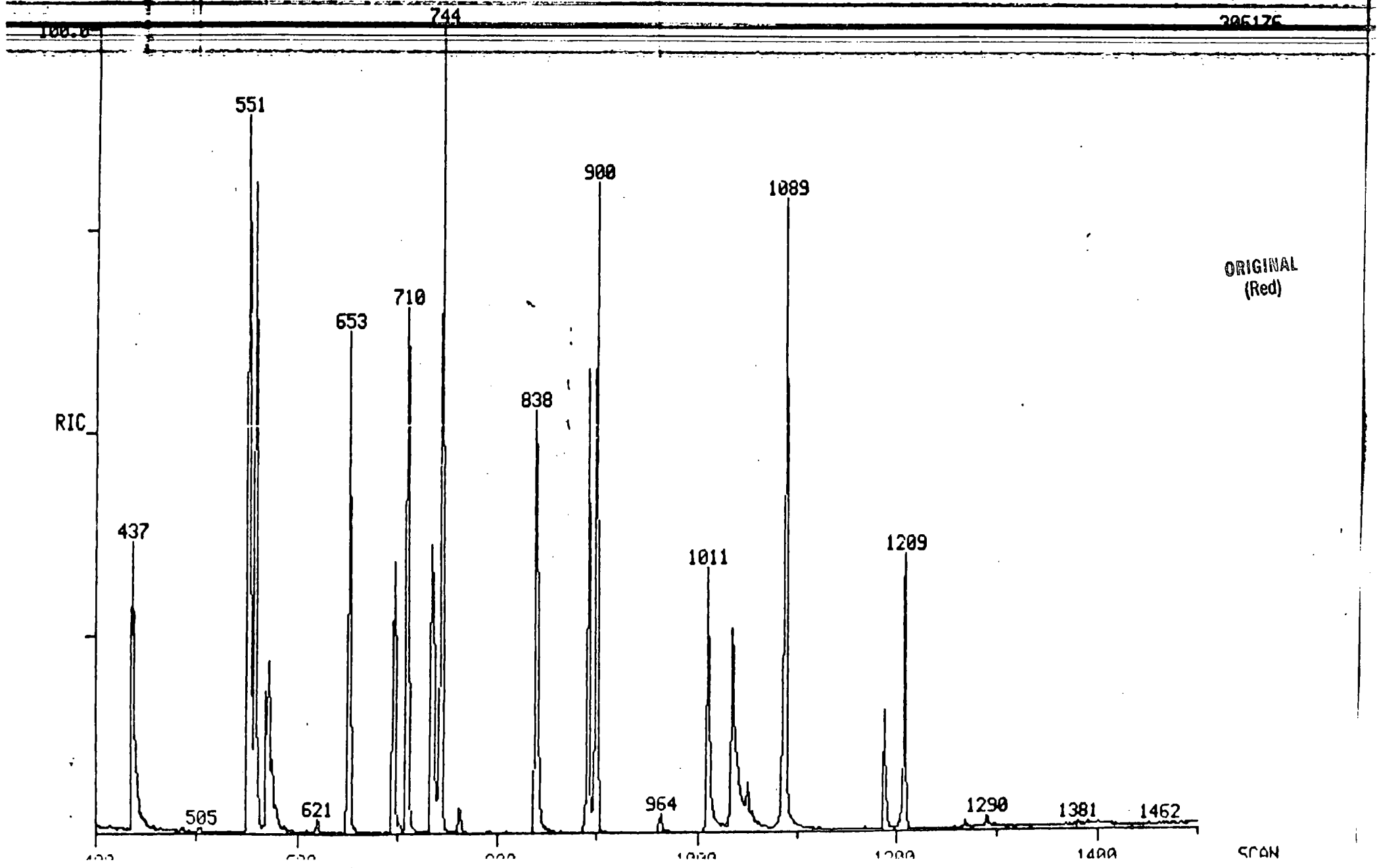
MEAD COMPUCHEM

RIC

DATA: AS831114A08 SCANS 400 TO 1500

11/14/83 10:15:00

SAMPLE: 1UL ACID STD SOL LOT 10353(3303) ON #8



ORIGINAL
(Red)

MEAD COMPUCHEM

RIC

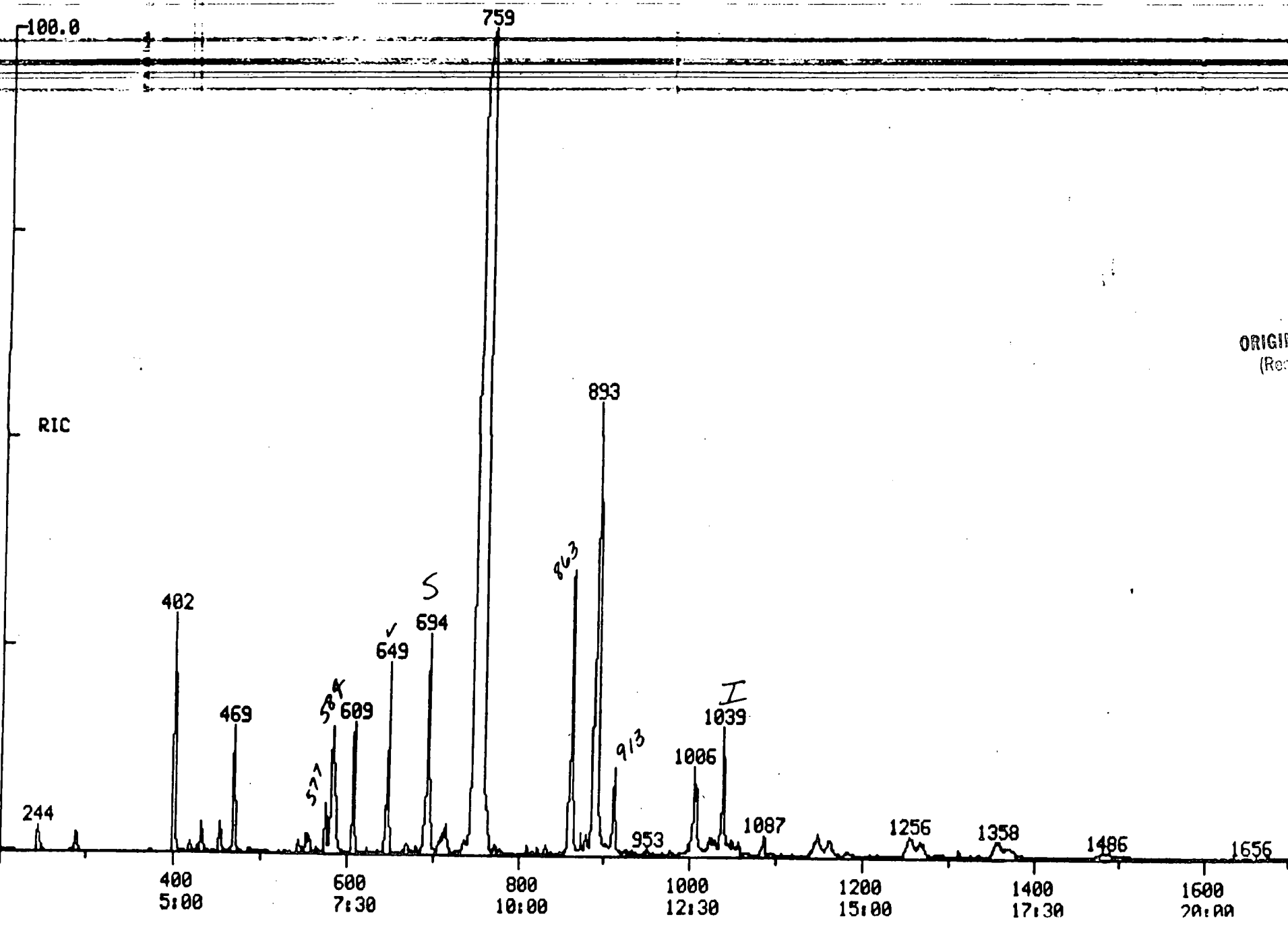
11/10/83 7:24:00

SAMPLE: 1 UL 14717(11/8) 20:1 DIL OWA #15

DATA: BJ014717C15

SCANS 200 TO 1700

OUT OF 200 TO 1900



ORIGINAL
(Red)

HEAD COMPUCHEM

RIC DATA: BJ014717C15 SCANS 1700 TO 1900

11/10/83 7:24:00 OUT OF 200 TO 1900

SAMPLE: 1 UL 14717(11/8) 20:1 DIL DWA W15

750592.

ORIGINAL
(Red)

1800

SCAN

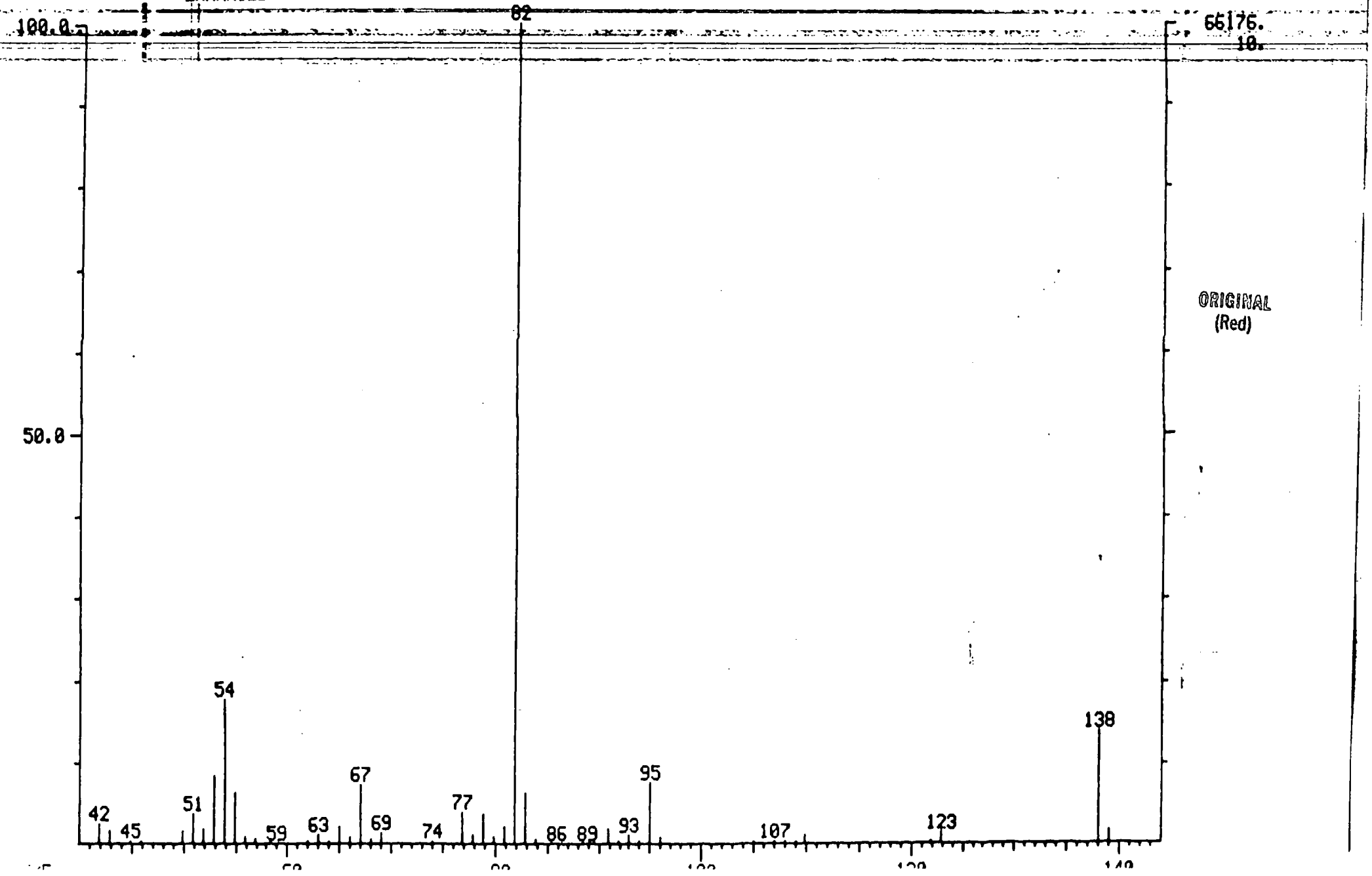
MEAD COMPUCHEM

MASS SPECTRUM DATA: BJ014717CI5 #649 BASE M/E: 82

11/10/83 7:24:00 + 8:07 RIC: 138496.

SAMPLE: 1 UL 14717(11/8) 20:1 DIL OWA #15

ENHANCED (S 15B 2N)



ORIGINAL
(Red)

MEAD COMPUCHEM

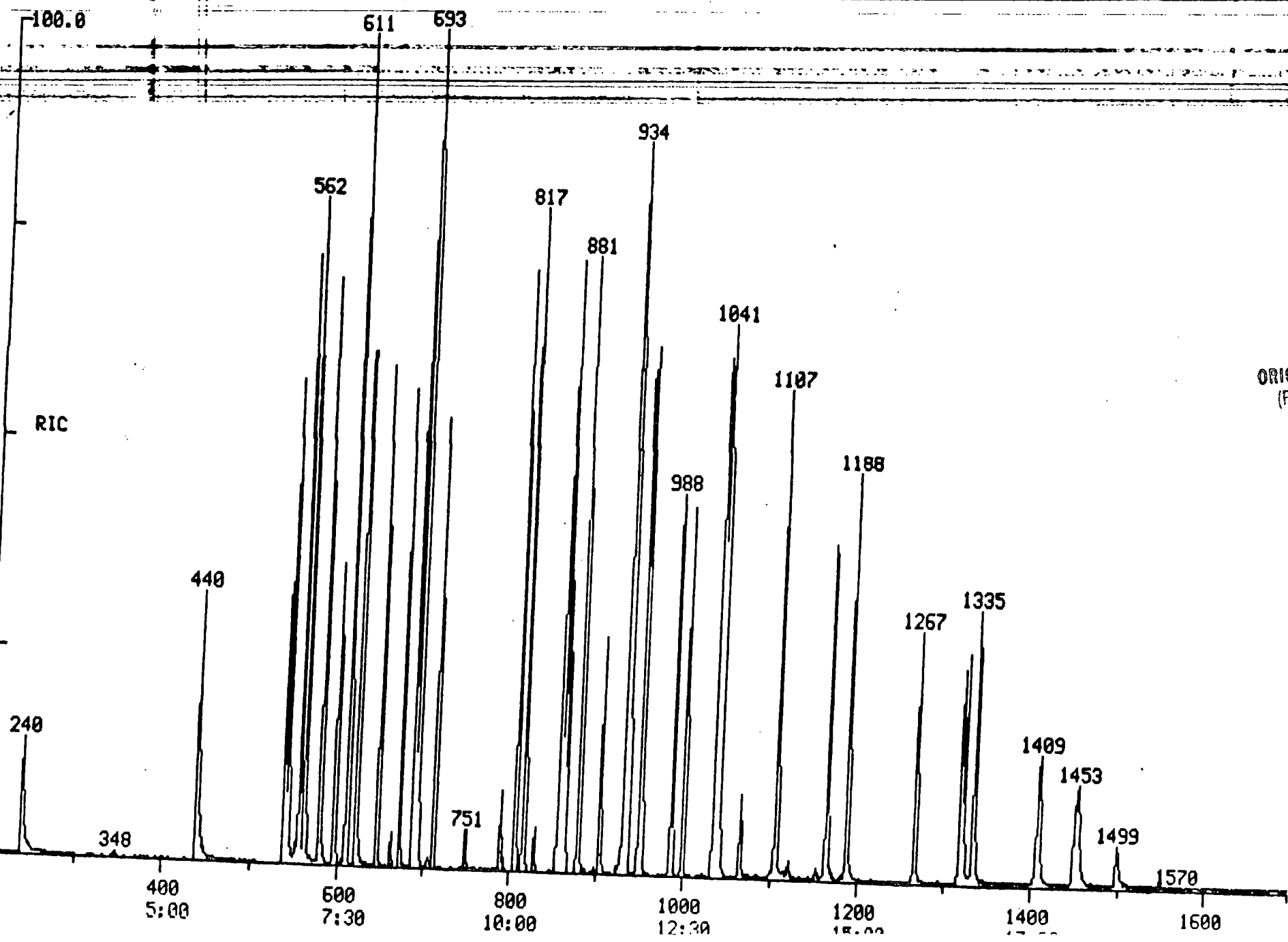
DATA: BT831110C15

11/10/83 6:42:00

SAMPLE: 1UL BN STD #10354-2345 ON #15

SCANS 200 TO 1700

OUT OF 200 TO 2200



ORIGINAL
(Red)

MEAD COMPUCHEM

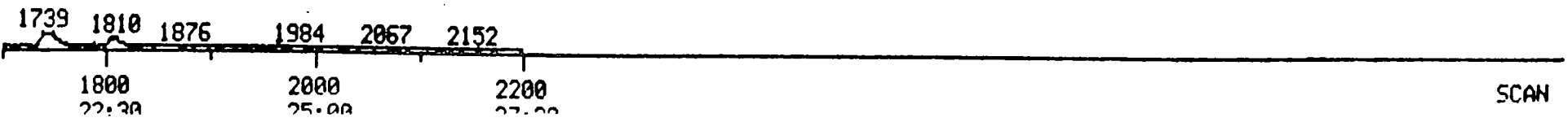
RIC
11/10/83 6:42:00
SAMPLE: 1UL BN STD #10354-2345 ON *#15

DATA: BT831110C15

SCANS 1700 TO 2200
OUT OF 200 TO 2200

135936.

ORIGINAL
(Red)



ORIGINAL
(Red)

EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 7041
COMPUCHEM SAMPLE NUMBER: 26752

VOLATILE ORGANICS	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)	SCAN NUMBER
1V. CHLOROMETHANE	1900	500	63
2V. VINYL CHLORIDE	BDL	500	
3V. CHLOROETHANE	BDL	500	
4V. BROMOMETHANE	BDL	500	
5V. ACROLEIN	BDL	5000	
6V. ACRYLONITRILE	BDL	5000	
7V. METHYLENE CHLORIDE	550 (BG)†	500	225
8V. TRICHLOROFLUOROMETHANE	BDL	500	
9V. 1,1-DICHLOROETHYLENE	BDL	500	
10V. 1,1-DICHLOROETHANE	BDL	500	
11V. TRANS-1,2-DICHLOROETHYLENE	BDL	500	
12V. CHLOROFORM	BDL	500	
13V. 1,2-DICHLOROETHANE	320(1)	500	407
14V. 1,1,1-TRICHLOROETHANE	BDL	500	
15V. CARBON TETRACHLORIDE	BDL	500	
16V. BROMODICHLOROMETHANE	BDL	500	
17V. 1,2-DICHLOROPROPANE	BDL	500	
18V. TRANS-1,3-DICHLOROPROPENE	BDL	500	
19V. TRICHLOROETHYLENE	BDL	500	
20V. BENZENE	BDL	500	
21V. CIS-1,3-DICHLOROPROPENE	BDL	500	
22V. 1,1,2-TRICHLOROETHANE	BDL	500	
23V. DIBROMOCHLOROMETHANE	BDL	500	
24V. BROMOFORM	BDL	500	
25V. 1,1,2,2-TETRACHLOROETHYLENE	BDL	500	
26V. 1,1,2,2-TETRACHLOROETHANE	BDL	500	
27V. TOLUENE	3800	500	760
28V. CHLOROBENZENE	BDL	500	
29V. ETHYLBENZENE	330(1)	500	903
30V. 2-CHLOROETHYL VINYL ETHER	BDL	500	

BDL=BELOW DETECTION LIMIT
*Sample analyzed using a 50:1 dilution, thus the higher than normal detection limits.

†See Quality Control Notice

(1) Although below the reporting detection limits, compound was confirmed to be present and is reported for completeness.

ORIGINAL
(Red)

QUALITY CONTROL NOTICE

Although not required by the Federal Register, December 3, 1979 Volatile Method 624 procedure, the laboratory prepares VOA blanks when compositing water samples and preparing low and medium level hazardous waste EPA VOA samples. This is to insure that the glassware used is free from contamination, and to monitor the possibility of cross-contamination from high levels of volatile organic compounds in some samples and the laboratory atmosphere.

The compositing or method blank prepared with this CompuChem® sample, # 26752 , contained the compounds and concentrations listed below. The concentration in the associated sample has been adjusted and the data flagged with a qualifier.

Compound	Blank Concentration	Sample Concentration	Adjusted Sample Concentration	Applicable Qualifier
Methylene Chloride	69	620	550	BG

The following data qualifiers are used by EPA and adopted by CompuChem® for reporting purposes:

BG = The concentration in the blank is greater than ½ of the method detection limit and is less than or equal to ½ the concentration detected in a sample; the concentration in the blank is subtracted from the sample.

ORIGINAL
(Red)

EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 7041
COMPUCHEM SAMPLE NUMBER: 26752

	ACID EXTRACTABLE ORGANICS	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)	SCAN NUMBER
1A.	PHENOL	2000(2)	250	661
2A.	2-CHLOROPHENOL	BDL	250	
3A.	2-NITROPHENOL	8600(2)	250	823
4A.	2,4-DIMETHYLPHENOL	BDL	250	
5A.	2,4-DICHLOROPHENOL	BDL	250	
6A.	P-CHLORO-M-CRESOL	BDL	250	
7A.	2,4,6-TRICHLOROPHENOL	BDL	250	
8A.	2,4-DINITROPHENOL	BDL	2500	
9A.	4-NITROPHENOL	550	250	1144
10A.	4,6-DINITRO-O-CRESOL	BDL	2500	
11A.	PENTACHLOROPHENOL	BDL	250	

BDL = BELOW DETECTION LIMIT
*Sample analyzed using a 10:1 dilution because of the presence of large amounts of non-priority pollutant material, thus the higher than normal detection limits.

(2) Quantitated using secondary ion

(Red)
ORIGINAL
(Red)

EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 7041
COMPUCHEM SAMPLE NUMBER: 26752

	BASE-NEUTRAL EXTRACTABLE ORGANICS	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)	SCAN NUMBER
1B.	N-NITROSODIMETHYLAMINE	BDL	100	
2B.	BIS (2-CHLOROETHYL) ETHER	BDL	100	
3B.	1,3-DICHLOROBENZENE	BDL	100	
4B.	1,4-DICHLOROBENZENE	BDL	100	
5B.	1,2-DICHLOROBENZENE	BDL	100	
6B.	BIS (2-CHLOROISOPROPYL) ETHER	BDL	100	
7B.	HEXACHLOROETHANE	BDL	100	
8B.	N-NITROSODI-N-PROPYLAMINE	BDL	100	
9B.	NITROBENZENE	BDL	100	
10B.	ISOPHORONE	1100(2)	100	934
11B.	BIS(2-CHLOROETHOXY) METHANE	BDL	100	
12B.	1,2,4-TRICHLOROBENZENE	BDL	100	
13B.	NAPHTHALENE	26	100	1010
14B.	HEXACHLOROBUTADIENE	BDL	100	
15B.	HEXACHLOROCYCLOPENTADIENE	BDL	100	
16B.	2-CHLORONAPHTHALENE	BDL	100	
17B.	DIMETHYLPHTHALATE	BDL	100	
18B.	ACENAPHTHYLENE	BDL	100	
19B.	2,6-DINITROTOLUENE	BDL	100	
20B.	ACENAPHTHENE	BDL	100	
21B.	2,4-DINITROTOLUENE	BDL	100	
22B.	DIETHYLPHTHALATE	BDL	100	
23B.	FLUORENE	BDL	100	
24B.	4-CHLOROPHENYL PHENYL ETHER	BDL	100	
25B.	DIPHENYLAMINE (N-NITROSO)	BDL	100	
26B.	1,2-DIPHENYLHYDRAZINE (AZOBENZENE)	BDL	100	
27B.	4-BROMOPHENYL PHENYL ETHER	BDL	100	
28B.	HEXACHLOROBENZENE	BDL	100	

(Continued)

BDL=BELOW DETECTION LIMIT

*Sample analyzed using a 10:1 dilution because of the presence of large amounts of non-priority pollutant material, thus the higher than normal detection limits.

(2) Quantitated using secondary ion

ORIGINAL
(Red)

EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 7041
COMPUCHEM SAMPLE NUMBER: 26752

BASE-NEUTRAL EXTRACTABLE ORGANICS (continued)	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)	SCAN NUMBER
29B. PHENANTHRENE	BDL	100	
30B. ANTHRACENE	BDL	100	
31B. DI-N-BUTYLPHTHALATE	BDL	100	
32B. FLUORANTHENE	BDL	100	
33B. BENZIDINE	BDL	100	
34B. PYRENE	BDL	100	
35B. BUTYLBENZYLPHTHALATE	BDL	100	
36B. BENZO(A)ANTHRACENE	BDL	100	
37B. 3,3'-DICHLOROBENZIDINE	BDL	100	
38B. CHRYSENE	BDL	100	
39B. BIS(2-ETHYLHEXYL)PHTHALATE	BDL	100	
40B. DI-N-OCTYLPHTHALATE	BDL	100	
41B. BENZO(B)FLUORANTHENE	BDL	100	
42B. BENZO(K)FLUORANTHENE	BDL	100	
43B. BENZO(A)PYRENE	BDL	100	
44B. INDENO(1,2,3-C,D)PYRENE	BDL	100	
45B. DIBENZO(A,H)ANTHRACENE	BDL	250	
46B. BENZO(G,H,I)PERYLENE	BDL	250	
	BDL	250	

BDL=BELOW DETECTION LIMIT
*Sample analyzed using a 10:1 dilution because of the presence of large amounts of non-priority pollutant material, thus the higher than normal detection limits.

ORIGINAL
(Red)

EXHIBIT II - COMPOUND LIST

SAMPLE IDENTIFIER: 7041
COMPUCHEM SAMPLE NUMBER: 26752

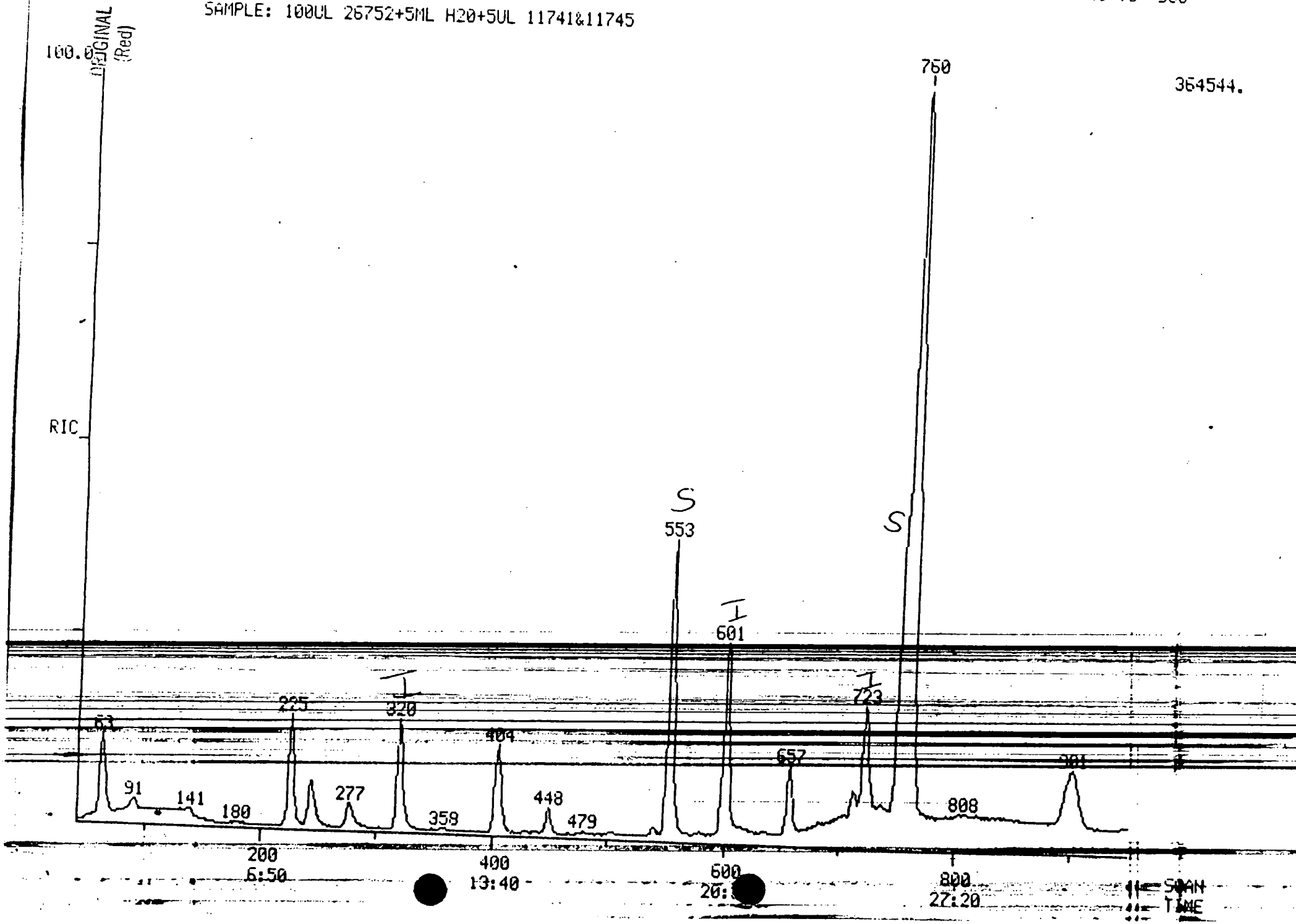
PESTICIDES/PCB'S	CONCENTRATION (UG/L)	DETECTION* LIMIT (UG/L)
1P. ALDRIN	BDL	100
2P. ALPHA-BHC	BDL	100
3P. BETA-BHC	BDL	100
4P. GAMMA-BHC	BDL	100
5P. DELTA-BHC	BDL	100
6P. CHLORDANE	BDL	100
7P. 4,4'-DDT	BDL	100
8P. 4,4'-DDE	BDL	100
9P. 4,4'-DDD	BDL	100
10P. DIELDRIN	BDL	100
11P. ENDOSULFAN I	BDL	100
12P. ENDOSULFAN II	BDL	100
13P. ENDOSULFAN SULFATE	BDL	100
14P. ENDRIN	BDL	100
15P. ENDRIN ALDEHYDE	BDL	100
16P. HEPTACHLOR	BDL	100
17P. HEPTACHLOR EPOXIDE	BDL	100
18P. PCB-1242	BDL	100
19P. PCB-1254	BDL	100
20P. PCB-1221	BDL	100
21P. PCB-1232	BDL	100
22P. PCB-1248	BDL	100
23P. PCB-1260	BDL	100
24P. PCB-1016	BDL	100
25P. TOXAPHENE	BDL	100

BDL=BELOW DETECTION LIMIT
*Sample analyzed using a 10:1 dilution because of the presence of large amounts of non-priority pollutant material, thus the higher than normal detection limits.

RIC
05/15/84 21:54:00
SAMPLE: 100UL 26752+5ML H20+5UL 11741&11745

MEAD COMPUCHEM
DATA: VN026752B13

SCANS 40 TO 950

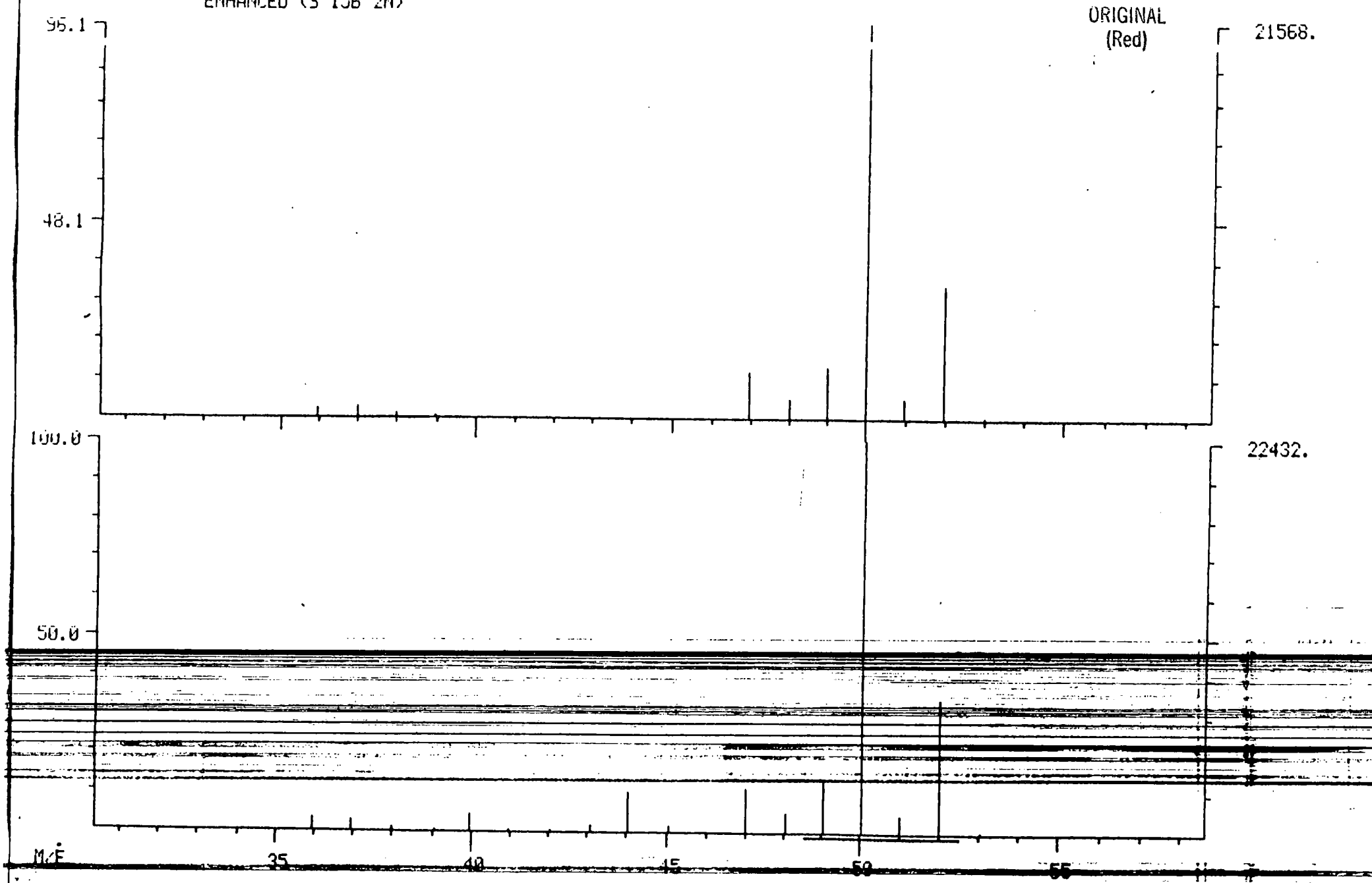


MEAS COMPUCHEM

DUAL MASS SPECTRUM
05/15/84 21:54:00 + 2:09
SAMPLE: 100UL 26752+5ML H20+5UL 11741&11745
ENHANCED (S 156 2N)

DATA: VH026752B13 #63

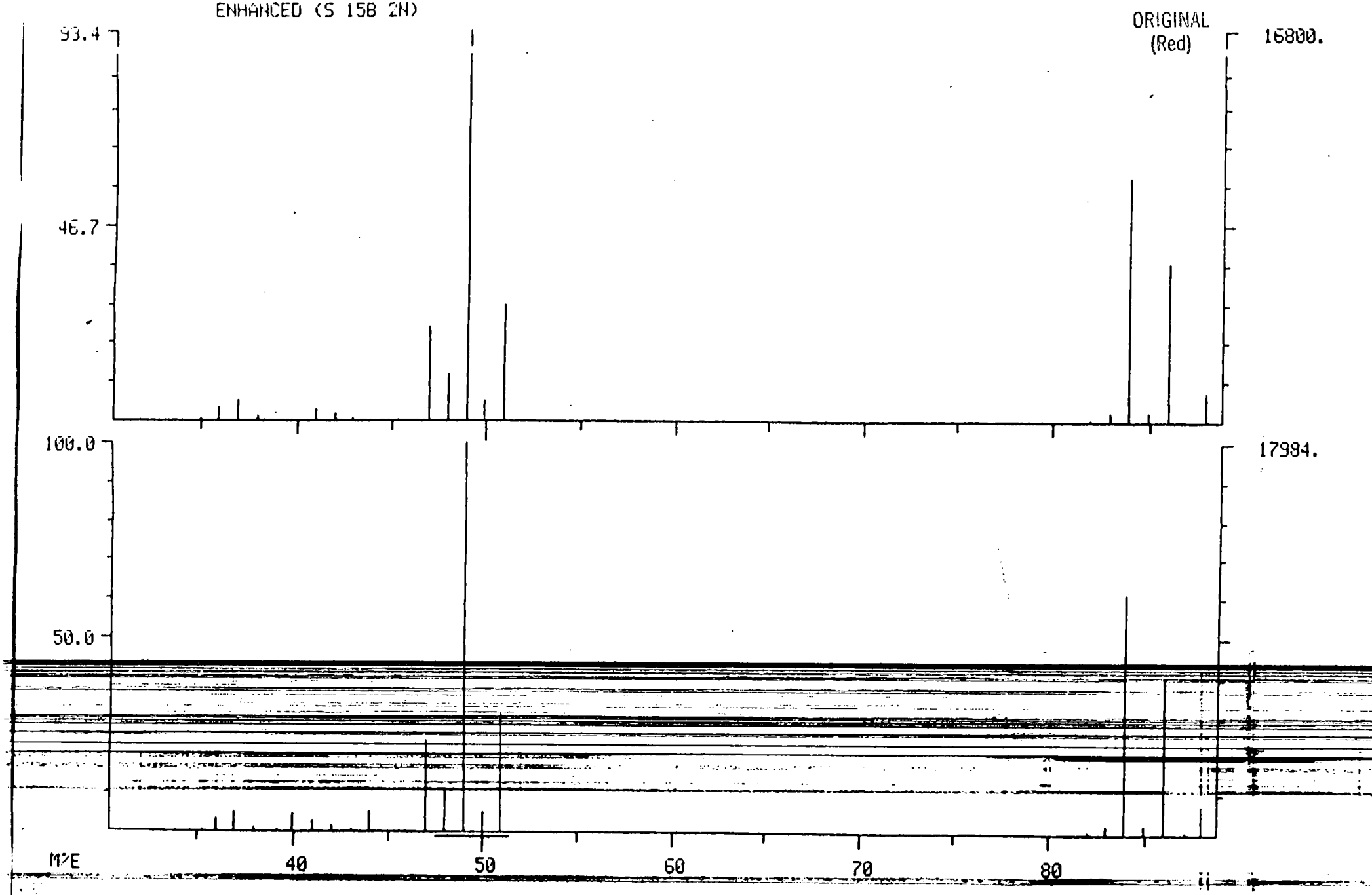
BASE M/E: 50/ 50
RIC: 37823./ 43903.



MEAD COMPUCHEM

DUAL MASS SPECTRUM
05/15/84 21:54:00 + 7:41
SAMPLE: 100UL 26752+5ML H20+5UL 11741&11745
ENHANCED (S 15B 2N)

DATA: VN02E752B13 #225 BASE M/E: 49/ 49
RIC: 50815./ 55743.

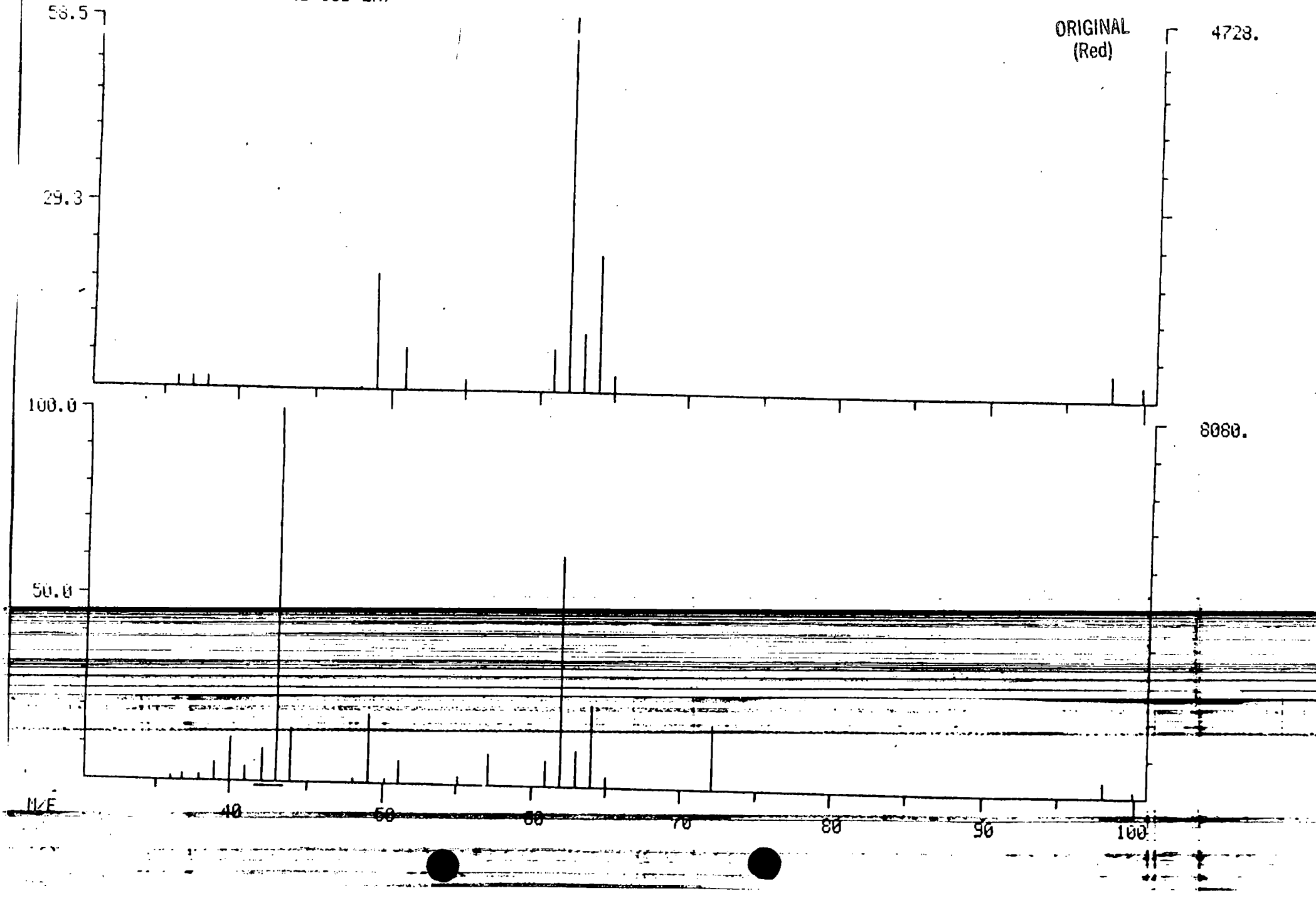


0.215

MEAD COMPUCHEM

DUAL MASS SPECTRUM
05/15/84 21:54:00 + 13:54
SAMPLE: 100UL 26752+5ML H20+5UL 11741&11745
ENHANCED (S 15B 2N)

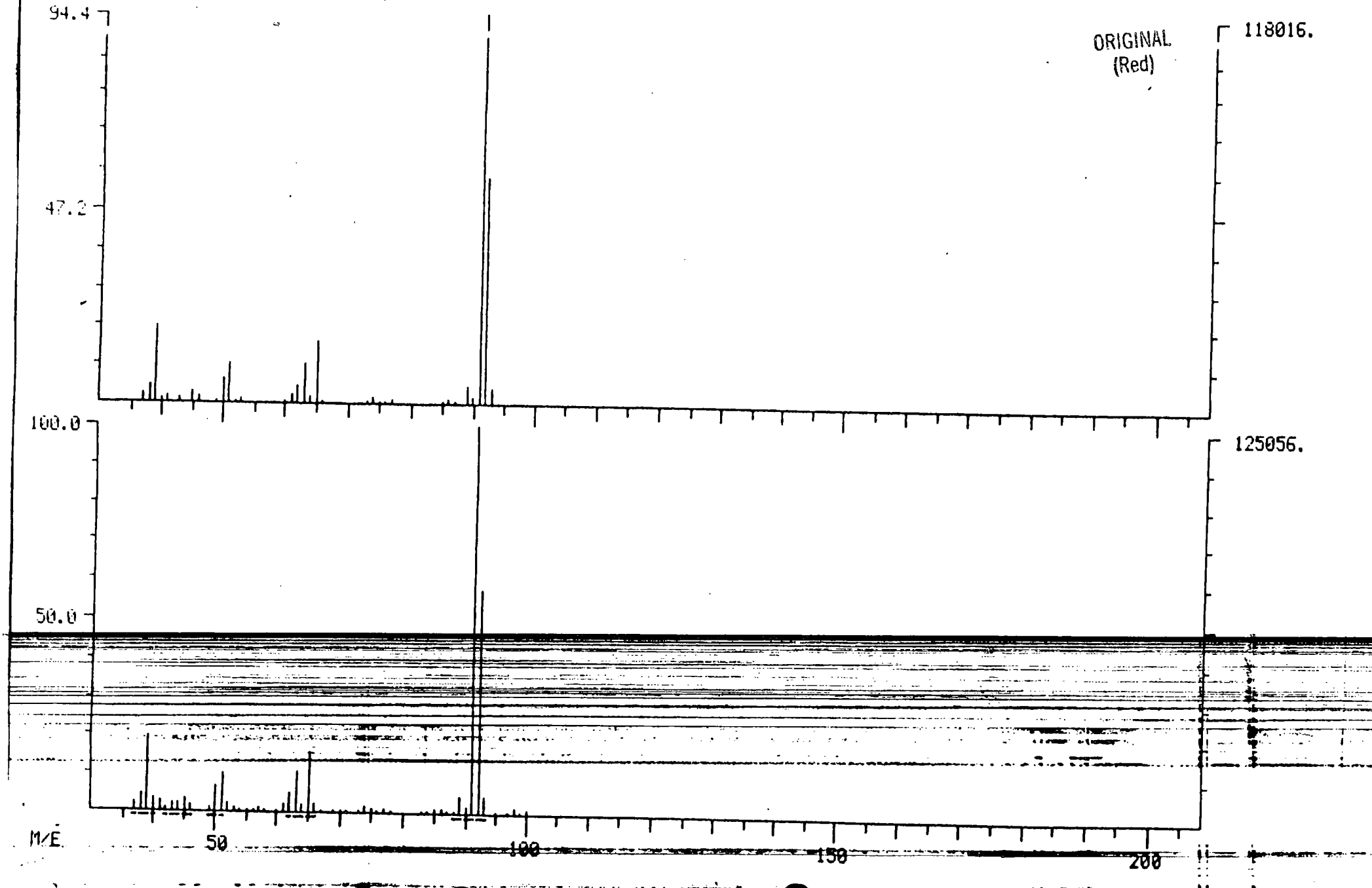
DATA: VH026752B13 #407 BASE M/E: 62/ 43
RIC: 11023./ 25215.



MEAD COMPUCHEM

DUAL MASS SPECTRUM
05/15/84 21:54:00 + 25:58
SAMPLE: 100UL 26752+5ML H20+5UL 11741&11745
ENHANCED (S 15B 2N)

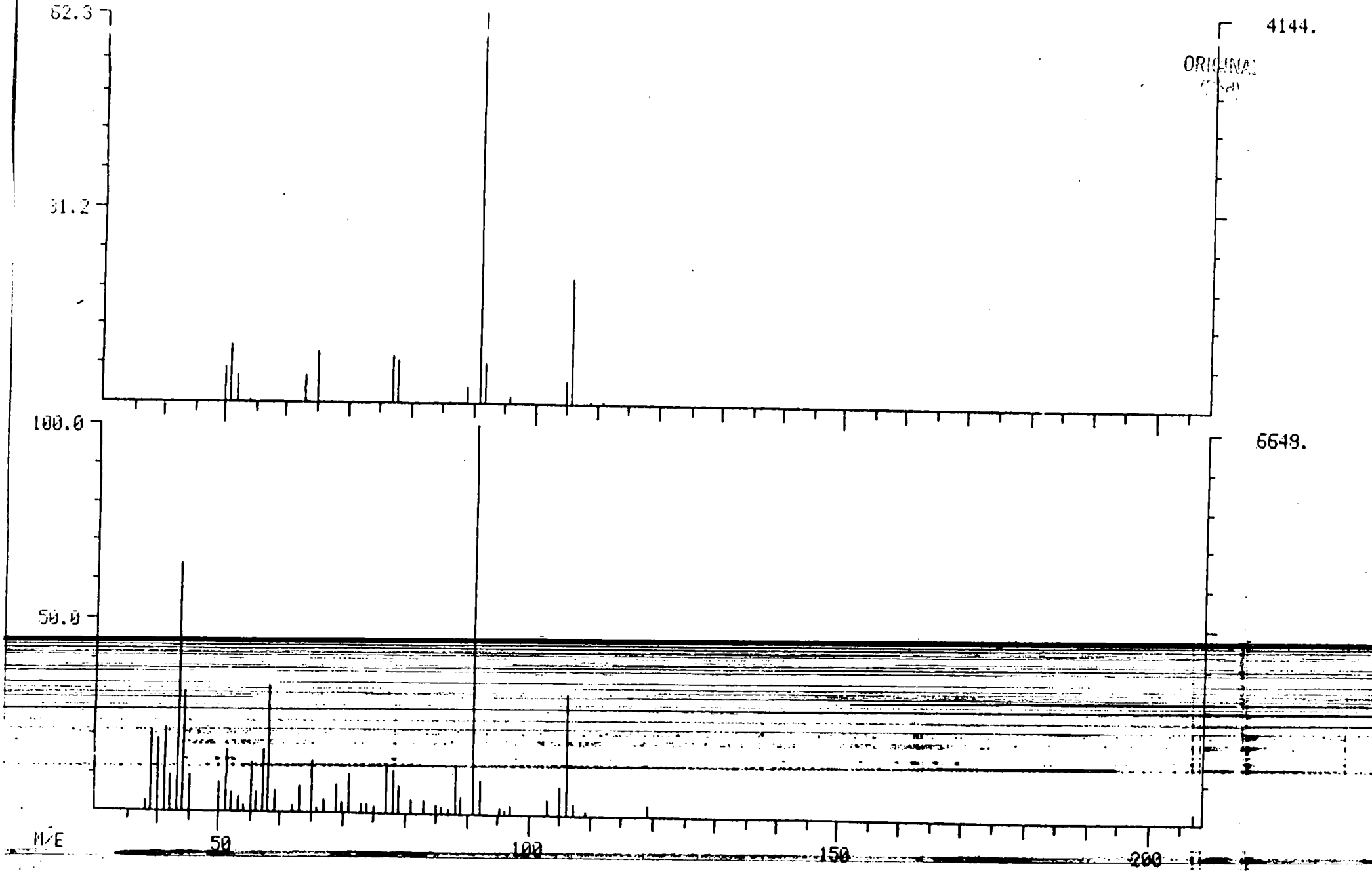
DATA: VN026752B13 #760 BASE M/E: 91/ 91
RIC: 310271./ 364543.



MEAD COMPUCHEM

DUAL MASS SPECTRUM
05/15/84 21:54:00 + 30:51
SAMPLE: 100UL 26752+5ML H20+5UL 11741&11745
ENHANCED (S 15B 2N)

DATA: UN026752B13 #903 BASE M/E: 91/ 91
RIC: 9455./ 37823.



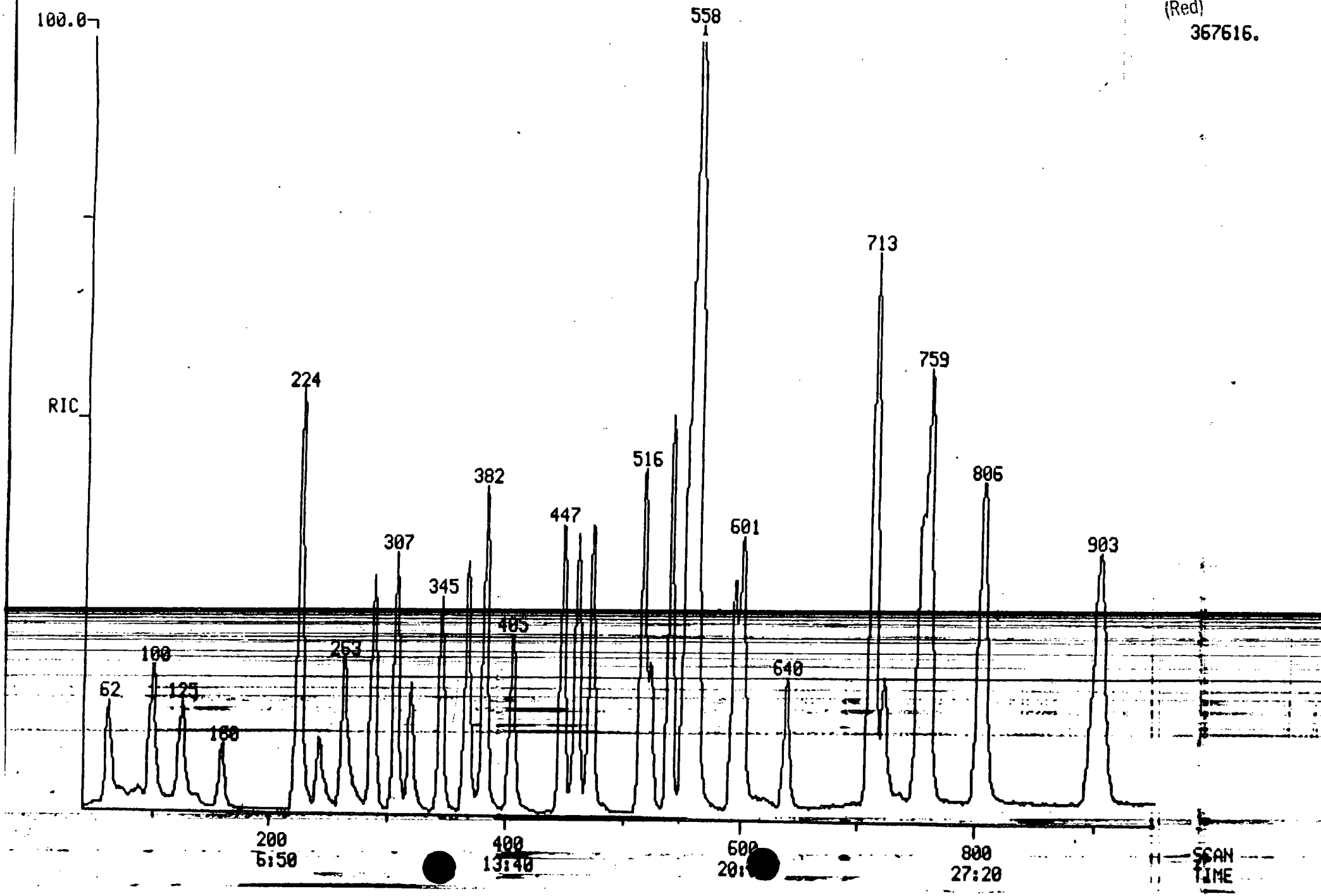
MEAD COMPUCHEM

RIC
05/15/84 16:16:00
SAMPLE: 5ML H20+STD.1819

DATA: VS840515B13

SCANS 40 TO 950

ORIGINAL
(Red)
367616.

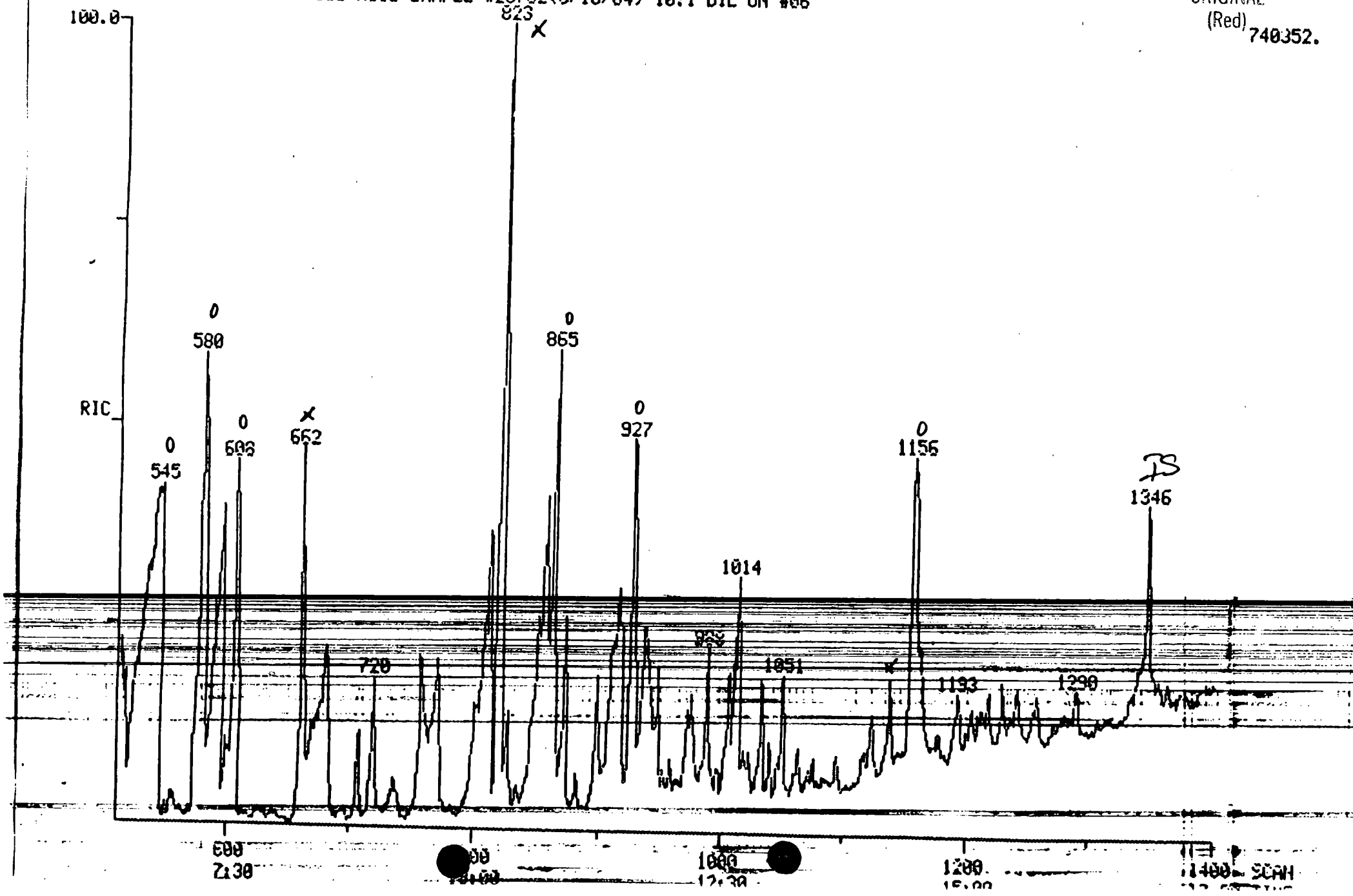


RIC
05/25/84 0:47:00
SAMPLE: 1UL ACID SAMPLE #26752(5/10/84) 10:1 DIL ON #06

MEAD COMPUCHEM
COMPUCHEM DATA: AD026752C06 SCANS 508 TO 1400

ORIGINAL

ORIGINAL
(Red) 740352.



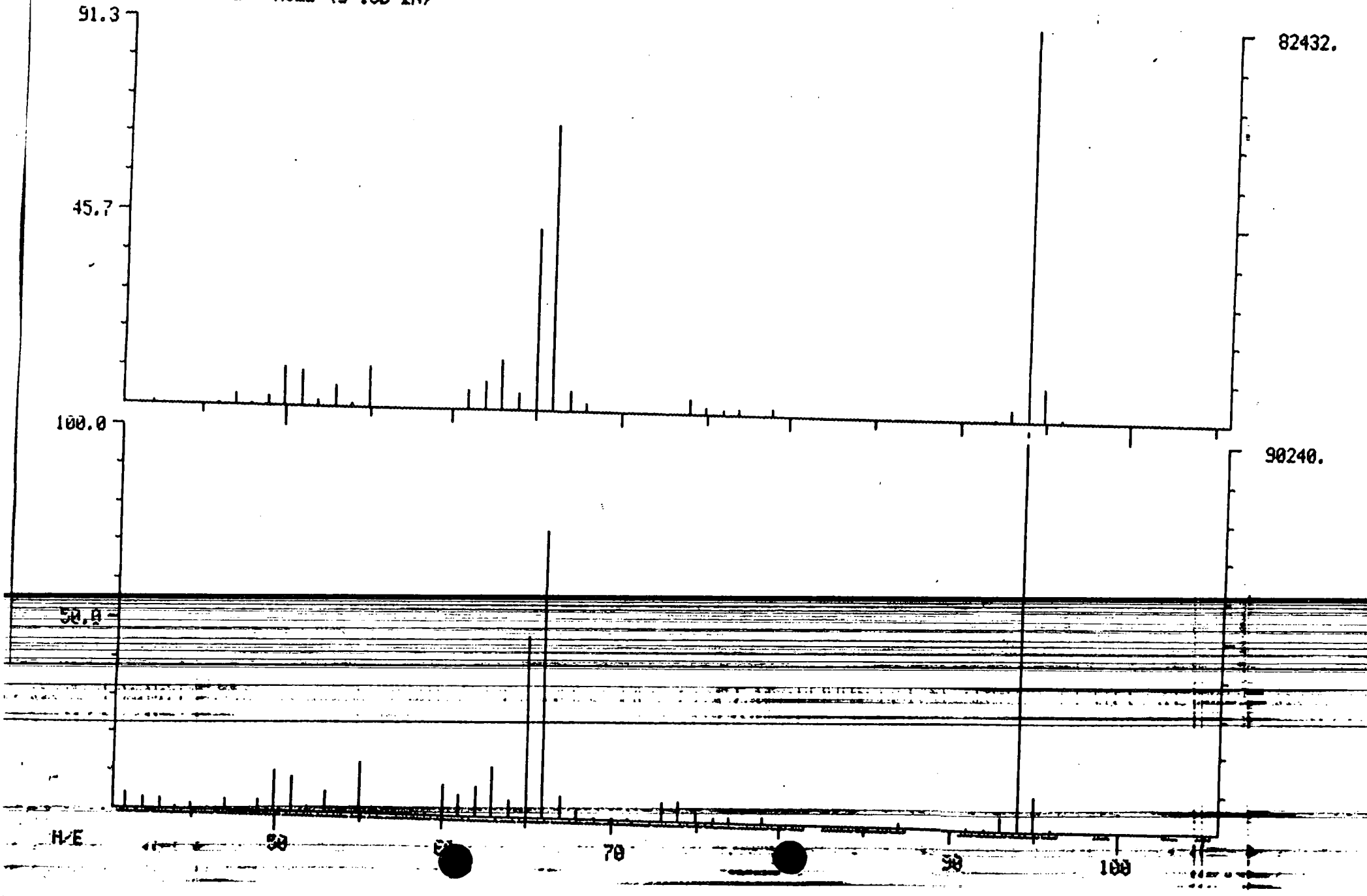
610

MEAD COMPUCHEM

ORIGINAL

DUAL MASS SPECTRUM
05/25/84 0:47:00 + 8:16
SAMPLE: 1UL ACID SAMPLE #26752(5/10/84) 10:1 DIL ON #06
ENHANCED (S 15B 2N)

DATA: AD026752C06 #661 BASE M/E: 34(d) 34
RIC: 268799./ 330239.



606

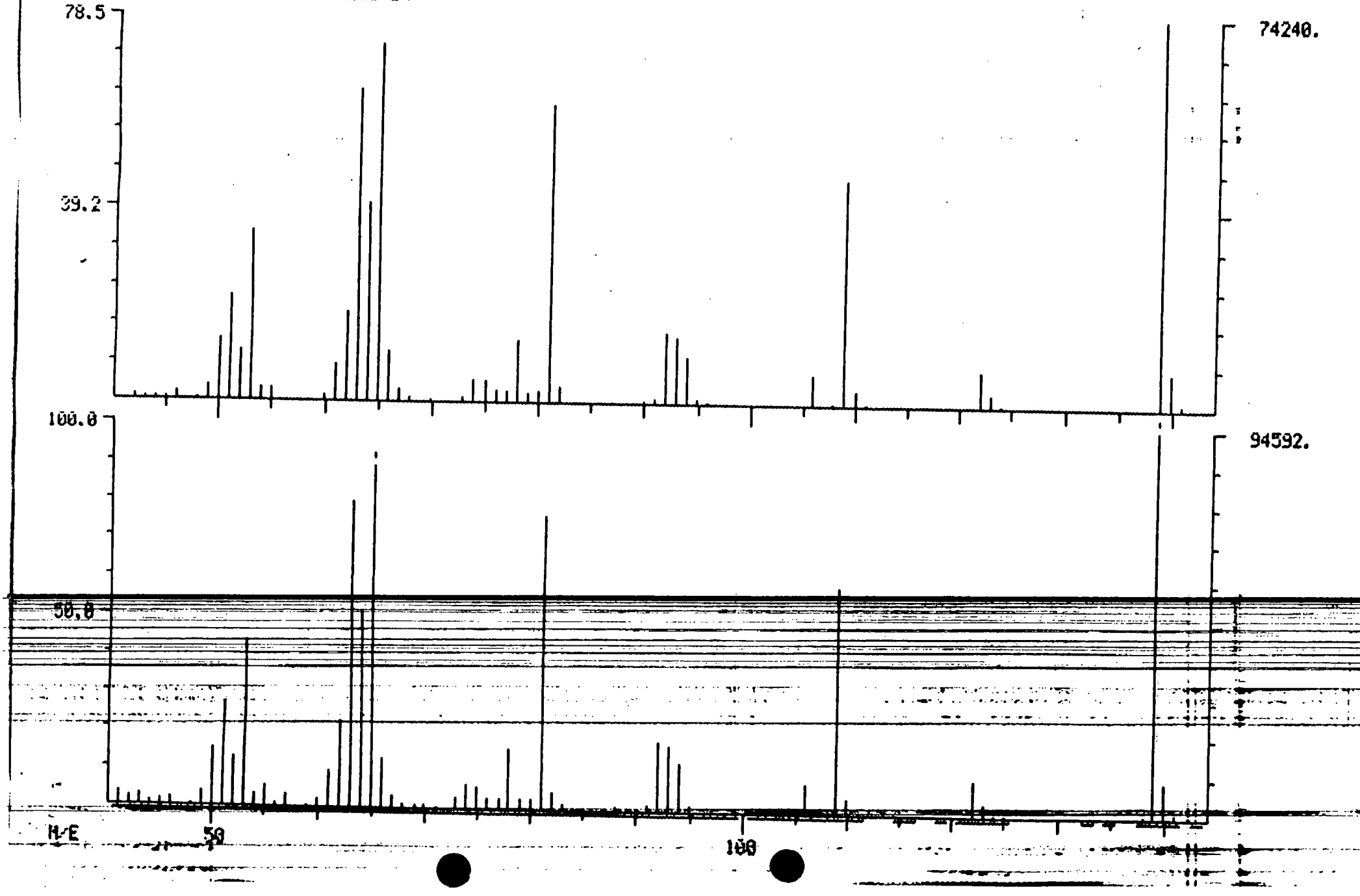
MEAD COMPUCHEM

ORIGINAL

DUAL MASS SPECTRUM
05/25/84 0:47:00 + 10:17
SAMPLE: 1UL ACID SAMPLE #26752(5/10/84) 10:1 DIL ON #06
ENHANCED (S 15B 2N)

DATA: AD026752C06 #823

BASE M/E: 139/ 1(99d)
RIC: 561151./ 735231.



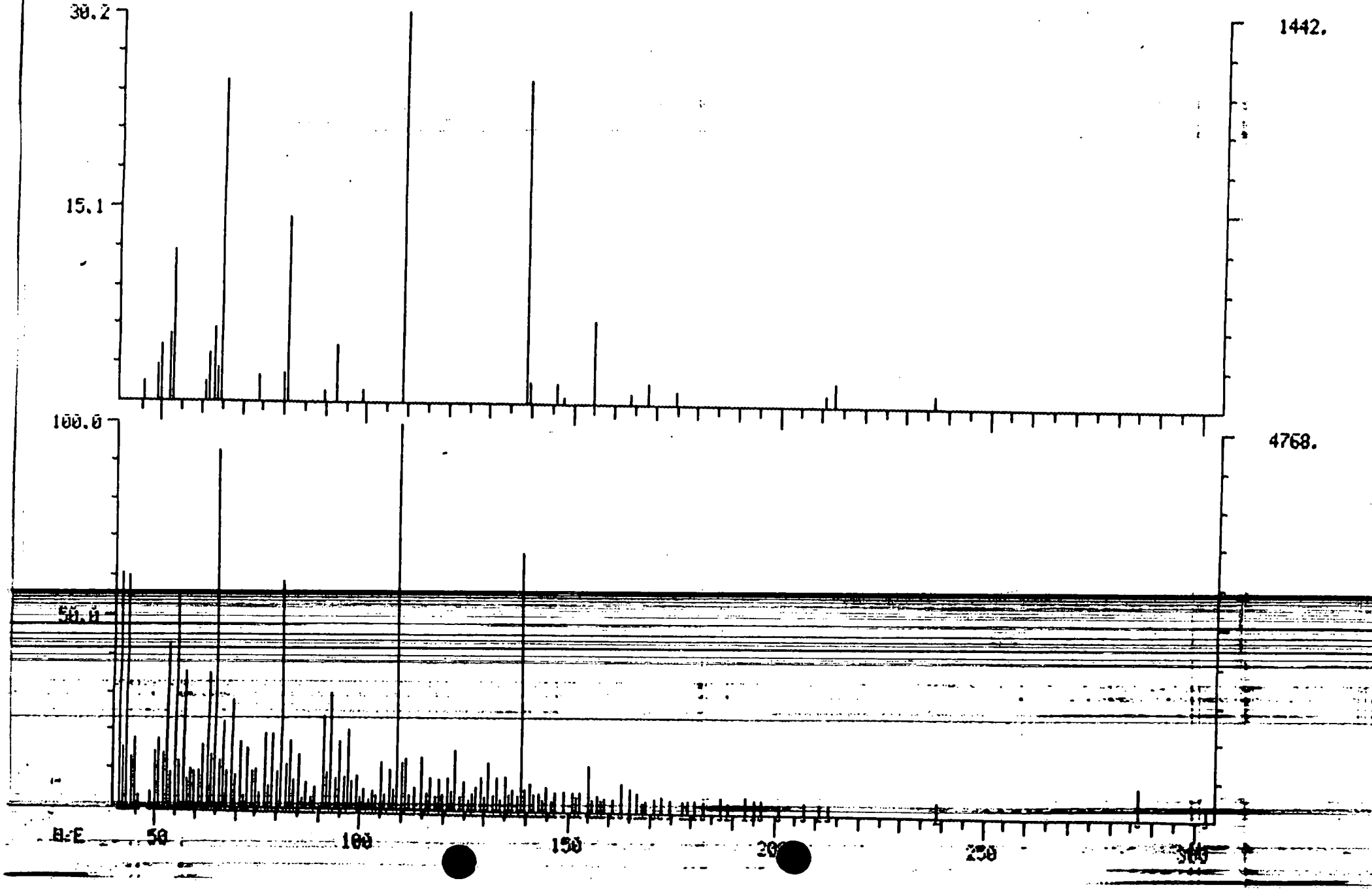
607

ORIGINAL
(Red)

MEAD COMPUCHEM

DUAL MASS SPECTRUM
05/25/84 0:47:00 + 14:18
SAMPLE: 1UL ACID SAMPLE #26752(5/10/84) 10:1 DIL ON #06
ENHANCED (S 15B 2N)

DATA: AD026752C08 #1144 BASE M/E: 103/ 103
RIC: 7743./ 78079.

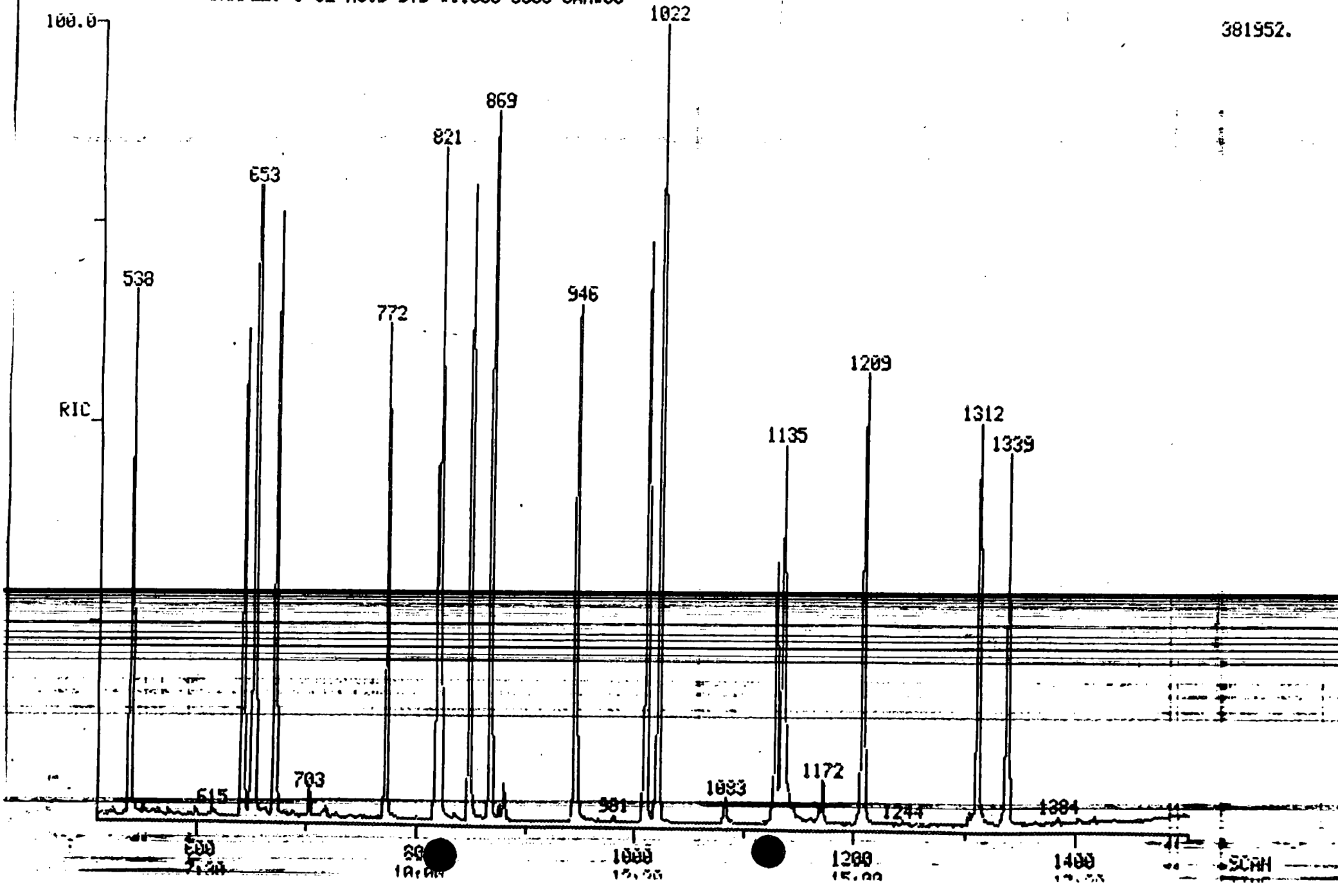


ORIGINAL
(Red)

MEAD COMPUCHEM

RIC
05/24/84 23:19:00
SAMPLE: 1 UL ACID STD #11806-3303 OWA#06

COMPUCHEM DATA: AS840524B06 SCANS 508 TO 1500

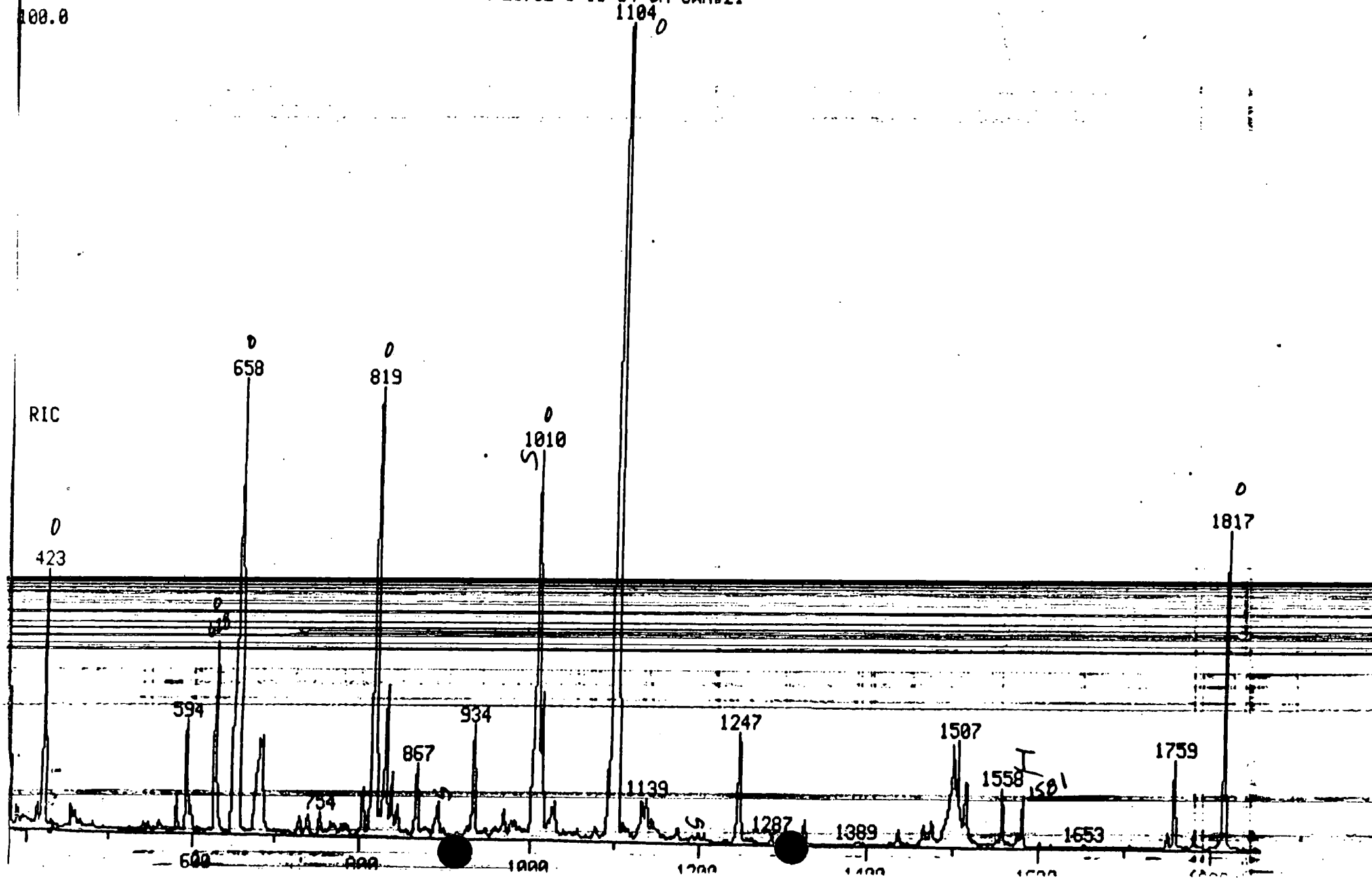


ORIGINAL
(Red)

MEAD COMPUCHEM

RIC
05/25/84 14:02:00
SAMPLE: 1 UL B/N 10:1 DILUTION 26752 5-10-84 ON OWA#21

COMPUCHEM DATA: BD026752A21 SCANS 358 TO 1858
OUT OF 358 TO 3000



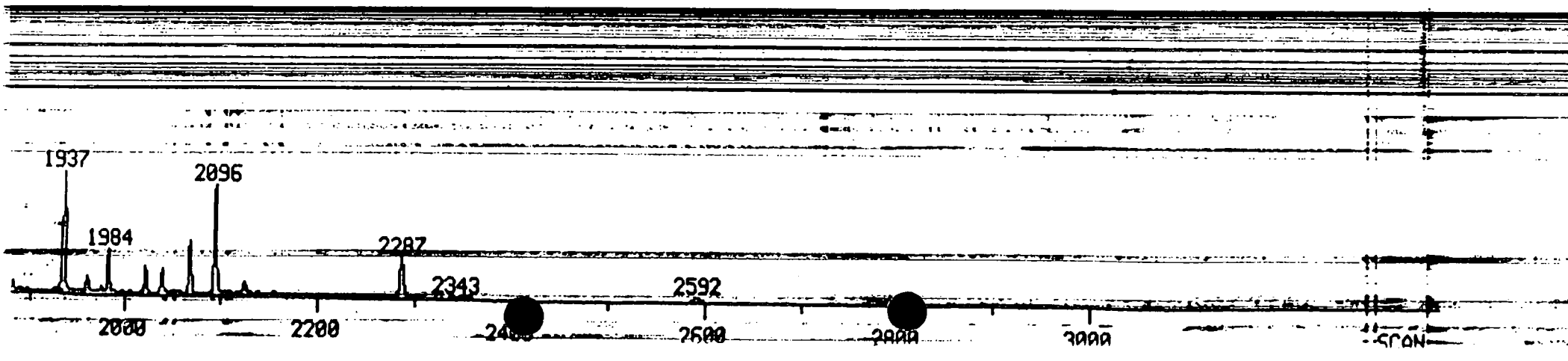
ORIGINAL
(Red)

MEAD COMPUCHEM

RIC
05/25/84 14:02:00
SAMPLE: 1 UL B/N 10:1 DILUTION 26752 5-10-84 ON OWA#21

COMPUCHEM DATA: BD026752A21 SCANS 1858 TO 3000
OUT OF 358 TO 3000

1454070.



438

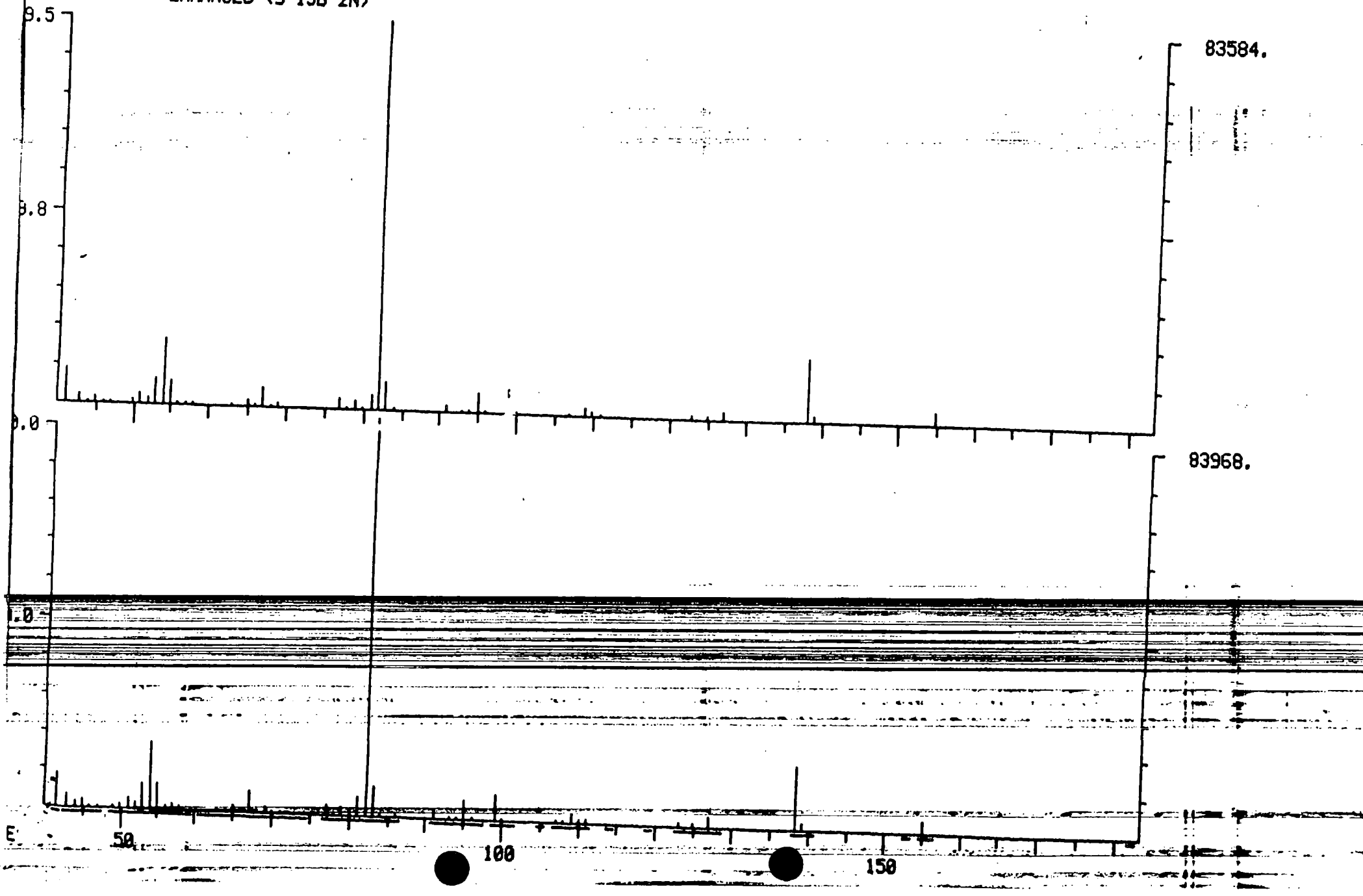
ORIGINAL
(Red)

MEAD COMPUCHEM

DUAL MASS SPECTRUM
05/25/84 14:02:00 + 11:40
SAMPLE: 1 UL B/N 10:1 DILUTION 26752 5-10-84 ON OWA#21
ENHANCED (S 15B 2N)

DATA: BD026752A21 #934

BASE M/E: 82/ 82
RIC: 188415./ 203775.



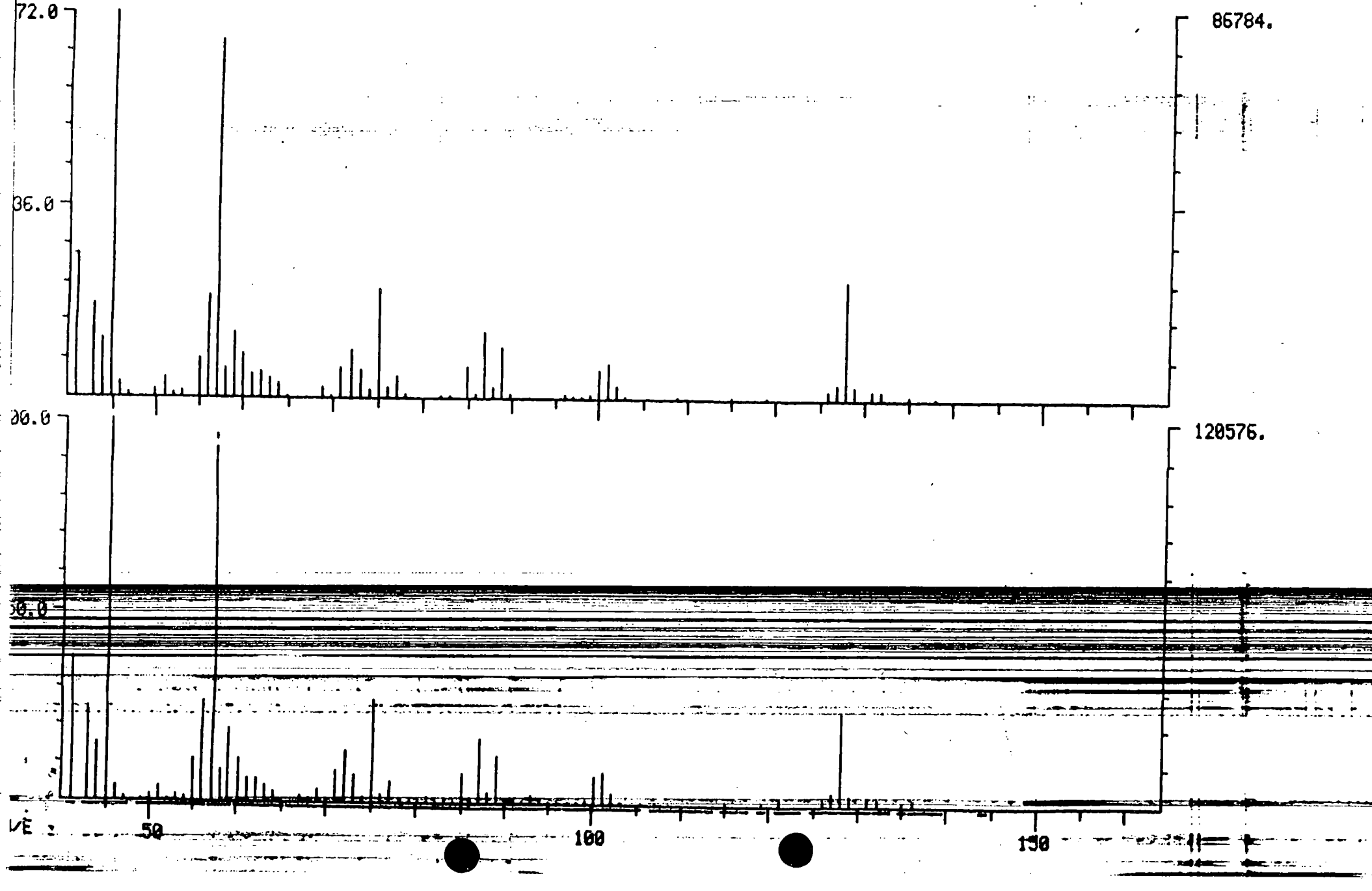
439+

ORIGINAL
(Red)

MEAD COMPUCHEM

DUAL MASS SPECTRUM
05/25/84 14:02:00 + 12:37
SAMPLE: 1 UL B/N 10:1 DILUTION 26752 5-10-84 ON OWA#21
ENHANCED (S 15B 2N)

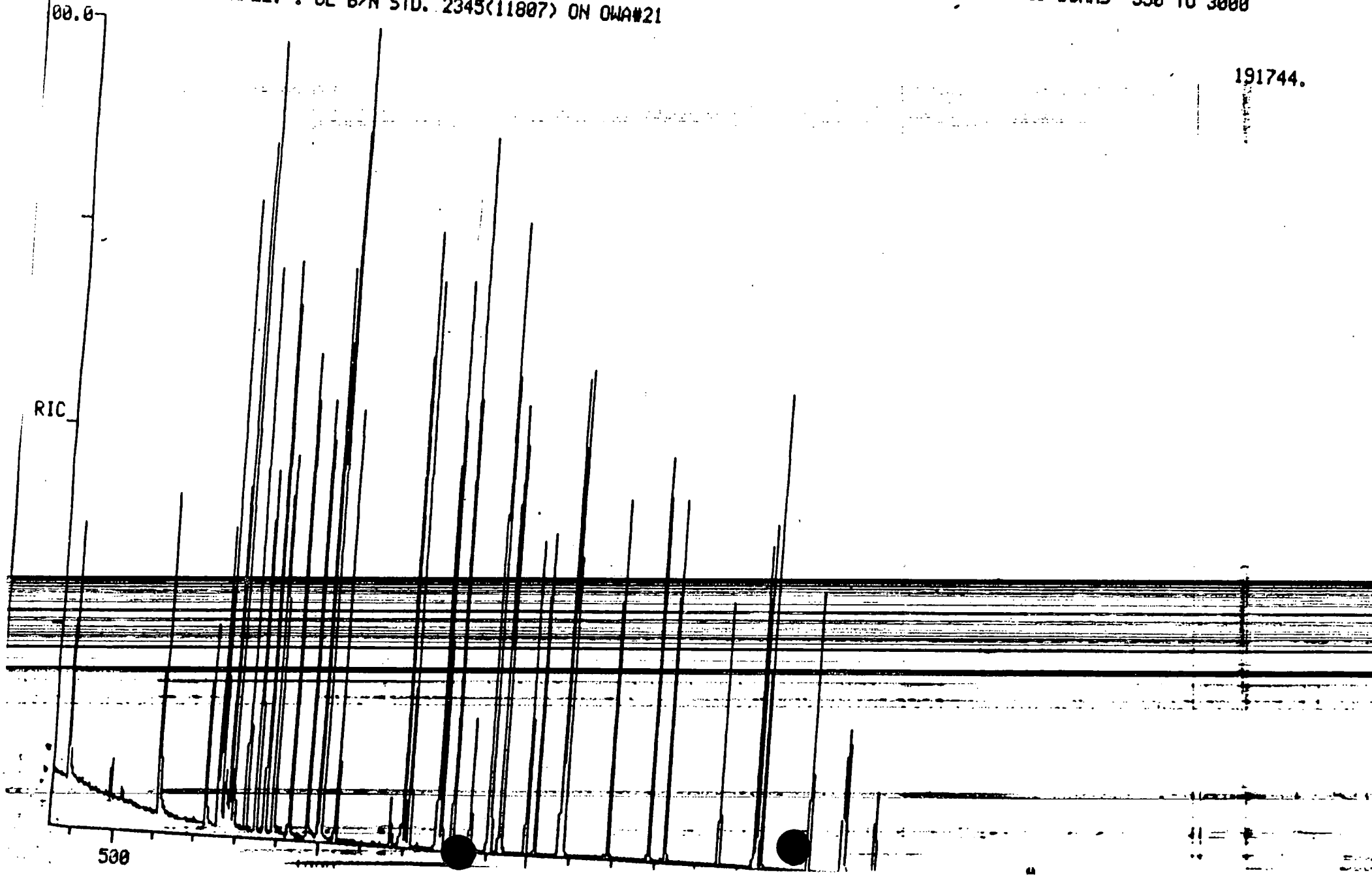
DATA: BD026752A21 #1010 BASE M/E: 45/ 45
RIC: 489471./ 694271.



ORIGINAL
(Red)

RIC
05/25/84 12:00:00
SAMPLE: 1 UL B/N STD. 2345(11807) ON OWA#21

MEAD COMPUCHEM
COMPUCHEM DATA: BS840525A21 SCANS 350 TO 3000



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF LABORATORIES
SPECIAL ANALYSES REPORT

Lab Number ORIGINAL (Red)

Date Received

CASE	FACILITY	COLL NUMBER		
MUNICIPALITY	PROGRAM	COLL NAME/PHONE NUMBER	TYPE TR	STD ANALYSIS

ID CODE (ALL CARDS) 4-16						LATITUDE 4-10	LONGITUDE 11-18	DATE 19-24			TIME 25-28		KIND 29
Cnty	Mu	T	Est	Case	Fac.			M	D	Y	Hr	Min	

BUREAU 35-37 AMIS	SAMPLE NUMBER 38-43	STREAM NAME 44-57	RELATIVE POINT 58

DESCRIPTION WHERE SAMPLE TAKEN

CUSTODY LOG

Date

ADDITIONAL LAB ANALYSES

Condition:

QUALITATIVE REPORT

DO NOT WRITE BELOW THIS LINE

QUANTITATIVE RESULTS

UNITS:

		ANALYSIS CODE	RESULTS (SHOW DECIMAL POINTS ON LINES)

ANALYST _____ SIGNATURE _____ DATE _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF LABORATORIES
SPECIAL ANALYSES REPORT

Lab Number ORIGINAL (Red)

Date Received

CASE	FACILITY	COLL NUMBER		
MUNICIPALITY	PROGRAM	COLL NAME/PHONE NUMBER	TYPE TR	STD ANALYSIS

ID CODE (ALL CARDS) 4-16						LATITUDE 4-10	LONGITUDE 11-18	DATE 19-24			TIME 25-28		KIND 29
Cnty	Mun	T	Est	Case	Fac.			M	D	Y	Hr	Min	

BUREAU 35-37 AMIS	SAMPLE NUMBER 38-43	STREAM NAME 44-57	RELATIVE POINT 58

DESCRIPTION WHERE SAMPLE TAKEN:

ADDITIONAL LAB ANALYSES

CUSTODY LOG

Date

Condition:

QUALITATIVE REPORT

DO NOT WRITE BELOW THIS LINE

QUANTITATIVE RESULTS

UNITS:

		ANALYSIS CODE	RESULTS (SHOW DECIMAL POINTS ON LINES)

ANALYST _____ SIGNATURE _____ DATE _____

Item	Instruction
1.	None
2.	Fill in company information as requested
3.	None
4.	Fill in month and year
5.	Indicate the day of the week as follows: Monday-M Tuesday-T Wednesday-W Thursday-Th Friday-F Saturday-S Sunday-Su
6.	List precipitation in inches for that day
7.	List type of sample as follows: Flow proportional composit sample-F Grap sample-G 4 to 8 hour composite sample-indicate the number of hours
8. through 26.	List information as requested. Example-item 13. Request the five day Biochemical Oxygen Demand (BOD) in milligrams per liter (mg/l). Record the analytical value for this parameter in the column 13 opposite the day the sample was taken.
27.	Indicate the color of the effluent by the following code: Black-Bl Brown-Br Red-R Blue-B Green-G Yellow-Y Indicate the degree of color of the effluent by the following code: Dark + Light -
28. through 31.	Additional parameter to be specified by DELCORA.
32.	This column is provided for the reporting company to indicate comments, problems, etc.
33.	Fill in the information requested. This block must be signed on each report forwarded to DELCORA. The individual's signatures indicate that they certify all information contained on this form is correct.

ORIGINAL
(Red)

100 East Fifth Street
Chester, Pennsylvania 19013

STREET ADDRESS 2nd & Price Streets
CITY Trainer STATE Pa.
ZIP 19013 PHONE NUMBER (215)494-8200

PERMIT NO. 66-I
S.I.C. CODE 3412

DELCORA
MONTHLY REPORT FORM
OFFICIAL USE ONLY

ORIGINAL (Red)

MONTH AND YEAR	DATE	DAY OF THE WEEK	PRECIPITATION INCHES	TYPE OF SAMPLE	FLOW MGD	TEMPERATURE °F	PH	SUSPENDED SOLIDS mg/l	TOTAL DISSOLVED SOLIDS mg/l	BOD_5 mg/l	COD mg/l	PHENOLS mg/l	SULFIDES mg/l	K - NITROGEN mg/l	CHLORIDES mg/l	MERCURY Hg mg/l	IRON Fe mg/l	COPPER mg/l	ZINC mg/l	NICKEL mg/l	CHROMIUM mg/l	CYANIDE mg/l	OIL AND GREASE mg/l	TURBIDITY J.T.U.	COLOR	OTHER	OTHER	OTHER	REMARKS
		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
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AVERAGE																													

11 Certifying Signatures

Testing Laboratory

Company Name
Street Address
City
State
Zip
Phone NO.
Signature
Name (print or type)
Title
Date

Company
Signature
Name (print or type)
Title
Date

100 East Fifth Street
Chester, Pennsylvania 19013

STREET ADDRESS 2nd & Price Streets
CITY Trainer STATE Pa.
ZIP 19013 PHONE NUMBER (215)494-8200

PERMIT NO. [redacted] 66-I
S.I.C. CODE 3412

DELCORA
MONTHLY REPORT [redacted]M
OFFICIAL USE ONLY

ORIGINAL
(Red)

MONTH AND YEAR	DATE	DAY OF THE WEEK	PRECIPITATION INCHES	TYPE OF SAMPLE	FLOW MGD	TEMPERATURE °F	PH	SUSPENDED SOLIDS mg/l	TOTAL DISSOLVED SOLIDS mg/l	BOD_5 mg/l	COD mg/l	PHENOLS mg/l	SULFIDES mg/l	K - NITROGEN mg/l	CHLORIDES mg/l	MERCURY Hg mg/l	IRON Fe mg/l	COPPER mg/l	ZINC mg/l	NICKEL mg/l	CHROMIUM mg/l	CYANIDE mg/l	OIL AND GREASE mg/l	TURBIDITY J.T.U.	COLOR	OTHER	OTHER	OTHER	REMARKS
		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
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	31																												
TOTAL																													
AVERAGE																													

Certifying Signatures

Testing Laboratory

Company Name Street Address Zip Signature Title

City State Phone NO. Name (print or type) Date

Company

Signature Title

Name (print or type) Date

Item	Instruction
1.	None
2.	Fill in company information as requested
3.	None
4.	Fill in month and year
5.	Indicate the day of the week as follows: Monday-M Tuesday-T Wednesday-W Thursday-Th Friday-F Saturday-S Sunday-Su
6.	List precipitation in inches for that day
7.	List type of sample as follows: Flow proportional composit sample-F Grap sample-G 4 to 8 hour composite sample-indicate the number of hours
8. through 26.	List information as requested. Example-item 13. Request the five day Biochemical Oxygen Demand (BOD) in milligrams per liter (mg/l). Record the analytical value for this parameter in the column 13 opposite the day the sample was taken.
27.	Indicate the color of the effluent by the following code: Black-Bl Brown-Br Red-R Blue-B Green-G Yellow-Y Indicate the degree of color of the effluent by the following code: Dark + Light -
28. through 31.	Additional parameter to be specified by DELCORA.
32.	This column is provided for the reporting company to indicate comments, problems, etc.
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ORIGINAL
(Red)

108 East Fifth Street
Chester, Pennsylvania 19013

STREET ADDRESS 2nd & Price Streets
CITY Trainer STATE Pa.
ZIP 19013 PHONE NUMBER (215)494-8200

PERMIT NO. 66-I
S.I.C. CODE 3412

DELAWARE
MONTHLY REPORT FORM
OFFICIAL USE ONLY

ORIGINAL
(Red)

MONTH AND YEAR	DATE	DAY OF THE WEEK	PRECIPITATION INCHES	TYPE OF SAMPLE	FLOW MGD	TEMPERATURE °F	PH	SUSPENDED SOLIDS mg/1	TOTAL DISSOLVED SOLIDS mg/1	BOD_5 mg/1	COD mg/1	PHENOLS mg/1	SULFIDES mg/1	K - NITROGEN mg/1	CHLORIDES mg/1	MERCURY Hg mg/1	IRON Fe mg/1	COPPER mg/1	ZINC mg/1	NICKEL mg/1	CHROMIUM mg/1	CYANIDE mg/1	OIL AND GREASE mg/1	TURBIDITY J.T.U.	COLOR	OTHER	OTHER	OTHER	REMARKS
		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
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	29																												
	30																												
	31																												
TOTAL																													
AVERAGE																													

11 Certifying Signatures

Testing Laboratory

Company Name _____ Street Address _____ Zip _____ Signature _____ Title _____

City _____ State _____ Phone NO. _____ Name _____ Date _____
(print or type)

Company

Signature _____ Title _____

Name _____ Date _____
(print or type)

ORIGINAL
(Red)

Item	Instruction
1.	None
2.	Fill in company information as requested
3.	None
4.	Fill in month and year
5.	Indicate the day of the week as follows: Monday-M Tuesday-T Wednesday-W Thursday-Th Friday-F Saturday-S Sunday-Su
6.	List precipitation in inches for that day
7.	List type of sample as follows: Flow proportional composit sample-F Grap sample-G 4 to 8 hour composite sample-indicate the number of hours
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33.	Fill in the information requested. This block must be signed on each report forwarded to DELCORA. The individual's signatures indicate that they certify all information contained on this form is correct.

108 East Fifth Street
Chester, Pennsylvania 19013

STREET ADDRESS 2nd & Price Streets
CITY Trainer STATE Pa.
ZIP 19013 PHONE NUMBER (215)494-8200

PERMIT NO. 66-I
S.I.C. CODE 3412

DELCORA
MONTHLY REPORT FORM
OFFICIAL USE ONLY

ORIGINAL
(Red)

MONTH AND YEAR	DATE	DAY OF THE WEEK	PRECIPITATION INCHES	TYPE OF SAMPLE	FLOW MGD	TEMPERATURE °F	PH	SUSPENDED SOLIDS mg/l	TOTAL DISSOLVED SOLIDS mg/l	BOD_5 mg/l	COD mg/l	PHENOLS mg/l	SULFIDES mg/l	K - NITROGEN mg/l	CHLORIDES mg/l	MERCURY Hg mg/l	IRON Fe mg/l	COPPER mg/l	ZINC mg/l	NICKEL mg/l	CHROMIUM mg/l	CYANIDE mg/l	OIL AND GREASE mg/l	TURBIDITY J.T.U.	COLOR	OTHER	OTHER	OTHER	REMARKS
		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
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TOTAL																													
AVERAGE																													

11 Certifying Signatures

Testing Laboratory

Company Name _____ Street Address _____ Zip _____ Signature _____ Title _____

City _____ State _____ Phone NO. _____ Name _____ (print or type) Date _____

Company

Signature _____ Title _____

Name _____ (print or type) Date _____

Item	Instruction
1.	None
2.	Fill in company information as requested
3.	None
4.	Fill in month and year
5.	Indicate the day of the week as follows: Monday-M Tuesday-T Wednesday-W Thursday-Th Friday-F Saturday-S Sunday-Su
6.	List precipitation in inches for that day
7.	List type of sample as follows: Flow proportional composit sample-F Grap sample-G 4 to 8 hour composite sample-indicate the number of hours
8. through 26.	List information as requested. Example-item 13. Request the five day Biochemical Oxygen Demand (BOD) in milligrams per liter (mg/l). Record the analytical value for this parameter in the column 13 opposite the day the sample was taken.
27.	Indicate the color of the effluent by the following code: Black-Bl Brown-Br Red-R Blue-B Green-G Yellow-Y Indicate the degree of color of the effluent by the following code: Dark + Light -
28. through 31.	Additional parameter to be specified by DELCORA.
32.	This column is provided for the reporting company to indicate comments, problems, etc.
33.	Fill in the information requested. This block must be signed on each report forwarded to DELCORA. The individual's signatures indicate that they certify all information contained on this form is correct.

ORIGINAL
(Red)

100 East Fifth Street
Chester, Pennsylvania 19013

STREET ADDRESS 2nd & Price Streets
CITY Trainer STATE Pa.
ZIP 19013 PHONE NUMBER (215)494-8200

PERMIT NO. 66-I
S.I.C. CODE 3412

DELCORA
MONTHLY REPORT FORM
OFFICIAL USE ONLY

ORIGINAL
(Red)

MONTH AND YEAR	DATE	DAY OF THE WEEK	PRECIPITATION INCHES	TYPE OF SAMPLE	FLOW MGD	TEMPERATURE °F	PH	SUSPENDED SOLIDS mg/l	TOTAL DISSOLVED SOLIDS mg/l	BOD_5 mg/l	COD mg/l	PHENOLS mg/l	SULFIDES mg/l	K - NITROGEN mg/l	CHLORIDES mg/l	MERCURY Hg mg/l	IRON Fe mg/l	COPPER mg/l	ZINC mg/l	NICKEL mg/l	CHROMIUM mg/l	CYANIDE mg/l	OIL AND GREASE mg/l	TURBIDITY J.T.U.	COLOR	OTHER	OTHER	OTHER	REMARKS
		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
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	30																												
	31																												
TOTAL																													
AVERAGE																													

11 Certifying Signatures

Testing Laboratory

Company

Company Name _____ Street Address _____ Zip _____ Signature _____ Title _____ Signature _____ Title _____

City _____ State _____ Phone NO. _____ Name _____ (print or type) Date _____ Name _____ (print or type) Date _____

Item	Instruction
1.	None
2.	Fill in company information as requested
3.	None
4.	Fill in month and year
5.	Indicate the day of the week as follows: Monday-M Tuesday-T Wednesday-W Thursday-Th Friday-F Saturday-S Sunday-Su
6.	List precipitation in inches for that day
7.	List type of sample as follows: Flow proportional composit sample-F Grap sample-G 4 to 8 hour composite sample-indicate the number of hours
8. through 26.	List information as requested, Example-item 13. Request the five day Biochemical Oxygen Demand (BOD) in milligrams per liter (mg/l). Record the analytical value for this parameter in the column 13 opposite the day the sample was taken.
27.	Indicate the color of the effluent by the following code: Black-Bl Brown-Br Red-R Blue-B Green-G Yellow-Y Indicate the degree of color of the effluent by the following code: Dark + Light -
28. through 31.	Additional parameter to be specified by DELCORA.
32.	This column is provided for the reporting company to indicate comments, problems, etc.
33.	Fill in the information requested. This block must be signed on each report forwarded to DELCORA. The individual's signatures indicate that they certify all information contained on this form is correct.

ORIGINAL (Red)

ORIGINAL

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. [illegible] Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's 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]
A. State Manifest Document Number NJA0092936
B. State Gen. ID SAME
4. Generator's Phone [illegible]
5. Transporter 1. Company Name FLOWEN OIL DELAWARE VALLEY INC.
6. US EPA ID Number NJD980536577
C. State Transporter's ID [illegible]
7. Transporter 2. Company Name
8. US EPA ID Number
D. Transporter's Phone [illegible]
E. State Transporter's ID
9. Designated Facility Name and Site Address FLOWEN OIL DELAWARE VALLEY INC. 1800 CARMAN STREET CAMDEN, NJ 08105
10. US EPA ID Number NJD980536577
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone 609-365-5344

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. & WATER NA 1270 COMBUSTIBLE LIQUID	1	TT		G	702
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling codes for Wastes Listed Above
T04-CENTRIFUGE

15. Special Handling Instructions and Additional Information

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

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

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

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

19. Discrepancy Indication Space

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

GENERATOR

TRANSPORTER

FACILITY

In Case of an emergency or spill immediately call the State the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5550 (Day) (609) 292-7172 (Night)

[illegible] GENERATOR STATE

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

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

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. PAD 004 945 925 — Manifest Document No.
2. Page 1 of 1
Information in the shaded areas is not required by Federal law *

GENERATOR

3. Generator's Name and Mailing Address: METRO [illegible] 2[illegible] PRESS [illegible]
4. Generator's Phone: 215 [illegible]
A. State Manifest Document Number: **NJA0162951**
B. State Gen. ID: SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY IC
6. US EPA ID Number: NJD 986 655 777
C. State Transporter 1 ID: NJS WAS 8156 AC

7. Transporter 2 Company Name
8. US EPA ID Number
D. Transporter's Phone: 609-365-5944

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC, 1800 CARMAN STREET, CAMDEN, NJ 08105
10. US EPA ID Number: NJD 986 655 777
E. State Transporter 2 ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone: 609-365-5944

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. & WATER NA1270 COMBUSTIBLE LIQUID		TT	4	G	X72
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. b. c. d.

K. Handling codes for Wastes Listed Above
a. T04-CENTRIFUGE 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: [illegible] | Signature | Month Day Year

TRANSPORTER

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

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

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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. FAD044549[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 **NJA0162991**
B. State Gen. ID SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC
6. US EPA ID Number: NJD980536577
C. State Transporter 1 ID: NJ DEP S8156 AC

7. Transporter 2 Company Name
8. US EPA ID Number
D. Transporter's Phone: 609-365-5544

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC, 1800 CARMAN STREET, CAMDEN, NJ 08105
10. US EPA ID Number: NJD980536577
E. State Transporter 2 ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone: 609-365-5544

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. & WATER NA 1270 COMBUSTIBLE LIQUID	- -	TT	[illegible]	G	X726
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. c.
b. d.

K. Handling codes for Wastes Listed Above
a. T04-CENTRIFUGE c.
b. d.

15. Special Handling Instructions and Additional Information

NJ DECAL # [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. 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: [illegible] 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 [illegible]
Printed/Typed Name: Signature: Date: Month Day Year

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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

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

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. P E D 0 4 9 4 5 5 0 5 — 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
METRO CONTAINER
2ND & PRICE STREET
TRAINER, PA 19013
215-494-0100

A. State Manifest Document Number: NJA0162976

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FLOWER OIL DELAWARE VALLEY INC
6. US EPA ID Number: N J D 0 8 0 6 5 5 6 7 7

C. State Transporter 1 ID: NJDEP 52156 AC

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

D. Transporter's Phone: 609-365-5544

E. State Transporter 2 ID

9. Designated Facility Name and Site Address
FLOWER OIL DELAWARE VALLEY INC
1800 CARMAN STREET
CAMDEN, NJ 08105
10. US EPA ID Number: N J D 0 8 0 6 5 5 6 7 7

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone: 609-365-5544

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. & WATER NA 1270 COMBUSTIBLE LIQUID		T T		G	X72
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. c.
b. c.

K. Handling codes for Wastes Listed Above
T04-CENTRIFUGE
a. c.
b. d.

15. Special Handling Instructions and Additional Information
NJ OSCAL # 6957

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 | Date (Month Day Year)

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOSEPH LORENZO | 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)

EPA Form 8700-22 (Rev. 4-85) Previous edition obsolete

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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. NJD980536577 — 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: NJA0162961

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC

6. US EPA ID Number: NJD980536577

C. State Transporter 1 ID: NJS HAS 8156

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone: 609-365-5944

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC, 1800 CARMAN STREET, WOODEN, NJ 08105

10. US EPA ID Number: NJD980536577

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone: 609-365-5944

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. & WATER NA1270 COMBUSTIBLE LIQUID	1	T		G	X72
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: a. c. b. d.

K. Handling Codes for Wastes Listed Above: a. T04—CENTRIFUGE 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.

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Printed/Typed Name — Signature — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — 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. — Date

Printed/Typed Name — Signature — Month Day Year

NJA0162961

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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.*

3. Generator's Name and Mailing Address

4. Generator's Phone

A. State Manifest Document Number: NJA0163365

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC.

6. US EPA ID Number: NJD980536577

C. State Transporter 1 ID: NJ DEPS 1856 AK

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone: 609-365-5544

9. Designated Facility Name and Site Address:
FLOWEN OIL DELAWARE VALLEY INC.
1800 CARMAN STREET
~~[illegible]~~ CAMDEN, NJ 08105

10. US EPA ID Number: NJD980536577

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone: 609-365-5544

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. & WATER NA 1270 COMBUSTIBLE LIQUID		TT			X72
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

a.

b.

K. Handling codes for Wastes Listed Above

a. T04-CENTRIFUGE

c.

b.

d.

15. Special Handling Instructions and Additional Information

NJ DECAL #

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 | 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 state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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. P A D 0 0 4 6 4 9 1 1 1 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: NJA0161013

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC

6. US EPA ID Number: N J D 9 8 0 5 3 6 5 7 7

C. State Transporter 1 ID: NJ HAS 8156 AC

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone: 609-365-5544

E. State Transporter 2 ID

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC, 1800 CARMAN STREET, CAMDEN, NJ 08105

10. US EPA ID Number: N J D 9 8 0 5 3 6 5 7 7

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone: 609-365-5544

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. & WATER COMBUSTIBLE LIQUID NA 1270	1	T		G	X72
b.					
c.					
d.					

Additional Descriptions for Materials Listed Above: a. b. c. d.

K. Handling codes for Wastes Listed Above: a. T04-CENTRIFUGE 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: [illegible] 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 an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL
(Red)

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Form Approved. OMB No. 2050-0039, Expires 9-30-8

UNIFORM HAZARDOUS WASTE MANIFEST

NJA 0251598

GENERATOR'S CERTIFICATION

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

8 - GENERATOR COPY

State of New Jersey
Department of Environmental Protection
Division of Waste Management
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UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

A. State Manifest Document Number NJA 0251631

B. State Gen. ID

C. State Transporter 1 ID

D. Transporter's Phone

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

GENERATOR'S CERTIFICATION.

NJA 0251631

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

8 - GENERATOR COPY

State of New Jersey
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Division of Waste Management
CN 028, Trenton, NJ 08625

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Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

A. State Manifest Document Number **NJA 0251597**

B. State Gen. ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility

GENERATOR

Waste No.

Waste Listed Above

c.

d.

GENERATOR'S CERTIFICATION

NJA 0251597

8 GENERATOR COPY

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

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

3. Generator's Name and Mailing Address

A. State Manifest Document Number NJA 0251530
B. State Gen. ID
C. State Transporter 1 ID
D. Transporter's Phone
E. State Transporter 2 ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone

4. Transporter 1 Company Name — US EPA ID Number
5. Transporter 2 Company Name — US EPA ID Number
6. Designated Facility Name and Site Address — US EPA ID Number

7. Container No.	8. Type	9. Total Quantity	10. Unit Wt./Vol.	11. 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 and all applicable state laws and regulations.
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 the RCRA, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that 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 of Receipt of Materials — Date
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.
Date
Printed/Typed Name — Signature — Month Day Year

NJA 0251530

8 - GENERATOR COPY

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL
(Red)

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UNIFORM HAZARDOUS WASTE MANIFEST

2 Page 1 of

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

A State Manifest Document Number NJA 025159

B State Gen. ID

C State Transporter 1 ID

D Transporter's Phone

E State Transporter 2 ID

F Transporter's Phone

G State Facility's ID

H Facility's Phone

GENERATOR

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

TRANSPORTER

Printed/Typed Name

FACILITY

In case of an emergency or spill immediately call the state the emergency occurred and the N.J. Dept. of Environmental Protection. (609) 292-7172 (Night) (609) 292-5560 (Day)

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's 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

4. Generator's Phone

A. State Manifest Document Number **NJA 0251548**

B. State Gen. ID

5. Transporter 1 Company Name [illegible] | 6. US EPA ID Number [illegible]

C. State Transporter 1 ID NJDEP S-8159

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

D. Transporter's Phone 609-[illegible]-6536

9. Designated Facility Name and Site Address [illegible] | 10. US EPA ID Number

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 609-355-5544

11. [illegible] Including Proper Shipping Name, Hazard Class, and ID Number				I. Waste No.
a. [illegible]				X722
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above

a. | c.

b. | d.

K. Handling codes for Wastes Listed Above

a. | c.

b. | d.

13. Special Handling Instructions and Additional Information

14. **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 and regulations.
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Printed/Typed Name | Signature | Month Day Year

15. Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

16. Transporter 2 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

17. Discrepancy Indication Space

18. Facility Owner or Operator Certification of receipt of hazardous materials [illegible] | Date

Printed/Typed Name | Signature | Month Day Year

NJA 0251548

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID 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

5. Transporter 1 Company Name — 6. US EPA ID Number

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

9. Designated Facility Name and Site Address — 10. US EPA ID Number

A. State Manifest Document Number NJA 0251549

B. State Gen. ID

C. State Transporter 1 ID NJDEP S-8159

D. Transporter's Phone 609-[illegible]-0536

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 609-365-5544

Shipping Name, Hazard Class and ID Number				I. Waste No
				X722

J. Additional Descriptions for Materials Listed Above

a. c.

b. d.

K. Handling Codes for Wastes Listed Above

a. c.

b. d.

15. Special Handling Instructions and Additional Information

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

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 of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials [illegible] — Date

Printed/Typed Name — Signature — Month Day Year

NJA 0251549

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection (609) 292-5580 (Day) (609) 292-7172 (Night)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.

2. Page 1 of

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

3. Generator's Name and Mailing Address

4. Generator's Phone

A. State Manifest Document Number: NJA0163361

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC.

6. US EPA ID Number: NJD981015316577

C. State Transporter 1 ID: NJ DEPS 1856 AC

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone: 609-365-5544

9. Designated Facility Name and Site Address:
FLOWEN OIL DELAWARE VALLEY INC.
1800 CARMAN STREET
CAMDEN, NEW JERSEY 08105

10. US EPA ID Number: NJD981053657

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone: 609-365-5544

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Container No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL N.O.S. & WATER NA 1270 COMBUSTIBLE LIQUID				G	X72
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

a. c.

b. d.

K. Handling codes for Wastes Listed Above

a. XXXX c. T04-CENTRIFUGE

b. d.

15. Special Handling Instructions and Additional Information

NJ DECAL #

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.

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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 the manifest except as noted in Item 19.

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

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

ORIGINAL (Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's 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

4. Generator's Phone

A. State Manifest Document Number: NJA0163360

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC.

6. US EPA ID Number: NJD980536577

C. State Transporter 1 ID: NJ DEPS 1856 AC

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone: 609-365-5544

E. State Transporter 2 ID

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC.
1800 CARMAN STREET
CAMDEN, NEW JERSEY 08105

10. US EPA ID Number: NJD980536577

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. WASTE OIL N.O.S. & WATER NA 1270 COMBUSTIBLE LIQUID	1	TT	0		X726
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

a. c.

b. d.

K. Handling codes for Wastes Listed Above

a. T04-CENTRIFUGE c.

b. d.

15. Special Handling Instructions and Additional Information

NJ DECAL # [illegible]

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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

NJA0163360

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD 1 4 0 4 1 8 9 1 5 1 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: Metro Container [illegible] Street [illegible] NJ 07013 [illegible]
A. State Manifest Document Number: NJA0163352
B. State Gen. ID: SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC
6. US EPA ID Number: N J D 9 8 0 9 5 3 6 5 7 7
C. State Transporter 1 ID: NJ DEPS 8156 AB

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Tr[illegible] 609-365-5544

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC, 1800 CARMAN STREET, CAMDEN, NJ 08105
10. US EPA ID Number: N J D 9 8 0 9 5 3 6 5 7 7
E. State Transporter 2 ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 609-365-5544

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. & WATER COMBUSTIBLE LIQUID NA 1270	[illegible]	T T	[illegible]	G	X72
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: a. c. b. d.

K. Handling codes for Wastes Listed Above: a. T04-CENTRIFUGE c. b. d.

15. Special Handling Instructions and Additional Information
NJ DECAL # [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.
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Printed/Typed Name: Signature: Date (Month Day Year)

TRANSPORTER

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)

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)

NJA0163352

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. PAD044545895 Manifest Document No. 52781
2. Page 1 of 1

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

3. Generator's Name and Mailing Address: Metro Container Corp. 2nd & Price St Trainer, Pa 19013

A. State Manifest Document Number: NJA0163321

B. State Gen. ID: SAME

4. Generator's Phone: (215) 485-6100

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC

6. US EPA ID Number: NJD980536577

C. State Transporter 1 ID: NJ DEP 58156 AC

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone: 609-365-5544

E. State Transporter 2 ID:

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC, 1800 CARMAN STREET, CAMDEN, NJ 08105

10. US EPA ID Number: NJD980536577

F. Transporter's Phone:

G. State Facility's ID:

H. Facility's Phone: 609-365-5544

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. & ~~XXXX~~ WATER NA 1270 COMBUSTIBLE LIQUID	1	TT	500	G	X721
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

a.

b.

c.

d.

K. Handling codes for Wastes Listed Above

a. J04-CENTRIFUGE

b.

c.

d.

15. Special Handling Instructions and Additional Information

NJ DECAL # 6957

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: X STEVE ZUBRIN

Signature: X [signature]

Date: Month 12 Day 11 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JOSEPH DIRENZO

Signature: [signature]

Date: Month 12 Day 19 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name:

Signature:

Date: Month Day Year

19. Discrepancy Indication Space: Total Quantity 596

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: [signature]

Date: Month Day Year

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. PAD044545895 Manifest Document No. 5/10/17
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.*

3. Generator's Name and Mailing Address: Metro Container Corp. 2nd St & Price St Trainer, PA. 19013
4. Generator's Phone: (215) 435-6100
A. State Manifest Document Number: NJA016336
B. State Gen. ID: SAME
5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC.
6. US EPA ID Number: NJD980536577
C. State Transporter 1 ID: NJ DEPS 1856 AC
7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone: 609-365-5544
E. State Transporter 2 ID:
9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC. 1800 CARMAN STREET CAMDEN, NEW JERSEY 08105
10. US EPA ID Number: NJD980536577
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 609-365-5544

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. & WATER NA 1270 COMBUSTIBLE LIQUID	-1-1	1T	5000		X726
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a.
b.
c.
d.

K. Handling codes for Wastes Listed Above
a. T04-CENTRIFUGE
b.
d.

15. Special Handling Instructions and Additional Information

NJ DECAL # 6957

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: X [signature] Signature: X [signature] Date: Month 12 Day 31 Year 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joseph DiRanzo Signature: [signature] Date: Month 12 Day 31 Year 8

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: NEIL NIESSNER Signature: [signature] Date: Month 12 Day 31 Year 8

GENERATOR

TRANSPORTER

FACILITY

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved: OMB No. 2000-0404. Expires 7-31-

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. PAD044545895 Manifest Document No. 57027
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.*

3. Generator's Name and Mailing Address: Metro Containers Corp. 2nd & Prospect Trainer, Pa 19017
4. Generator's Phone: (215) 435-6100

A. State Manifest Document Number: NJA016336
B. State Gen. ID: SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC.
6. US EPA ID Number: NJD980536577
C. State Transporter 1 ID: NJ DEPS 1856 AC
7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone: 609-365-5544
E. State Transporter 2 ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 609-365-5544

9. Designated Facility Name and Site Address:
FLOWEN OIL DELAWARE VALLEY INC.
1800 CARMAN STREET
CAMDEN, NEW JERSEY 08105
10. US EPA ID Number: NJD980536577

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. & WATER NA 1270 COMBUSTIBLE LIQUID		TF	1650	G	X726
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a.
b.
c.
d.

K. Handling codes for Wastes Listed Above
a. XXXX T04-CENTRIFUGE
b.
c.
d.

15. Special Handling Instructions and Additional Information
NJ DECAL # 6957

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: Stone Levy
Signature: [signature]
Date: Month 01 Day 02 Year 97

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joseph Di[illegible]
Signature: [signature]
Date: Month 01 Day 02 Year 97

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

19. Discrepancy Indication Space
Total Quantity 1677

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: NEIL NIESSNER
Signature: [signature]
Date: Month 01 Day 02 Year 97

GENERATOR

TRANSPORTER

FACILITY

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) [illegible]-5560 (Day) (609) 292-7172 (Night)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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

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 NJA0208680

B. State Gen. ID

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter 1 ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter 1 Phone

E. State Transporter 2 ID

9. Designated Facility Name and Site Address

10. US EPA ID Number

F. Transporter 2 Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.					
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

a. c.

b. d.

K. Handling codes for Wastes Listed Above

a. c.

b. d.

15. Special Handling Instructions and Additional Information

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

GENERATOR

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

TRANSPORTER

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day Year

FACILITY

NJA0208680

PA Form 8700-22 (Rev. 4-85) Previous edition obsolete

8 – GENERATOR COPY

ORIGINAL
(Red)

VHW-001 (REV 9/86)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

Form Approved OMB No. 2050-0039 Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's 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
Metro Container
[illegible]

4. Generator's Phone [illegible] 215 [illegible] 485-6100

A. State Manifest Document Number
NJA 0336719

B. State Generator's ID
SAME

5. Transporter 1 Company Name
NRC Tank Company

6. US EPA ID Number
NJD 9 [illegible] 2 6 4 5 3

C. State Transporter's ID NJDEP S-8159

D. Transporter's Phone 609-881-5586

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
Flower Oil Delaware Valley
[illegible]

10. US EPA ID Number
NJ [illegible] 7

G. State Facility's ID

H. Facility's Phone
609-365-5544

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] Oil [illegible] Combustible Liquid [illegible] 1270	[illegible]	[illegible]	[illegible]	G	X722
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
[illegible]

K. Handling Codes for Wastes Listed Above

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 | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed Typed Name | Signature | Month Day Year

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

19. [illegible]

20. [illegible] of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed Typed Name | Signature | Month Day Year

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

VRW-001 (REV. 9/86)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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

1. Generator's US EPA No.: PAD044515895 — Manifest Document No.: 3005 — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Metro Container, PO Box A, Trainer PA
4. Generator's Phone: 215 485-6100
5. Transporter 1 Company Name: ABC Tank Company — 6. US EPA ID Number: NJ 980524443
7. Transporter 2 Company Name — 8. US EPA ID Number:
9. Designated Facility Name and Site Address: Flowen Oil Company, 1000 Carmen Street, Camden, NJ 08105 — 10. US EPA ID Number: NJ 980536577

A. State Manifest Document Number: NJA 0326982
B. State Generator's ID: SAME
C. State Transporter's ID: NJDEP S-8159
D. Transporter's Phone: 609-881-6586
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 609-365-5544

Item	Description	Quantity	Unit	Waste No.
a.	Waste Oil NOS Combustible Liquid A127	0011	5000	X722
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above: T.L.

K. Handling Codes for Wastes Listed Above:

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 [illegible] OR [illegible]

Printed Name: [illegible] — Signature: [illegible] — Month Day Year: [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials: Printed Name: [illegible] — Signature: [illegible] — Month Day Year: [illegible]

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

19. Discrepancy Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed Name: [illegible] — Signature: [illegible] — Month Day Year: 08 28 87

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5580 (Day) (609) 292-7172 (Night)

NJA 0326982

VHW-001 (REV. 9/86)

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

Form Approved, OMB No. 2050-0039, Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's 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: ADC TANK CO [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: NJA 0326986
B. State Generator's ID: SAME
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone: [illegible]

11. Waste Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt. Vol.	I. Waste No.
Combustible Liquid [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

GENERATOR

J. Additional Descriptions for Materials Listed Above: T.L.

K. Handling Codes for Wastes Listed Above

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 [illegible] and are classified, packed, marked, and labeled, and [illegible] by highway [illegible] international and national government regulations.

[illegible] OR [illegible] Signature [illegible]

TRANSPORTER

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]

FACILITY

19. 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: [illegible] Month Day Year

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

SHW-001 (REV. 9-86)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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

Form Approved OMB No. 2050-0039 Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: P A D 0 4 4 5 4 5 0 9 5 — 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:
Metro Container
2nd & Price Sts.
Trainer, PA 19016

4. Generator's Phone: 215 485-6100

A. State Manifest Document Number: NJA 0303355

B. State Generator's ID: SAME +PA-AH0107

C. State Transporter's ID: NJDEPS-3516

D. Transporter's Phone: 609-0931-0950

E. State Transporter's ID:

F. Transporter's Phone:

G. State Facility's ID:

H. Facility's Phone: 609-365-5544

5. Transporter 1 Company Name: CONTINENTAL VANGUARD, INC. — US EPA ID Number: N J D 0 6 7 3 3 7 5 1 4

6. Transporter 2 Company Name: — US EPA ID Number:

7. Designated Facility Name and Site Address:
Flowen Oil Delaware Valley, Inc.
1800 Carman Street
Camden, NJ 08105

US EPA ID Number: N J D 9 0 5 3 6 5 7 7

8. Hazardous Waste Liquid, NOS, ORM-E; NA9189

9. Containers	10. Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste No.
0 0 1	TT	15000	G	X 7 2 6

9. Additional Descriptions for Materials Listed Above:
(Oil & Water)
T, L

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:
EPA RQ= 1 lb.
NJ DEP DECAL # 23829
+REQUIRED BY GENERATOR STATE

RECEIVED
Metro Container Corp.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by [illegible]

[illegible]

Printed/Typed Name: [illegible] — Signature: [illegible] — Month: [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials:
Printed/Typed Name: ADAM CIESIELSKI — Signature: Adam Ciesielski — Month: X 7 1 5 8 7

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

[illegible]

[illegible]

EPA Form 8700-22 (Rev. 9-86)

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

VHW-001 (REV 9/86)

ORIGINAL (Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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Form Approved OMB No 2050-0039 Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: PAD044522899 — 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
Metro Container
2nd & Price Sts.
Trainer, PA 19016

4 Generator's Phone: 215 485-6100

A State Manifest Document Number: NJA 0303355

B State Generator's ID: SAME +PA-AH0107

5 Transporter 1 Company Name: CONTINENTAL VANGUARD, INC.

6 US EPA ID Number: NJD986730314

C. State Transporter's ID: NJDEPS-3516

D Transporter's Phone: 609-931-0956

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
Mobil Oil Delaware Valley, Inc.
[illegible] Street
[illegible], NJ 08100

10 US EPA ID Number: NJD[illegible]

G. State Facility's ID

H Facility's Phone: 609-365-5544

GENERATOR

11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12 Containers No	Type	13 Total Quantity	14 Unit Wt/Vol	I Waste No
a Hazardous Waste Liquid, NOS, (Flam.; [illegible])	001	[illegible]	[illegible]	G	X726
b					
c					
d					

J Additional Descriptions for Materials Listed Above
(Oil & Water)
T, I

K. Handling Codes for Wastes Listed Above

15 Special Handling Instructions and Additional Information
EPA RQ= 1 lb.
NJ DEP DECAL # 22229
REQUIRED BY GENERATOR STATE

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/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national governmental 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: [illegible] Signature: [illegible] Month Day Year: 07 15 [illegible]

TRANSPORTER

17 Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year: 07 15 [illegible]

18 Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name: Signature: Month Day Year

19 Discrepancy Indication Space

FACILITY

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

In Case of an emergency or spill immediately call the state hotline the emergency response center and the State Police (609) 292-7172 (Night) (609) 292-7172 (Day) Department of Environmental Protection

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's 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: Metro Container Inc [illegible]
4. Generator's Phone: [illegible]
5. Transporter 1 Company Name: [illegible] US EPA ID Number: [illegible]
6. Transporter 2 Company Name: US EPA ID Number:
9. Designated Facility Name and Site Address: [illegible] US EPA ID Number: [illegible]

A. State Manifest Document Number: NJA0251598
B. State Gen. ID: Same
C. State Transporter 1 ID: NJDEP 58159
D. Transporter's Phone: 609-881-6586
E. State Transporter 2 ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 609-365-5[illegible]

Description	Quantity	Unit	Waste No.
[illegible]	[illegible]	[illegible]	X-722

L.T.

GENERATOR'S CERTIFICATION. I hereby declare that [illegible]

Boyd Campbell — Boyd Campbell

A. A. Ross

NJA 0251598

Please call an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

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

A. State Manifest Document Number: NJA0251593

B. State Gen. ID: Same

C. State Transporter 1 ID: NJDEP-S 8159

D. Transporter's Phone: 609-881-6586

E. State Transporter 2 ID:

F. Transporter's Phone:

G. State Facility's ID:

H. Facility's Phone: 609-365-5[illegible]

L. T.

NJA 0251593

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL
(Red)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

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

A State Manifest Document Number **NJA0251549**

B State Gen. ID
SAME

State Transporter 1 ID
NJDEP S-8159

D Transporter's Phone
609-651-6585

E State Transporter 2 ID

F Transporter's Phone

G State Facility ID

Logo Campbell

Bond Campbell

NJA 0251549

3 - TSD MAIL TO - GENERATOR

Emergency or Spill Immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's Name and Mailing Address: Metro Container Inc.

2. Page 1 of

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

A. State Manifest Document Number: NJA0251548

B. State Gen. ID: SAME

C. State Transporter 1 ID: NJDEP S-8159

D. Transporter's Phone: 609-881-6586

E. State Transporter 2 ID:

F. Transporter's Phone:

G. State Facility's ID:

H. Facility's Phone: 609-365-5544

		I. Waste No.
	6500	X722

GENERATOR

GENERATOR'S CERTIFICATION

TRANSPORTER

FACILITY

NJA 0251548

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL
(Red)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. PAD0[illegible]5[illegible]5[illegible]5

Manifest Document No.

2. Page 1 of

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

A. State Manifest Document Number NJA0251631

B. State Gen. ID Same

C. State Transporter 1 ID NJDEP-S 8159

D. Transporter's Phone 609-881-6586

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 609-365-5[illegible]

3. Generator's Name and Mailing Address
Metro Container Inc.
[illegible]
[illegible] 485-6100

4. Transporter's Name
A.B. Tank

5. Transporter's Name

6. Designated Facility Name and Site Address
[illegible]
[illegible] Carmen St
Camden, N.J. [illegible]

7. US EPA ID Number NJD[illegible]

8. US EPA ID Number

9. US EPA ID Number NJD[illegible]

Waste No.

[illegible]
[illegible] Liquid NAF [illegible]

[illegible] 55[illegible] X722

L.T.

GENERATOR'S CERTIFICATION

[illegible]

[illegible]

[illegible]

[illegible]

3 - TSD MAIL TO - GENERATOR

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection (609) 292-5560 (Day) (609) 292-[illegible] (Night)

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

2 Page 1 of

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

A. State Manifest Document Number **NJA**0251630

B. State Gen. ID: SAME

C. State Transporter 1 ID: NJDEP S8159

D. Transporter's Phone: 609-881-6586

E. State Transporter 2 ID:

F. Transporter's Phone:

G. State Facility's ID:

H. Facility's Phone: 609-365-5344

3. Generator's Name and Mailing Address: Metro Container Inc

4. Transporter's Name: All Tank Co

5. Designated Facility Name and Site Address: Florida Cl

I. Waste No.	
[illegible]	X-722

GENERATOR'S CERTIFICATION:

Signature: [illegible] Month Day Year

Signature: [illegible] Month Day Year

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

NJA 0251630

VHW-001 (REV. 9-84)

ORIGINAL (Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. PAD004405895	2. Page 1 of	Information in the shaded areas is not required by Federal law. *

A. State Manifest Document Number	NJA0251530
B. State Gen. ID	SAME
C. State Transporter 1 ID	NJDEP 58159
D. Transporter's Phone	609-881-6586
E. State Transporter 2 ID	
F. Transporter's Phone	
G. State Facility's ID	
H. Facility's Phone	609-365-5044

Generator's Name and Mailing Address: [illegible] 215-485-6100

Transporter 1 Company Name: [illegible] Co — NJD[illegible]

Designated Facility Name and Site Address: [illegible] Oil [illegible] NJ

[illegible] Liquid

[illegible]	[illegible]	X-722

[illegible]

[illegible]

[illegible] — [illegible]

Boyd Campbell — Boyd Campbell

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

NJA 0251530

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

ORIGINAL (Red)

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

2. Page 1 of

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

A. State Manifest Document Number NJA0208680

B. State Gen. ID SAME

C. State Transporter 1 ID NJDEP 38159

D. Transporter's Phone 609-881-6586

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

3. Generator's Name and Mailing Address

4. Company Name

5. US EPA ID Number

6. Designated Facility Name and Site Address

7. US EPA ID Number

	Type	Quantity	Wt/Vol	Waste No.
a.				
b.				
c.				
d.				

GENERATOR

K. Handling codes for Waste Listed Above

a. c.

b. d.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this [illegible] packed, marked, and labeled, and are in all respects in proper condition for [illegible]

TRANSPORTER

FACILITY

Printed Typed Name

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

EPA Form 8700-22 (Rev. 4-85) Previous edition obsolete

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

Form Approved, Oct. 1985

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. PAD044544995 — 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: Metro Container 304 Price Street Trainer, PA 19013

A. State Manifest Document Number: NJA0119483

4. Generator's Phone: (1215) 485-6100

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC. — 6. US EPA ID Number: NJD980536577

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

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC. 1800 CARMEN STREET CAMDEN, NJ 08105 — 10. US EPA ID Number: NJD980536577

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE OIL N.O.S. + WATER COMBUSTIBLE LIQUID NA1270	1	TT	1100	G
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: JACKIE WARNER — Signature: Jackie Warner — Date: Month 9 Day 19 Year 8

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ANDREW P. CACCIA — Signature: Andrew P. Caccia — Date: Month 9 Day 19 Year 8

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

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

GENERATOR — TRANSPORTER — FACILITY

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection, (609) 292-5560 (Day) (609) 292-7172 (Night)

EPA Form 8700-22 (Rev. 4-85) Previous edition obsolete

5. GENERATOR MAIL TO TSD'S STATE

ORIGINAL

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. PAD044545895 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
METRO CONTAINER
2ND & PRICE STREET
TRAINER, PA 19013

A. State Manifest Document Number NJA0119425

4. Generator's Phone (215) 485-6100

5. Transporter 1 Company Name
FLOWEN OIL DELAWARE VALLEY INC.

6. US EPA ID Number NJD980536577

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
FLOWEN OIL DELAWARE VALLEY INC.
1800 CARMAN STREET
CAMDEN, NJ 08105

10. US EPA ID Number NJD980536577

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE OIL N.O.S. & WATER NA1270 COMBUSTIBLE LIQUID	1	TT		G
b.				
c.				
d.				

GENERATOR

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] Signature [signature] Date Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [signature] Signature [signature] Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Date Month Day Year

FACILITY

19. Discrepancy Indication Space

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 an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

EPA Form 8700-22 (Rev. 4-85) Previous edition obsolete

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID 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]
A. State Manifest Document Number NJA0163365

4. Generator's Phone (215) [illegible]

5. Transporter 1. Company Name FLOWEN OIL DELAWARE VALLEY INC.
6. US EPA ID Number NJD980536577

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

9. Designated Facility Name and Site Address
FLOWEN OIL DELAWARE VALLEY INC.
1800 CARMAN STREET
CAMDEN, NJ 08105
10. US EPA ID Number NJD980536577

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE OIL N.O.S. & WATER NA 1270 COMBUSTIBLE LIQUID	[illegible]	TT	800	G
b.				
c.				
d.				

GENERATOR

15. Special Handling Instructions and Additional Information

NJ DECAL # [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. 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

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

NJA0163365

ORIGINAL

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN028, Trenton, NJ 08625

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Form Approved. OMB No. 2050-0039 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Emergency Response Phone: 1-800-424-8802

2. Page 1 of 1

A. State Manifest Document Number: NJA0163361

3. Generator's Name and Mailing Address: [illegible] Trenton, NJ 19013

4. Generator's Phone: (215) 445-6100

5. Transporter 1 Company Name: FLOWER OIL DELAWARE VALLEY INC.
a. US EPA ID Number: NJD198105157 7

6. Transporter 2 Company Name:
b. US EPA ID Number:

9. Designated Facility Name and Site Address: FLOWER OIL DELAWARE VALLEY INC.
1800 DAMAN STREET
CAMDEN, NEW JERSEY 08105
10. US EPA ID Number: NJD980536577

GENERATOR

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE OIL N.O.S. & WATER NA 1270 COMBUSTIBLE LIQUID	1	TT	1650	G
b.				
c.				
d.				

15. Special Handling Instructions and Additional Information
NJ DECAL # 1957

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joseph [illegible] | Signature: [illegible] | Date: Month 8 Day 15 Year [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

NJA0163361

EPA Form 8700-22 (Rev. 4-85) Previous edition obsolete

ORIGINAL
(Red)

Department of Environmental Protection
Division of Water Resources
CN 028, Trenton, NJ 08625

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Form Approved. OMB No. 2050-0039. Expires 7-31-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID Number: PAD041151317

2. Page 1 of 1

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

3. Generator's Name and Mailing Address: METRO CONTAINER CORP
2nd & Pike St
Trenton, NJ 08605

4. State Manifest Document Number: NJA0162991

4. Generator's Phone: (215) 425-6100

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC

6. US EPA ID Number: NJD980536577

7. Transporter 2 Company Name:

8. US EPA ID Number:

9. Designated Facility Name and Site Address:
FLOWEN OIL DELAWARE VALLEY INC
1800 CARMAN STREET
CAMDEN, NJ 08105

10. US EPA ID Number: NJD980536577

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE OIL N.O.S. & WATER NA 1270 COMBUSTIBLE LIQUID	1	TT	2200	G
b.				
c.				
d.				

GENERATOR

15. Special Handling Instructions and Additional Information

NJ DECAL # 6257

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: STEVE ZUBRIN | Signature | Date: Month / Day / Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: X JOSEPH DIRENZO | 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

NJA0162991

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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UNIFORM HAZARDOUS WASTE MANIFEST

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

2. Page 1 of 1

3. Generator's Name and Mailing Address
METRO CONTAINER
2ND & PRICE STREET
TRAINER, PA 19013

4. Generator's Phone 215-485-6100 ( )

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC
6. US EPA ID Number: NJD980536577

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

9. Designated Facility Name and Site Address
FLOWEN OIL DELAWARE VALLEY INC
1800 CARMAN STREET
CAMDEN, NJ 08105
10. US EPA ID Number: NJD980536577

16. State Manifest Document Number: NJA0162976

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE OIL N.O.S. & WATER NA 1270 COMBUSTIBLE LIQUID	1	TT	1200	G
b.				
c.				
d.				

GENERATOR

15. Special Handling Instructions and Additional Information

NJ DECAL # 6957

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: [illegible] | Signature: [illegible] | Date: Month 2 Day 06 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JOSEPH DIRENZO | Signature: [illegible] | Date: Month 2 Day 06 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

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

NJA0162976

ORIGINAL

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD 1 5 4 5 1 5 2 1 4 1

2. Page 1 of 1

3. Generator's Name and Mailing Address
[illegible]
[illegible] Ave & Pelt
Trenton, PA. 19073

4. Generator's Phone (215) 455-6100

5. State Manifest Document Number NJA0162961

5. Transporter 1 Company Name
FLOWEN OIL DELAWARE VALLEY INC

6. US EPA ID Number
N J D 9 8 0 5 3 6 5 7 7

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
FLOWEN OIL DELAWARE VALLEY INC
1800 CARMAN STREET
CAMDEN, NJ 08105

10. US EPA ID Number
N J D 9 8 0 5 3 6 5 7 7

11. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. WASTE OIL N.O.S. & WATER NA1270 COMBUSTIBLE LIQUID	1 1	TT	1/2 0	G	[illegible]
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.

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Printed/Typed Name: [illegible] Signature: [illegible] Date: Month 1 Day 8 Year 4

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] Signature: [illegible] Date: Month 1 Day 8 Year 4

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

NJA0162961

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection (609) 292-5660 (Day) (609) 292-7172 (Night)

Form 8700-22 (Rev. 4-85) Previous edition obsolete

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No. NJD987154589

2. Page 1 of 1

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

3. Generator's Name and Mailing Address: [illegible] 2[illegible] Street

4. Generator's Phone: 215 [illegible] Pa 19012

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY ~~OIL~~ INC.
6. US EPA ID Number: NJD988536577

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

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC
1800 CARMAN STREET
CAMDEN, NJ 08105
10. US EPA ID Number: NJD988536577

K. State Manifest Document Number: NJA0161037

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE OIL N.O.S. & WATER NA1270 COMBUSTIBLE LIQUID	[illegible]	TT	2200	G
b.				
c.				
d.				

GENERATOR

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: [illegible] Signature: [illegible] Date: Month 1 Day 7 Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Joseph [illegible] Signature: [illegible] Date: Month 1 Day 7 Year [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

NJA0161037

ORIGI

State of New Jersey
Department of Environmental Protection

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

Form Approved. OMB No. [illegible] Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

PANOTHISHEIS 9/7/

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

3. Generator's Name and Mailing Address: METRO CONTRACTING INC, 2001 PRICE ST, TRAILER 11 PA 19125

4. Generator's Phone: (215) 425-6100

5. Transporter 1 Company Name: FLOWEN OIL-DELAWARE VALLEY INC

6. US EPA ID Number: NJD988535577

7. Transporter 2 Company Name:

8. US EPA ID Number:

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC, 1301 CAMAN STREET, CAMDEN, NJ 08105

10. US EPA ID Number: NJD988535577

State Manifest Document Number: NJA0161035

GENERATOR

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE OIL N.O.S. & WATER NA1270 COMBUSTIBLE LIQUID	1	T	2200	G
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.

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Printed/Typed Name: X Norman Parkes — Signature: X Norman Parkes — Date (Month Day Year): 1/1/2[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Joe H DiRado — Signature: [illegible] — Date (Month Day Year): 1/1/2[illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

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)

NJA0161035

Spills immediately call the State Hotline (609) 292-7172 (Night) (609) 292-5560 (Day) Emergency Occurred in and the N.J. Dept. of Environmental Protection.

ORIGINAL (Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

Please print or type. (Form Designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. PAD 014415895
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: MONO COATINGS OVERLAY
200 E TYRE STREET
TRAINER, PA 19013

Manifest Document Number: NJA 0161003

4. Generator's Phone: (215) 485-6100

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC
6. US EPA ID Number: NJD 980536577

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

9. Designated Facility Name and Site Address:
FLOWEN OIL DELAWARE VALLEY INC
1800 CARMAN STREET
CAMDEN, NJ 08105
10. US EPA ID Number: NJD 980536577

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE OIL N.O.S. & WATER NA1270 COMBUSTIBLE LIQUID	1 1	TT	2200	G
b.				
c.				
d.				

GENERATOR

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: JEVEN ZUBRIN
Signature:
Date: Month 1 Day 1 Year 07

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOSEPH DIRONZO
Signature:
Date: Month 1 Day 1 Year 07

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

NJA 0161003

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-6560 (Day) (609) 292-7172 (Night)

UNIFORM HAZARDOUS WASTE MANIFEST

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

A. State Manifest Document Number **NJA 0251598**

3. Generator's Name and Mailing Address: [illegible] Container Inc [illegible]

4. Generator's Phone: [illegible]

B. State Gen. ID: Same

5. Transporter 1 Company Name: [illegible] Co | 6. US EPA ID Number: [illegible]

C. State Transporter 1 ID: [illegible]

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

D. Transporter's Phone: [illegible]

9. Designated Facility Name and Site Address: [illegible] | 10. US EPA ID Number: [illegible]

E. State Transporter 2 ID:

F. Transporter's Phone:

G. State Facility's ID:

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]	5500	G	X-722
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: [illegible]

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 and regulations.
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Printed/Typed Name: [illegible] | Signature: [illegible] | Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Lloyd Campbell | Signature: Lloyd Campbell | 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

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

Form Approved. OMB No. 2050-0039, Expires [illegible]

UNIFORM HAZARDOUS WASTE MANIFEST

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

A. State Manifest Document Number **NJA 0251597**

3. Generator's Name and Mailing Address: Metro Container Inc [illegible] Trenton PA

4. Generator's Phone: (215) 425-6100

5. Transporter 1 Company Name: ABC TANK Co | 6. US EPA ID Number: [illegible]

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

9. Designated Facility Name and Site Address: Flavia O.[illegible] [illegible] Camden NJ | 10. US EPA ID Number: [illegible]

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] Combustible Liquid [illegible]	[illegible]	TT	5500	G	X-722
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling codes for Wastes Listed Above

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

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Lloyd Campbell | Signature: Lloyd Campbell | 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

NJA 0251597

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's 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: Metro Container Inc. [illegible]
4. Generator's Phone: (215) 485-6100

ORIGINAL (Red)

A. State Manifest Document Number: NJA 0251631
B. State Gen. ID: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: [illegible] 365-5544

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: Flowen [illegible] 1800 [illegible] ST [illegible], N.J. 08105
10. US EPA ID Number: [illegible]

	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
a. [illegible]
b.
c.
d.

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

15. Special Handling Instructions and Additional Information

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Printed/Typed Name | Signature | 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

GENERATOR

TRANSPORTER

FACILITY

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-6860 (day) (609) 292-7172 (night)

NJA 0251631

GENERATOR MAIL TO TSDIS STATE

ORIGINAL
(Red)

State of New Jersey
Department of Enviromental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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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.*

3. Generator's Name and Mailing Address

4. Generator's Phone

A. State Manifest Document Number: NJA0087863

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC.

6. US EPA ID Number: NJD981053657 7

C. State Transporter's ID: NJS WAS 8156

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone: 609-365-5544

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC.
1800 CARMAN STREET
CAMDEN, NJ 08105

10. US EPA ID Number: NJD980536577

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone: 609-365-5544

GENERATOR

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. & WATER NA 1270 COMBUSTIBLE LIQUID	1	TT		G	X72
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

a.

b.

c.

d.

K. Handling codes for Wastes Listed Above

a. T04-CENTRIFUGE

b.

c.

d.

15. Special Handling Instructions and Additional Information

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

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

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)

NJA 0087863

ORIGINAL (Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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. PAD044545895 (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
Metro Container
2nd & Price Street
Trainer, PA 19013

4. Generator's Phone 215 485-6100

A. State Manifest Document Number NJA0023393
B. State Gen. ID Same

5. Transporter 1 Company Name: Flowen Oil Delaware Valley Inc.
6. US EPA ID Number NJD986536577
C. State Transporter's ID NJS WAS 8156PD
7. Transporter 2 Company Name
8. US EPA ID Number
D. Transporter's Phone 609-365-5544

9. Designated Facility Name and Site Address
Flowen Oil Delaware Valley Inc.
1800 Carman Street
Camden, NJ 08105
10. US EPA ID Number NJD986536577
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone 609-365-5544

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. & Water NA 1270 Combustible Liquid	1	TT		G	X72
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. c.
b. d.

K. Handling codes for Wastes Listed Above
a. T04-Centrifuge c.
b. d.

15. Special Handling Instructions and Additional Information

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

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

TRANSPORTER

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

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

19. Discrepancy Indication Space

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

NJA0023393

EPA Form 8700-22 (3-84)

8 GENERATOR COPY

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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.*

3. Generator's Name and Mailing Address

4. Generator's Phone

A. State Manifest Document Number: NJA0092936

B. State Generator's ID: SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC.

6. US EPA ID Number: NJD980536577

C. State Transporter's ID: NJS WAS 8156

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone: 609-365-5544

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC.
1800 CARMAN STREET
CAMDEN, NJ 08105

10. US EPA ID Number: NJD980536577

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone: 609-365-5544

GENERATOR

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. & WATER NA 1270 COMBUSTIBLE LIQUID	1	TT		G	X72
b					
c					
d					

J. Additional Descriptions for Materials Listed Above

a. c.

b. d.

K. Handling codes for Wastes Listed Above

a. T04-CENTRIFUGE c.

b. d.

15. Special Handling Instructions and Additional Information

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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

NJA 0092936

EPA Form 8700-22 (3-84)

8 GENERATOR COPY

ORIGINAL
(Red)

State of New Jersey
Department of Enviromental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's 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: Metro Containers Corp. [illegible]
4. Generator's Phone: 1 815 [illegible]

A. State Manifest Document Number: NJA0092995
B. State Gen. ID: SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC.
6. US EPA ID Number: NJD980536577
C. State Transporter's ID: NJS WAS 8156 AK

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone: 609-365-5544

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC. 1800 CARMAN STREET CAMDEN, NJ 08105
10. US EPA ID Number: NJD980536577
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 609-365-5544

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. & WATER NA 1270 COMBUSTILBE LIQUID	1	TT	2200	G	X72
b.					
c.			2200		
d.					

J. Additional Descriptions for Materials Listed Above
a. c.
b. d.

K. Handling codes for Wastes Listed Above
a. T04-CENTRIFUGE c.
b.

15. Special Handling Instructions and Additional Information

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

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

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Signature: 2200 Date: Month Day Year

GENERATOR

TRANSPORTER

FACILITY

In Case of an emergency or spill immediately call the State the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

ORIGINAL

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's 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
4. Generator's Phone

A. State Manifest Document Number: NJA0161010
B. State Gen. ID: SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE ~~XXX~~ VALLEY INC
6. US EPA ID Number: NJD980536577
C. State Transporter 1 ID: NJS WAS 8156 AC
7. Transporter 2 Company Name
8. US EPA ID Number
D. Transporter's Phone: 609-365-5544
E. State Transporter 2 ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone: 609-365-5544

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC
1800 CARMAN STREET
CAMDEN, NJ 08105
10. US EPA ID Number: NJD980536577

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. & WATER NA1270 COMBUSTIBLE LIQUID	1	TT	[illegible]	G	X726
b.					
c.					
d.					

GENERATOR

J. Additional Descriptions for Materials Listed Above
a. c.
b. d.

K. Handling codes for Wastes Listed Above
a. T04-CENTRIFUGE c.
b. d.

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: [illegible] 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

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

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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. [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]

A. State Manifest Document Number **NJA0161003**

B. State Gen. ID SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC

6. US EPA ID Number: NJD980536577

C. State Transporter 1 ID: NJS WAS [illegible] 8136 AC

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone: 609-365-5544

9. Designated Facility Name and Site Address:
FLOWEN OIL DELAWARE VALLEY INC
1800 CARMAN STREET
CAMDEN, NJ 08105

10. US EPA ID Number: NJD980536577

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 609-365-5544

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. & WATER NA1270 COMBUSTIBLE LIQUID	1	TT	1	G	X726
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a.
b.
c.
d.

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

15. Special Handling Instructions and Additional Information

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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

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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: PAD944545995 — 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: Metro Containers, 2nd & Pond St, Trenton, PA 19013
4. Generator's Phone: (215) 485-6100

A. State Manifest Document Number: NJA0161031
B. State Gen. ID: SAME

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC
6. US EPA ID Number: NJD980536577
C. State Transporter 1 ID: NJS WAS8156 AC
D. Transporter's Phone: 609-365-5544

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter 2 ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: FLOWEN OIL DELAWARE VALLEY INC, 1800 CARMAN STREET, CAMDEN, NJ 08105
10. US EPA ID Number: NJD980536577
G. State Facility's ID:
H. Facility's Phone: 609-365-5544

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. & WATER NA1270 COMBUSTIBLE LIQUID	1	TT	900	G	X72
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. c.
b. d.

K. Handling codes for Wastes Listed Above
a. T04-CENTRIFUGE 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. 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: X STEVE ZUBRIN — Signature: X — Date: Month Day Year

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

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

GENERATOR — TRANSPORTER — FACILITY

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

NJA0161031

MIDLAND DIVISION
THE DEXTER CORPORATION
EAST WATER STREET, WAUKEGAN, ILLINOIS 60085 • 312/623-4200

ORIGINAL
(Red)

Dear Customer:

As part of Midland's continuous efforts of providing our customers with information needed to comply with the Federal Occupational Safety and Health Administration (OSHA) Hazard Communication Regulation (29 C.F.R. 1910.1200), we are herewith submitting copies of all of the Material Safety Data Sheets for products which you have recently purchased. We request that you forward the enclosed Material Safety Data Sheet(s) to the appropriate person who is responsible for health and safety in your firm. This information is needed in order to comply with your responsibilities under the recently enacted regulation for the training and education of your work force.

In addition to providing you with Material Safety Data Sheets, Midland has rated our products with respect to health, flammability and reactivity based upon the National Paint and Coatings Association's Hazardous Material Identification System (HMIS). This information has been included on our Material Safety Data Sheets as well. Personal protection recommendations will appear in Section 7 of the Material Safety Data Sheets and on our drum labels.

Midland has also undertaken a program to submit Material Safety Data Sheets to you prior to the initial shipment of our products. In addition to this, as our Material Safety Data Sheets are revised and/or updated, we will provide you with an updated version.

Thank you for your continued interest in Midland's high quality products.

Yours truly,

Stephen D. Morris
Manager
Regulatory & Legal Affairs

SDM/amb

Enclosure(s)

[illegible] - [illegible] SECRET [illegible] DIPLA[illegible]/DEXTER CORP.
[illegible] SAFETY DATA SHEET
PAGE 1 OF 2

ORIGINAL (Red)

DATE PREPARED : 1/3/86 PREPARED BY : K BUNTON

SECTION I

MANUFACTURER'S NAME: [illegible], THE DEXTER CORPORATION
STREET ADDRESS : [illegible] EAST [illegible] STREET [illegible], ILLINOIS 60085
TELEPHONE : (312) 623-[illegible] TWX: (312) 679-6967
MANUFACTURER'S CODE: [illegible]
TRADE NAME : CLEAR COATING

SECTION II - HAZARDOUS INGREDIENTS

INGREDIENT(S)	CAS NO.	WEIGHT PERCENT	TLV		VAPOR PRES MM HG @20C
XYLENE	1330-20-7	20-30	100	(PPM)	21.0
CYCLOHEXANONE	100-[illegible]-1	20-30	50	(PPM)	3.4
METHYL ETHYL KETONE	78-[illegible]-3	10-20	200	(PPM)	75.0
ETHYL ALCOHOL	71-[illegible]-5	<10	100	(PPM)	4.4
METHYL ISOBUTYL KETONE	10[illegible]-10-1	<10	100	(PPM)	15.0

SECTION III - PHYSICAL PROPERTIES - FIRE AND EXPLOSION HAZARDS

FLASHPOINT FOR [illegible] = [illegible] EG. F SETAFLASH CC LFL: 1.1
DOT CATEGORY = [illegible]
OSHA CLASSIFICATION = [illegible]
VAPOR DENSITY: HEAVIER THAN AIR.
EXTINGUISHING MEDIA: USE [illegible], FOAM, DRY CHEMICAL, OR CARBON DIOXIDE.

SECTION [illegible] - HEALTH INFORMATION

OVER EXPOSURE BY INHALATION MAY CAUSE IRRITATION OF THE RESPIRATORY TRACT, HEADACHE, DIZZINESS, OR [illegible].

SKIN OR EYE CONTACT: IRRITANT TO THE EYES AND SKIN.

EMERGENCY AND FIRST AID PROCEDURES: INHALATION: REMOVE FROM EXPOSURE. EYE CONTACT: FLUSH IMMEDIATELY WITH LARGE AMOUNTS OF RUNNING WATER FOR AT LEAST 15 MINUTES. SKIN CONTACT: REMOVE CONTAMINATED CLOTHING AND WASH SKIN WITH SOAP AND WATER. INGESTION: [illegible]. IF NECESSARY, CONSULT A PHYSICIAN FOR ANY OF THESE CONDITIONS.

SECTION [illegible] - REACTIVITY DATA

STABILITY: STABLE. HAZARDOUS DECOMPOSITION BY-PRODUCTS: FUMES MAY CONTAIN [illegible]. MAY PRODUCE HAZARDOUS FUMES WHEN HEATED TO DECOMPOSITION AS IN WELDING.

SECTION [illegible] - SPILL OR LEAK PROCEDURES

REMOVE ALL SOURCES OF IGNITION, AVOID CREATING VAPORS, VENTILATE AREA, AND REMOVE WITH INERT ABSORBANT AND NON-SPARKING TOOLS. DISPOSE OF IN ACCORDANCE WITH LOCAL, STATE, AND FEDERAL REGULATIONS. BEFORE ATTEMPTING TO CLEAN UP SEE SECTION [illegible].

SECTION [illegible] - [illegible]

[illegible] CHEMICAL MECHANICAL RESPIRATOR. [illegible] APPROVED CHEMICAL MECHANICAL FILTERS. [illegible] USE NIOSH APPROVED AIR LINE TYPE RESPIRATORS OR HOODS.

VENTILATION: PROVIDE GENERAL DILUTION OR LOCAL EXHAUST VENTILATION TO KEEP TLV AND LEL BELOW ACCEPTABLE LIMITS AND TO REMOVE DECOMPOSITION PRODUCTS.

PROTECTIVE EQUIPMENT:GLOVES ARE REQUIRED FOR PROLONGED OR REPEATED CONTACT. USE SAFETY EYEWARE DESIGNED TO PROTECT AGAINST SPLASH OF LIQUIDS.

DO NOT TAKE INTERNALLY. CONTAINERS SHOULD BE GROUNDED WHEN POURING. AVOID FREE FALL OF LIQUID IN EXCESS OF A FEW INCHES. MAKE SURE THE DRUM IS COMPLETELY EMPTY BEFORE ATTEMPTING TO WELD OR BRAZE. THE DRUM SHOULD BE INDUSTRIALLY CLEANED PRIOR TO REUSE. DO NOT FLAME CUT, BRAZE, OR WELD WITHOUT A NIOSH APPROVED RESPIRATOR OR APPROPRIATE VENTILATION.

SECTION VIII - ADDITIONAL INFORMATION

THOSE MATERIALS LISTED IN SECTION II WITH AN ASTERISK HAVE BEEN LISTED BY ONE OF THE FOLLOWING TESTING AGENCIES: NATIONAL TOXICOLOGY PROGRAM, INTERNATIONAL AGENCY FOR RESEARCH [illegible], OR OSHA.

[illegible]

NPCA HMIS CLASSIFICATION: HEALTH- [illegible], FLAMMABILITY- [illegible], REACTIVITY- 1.
SEE SECTION VII FOR PERSONAL PROTECTION EQUIPMENT.

ORIGINAL
(Red)

MATERIAL SAFETY DATA SHEET

HEALTH 1
FLAMMABILITY 1
REACTIVITY 0
PERSONAL PROTECTION B
Style NC-LS03A

SECTION I

MANUFACTURER'S NAME: CRUCIBLE CHEMICAL COMPANY	EMERGENCY TELEPHONE NO.: (803) 277-1284
ADDRESS (Number, Street, City, State, and ZIP Code): P. O. Box 6786, Greenville, SC 29606	
CHEMICAL NAME AND SYNONYMS: None	TRADE NAME AND SYNONYMS: FOAMKILL® 649
CHEMICAL FAMILY: Petroleum Hydrocarbon	FORMULA: Proprietary Blend
CAS REGISTRY NO.: Not applicable	EPA CODE DESIGNATION: Not applicable

SECTION II HAZARDOUS INGREDIENTS

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (UNITS)	ALLOYS AND METALLIC COATINGS	%	TLV (UNITS)
PIGMENTS			BASE METAL		
CATALYST			ALLOYS		
VEHICLE			METALLIC COATINGS		
SOLVENTS			FILLER METAL PLUS COATING OR CORE FLUX		
ADDITIVES			OTHERS		
OTHERS					

HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES		%	TLV (UNITS)
This specific chemical identity is being withheld as a trade secret			
and will be available to health professionals under certain specified			
situations. (Mist)	TWA		5mg/M^3
	STEL		10mg/M^3

SECTION III PHYSICAL DATA

BOILING POINT (°F.)	480°F	SPECIFIC GRAVITY (H_2O=1)	0.870
VAPOR PRESSURE (mm Hg.)	Not Known	PERCENT VOLATILE BY VOLUME (%)	Not Known
VAPOR DENSITY (AIR=1)	Not Known	EVAPORATION RATE (Buac =1)	<0.01
SOLUBILITY IN WATER	Dispersible		
APPEARANCE AND ODOR	Light cream fluid; mild hydrocarbon odor		

SECTION IV FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used): 125°C (257°F) T.O.C.	FLAMMABLE LIMITS	Lel: 1	Uel: 6
EXTINGUISHING MEDIA: Carbon dioxide, dry chemical, or foam			
SPECIAL FIRE FIGHTING PROCEDURES: None known			
UNUSUAL FIRE AND EXPLOSION HAZARDS: Can form combustible mixtures with air when heated to approximately 257°F.			

ORIGINAL
(Red)

SECTION V HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE	5mg/M^3 for oil mist in air (OSHA Regulation 29 CFR 1910.1000)
EFFECTS OF OVEREXPOSURE	(See page 3)
EMERGENCY AND FIRST AID PROCEDURES	(See page 3)

SECTION VI REACTIVITY DATA

STABILITY	UNSTABLE		CONDITIONS TO AVOID
	STABLE	X	Heat, sparks and open flame
INCOMPATABILITY (Materials to avoid)	Strong oxidants like: liquid chlorine, concentrated oxygen, sodium or clacium hypochlorite.		
HAZARDOUS DECOMPOSITION PRODUCTS	Incomplete combustion can yield carbon monoxide and various hydrocarbons.		
HAZARDOUS POLYMERIZATION	MAY OCCUR		CONDITIONS TO AVOID
	WILL NOT OCCUR	X	

SECTION VII SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED	Eliminate source of spill and cover area with suitable absorbant and remove to waste containers.
WASTE DISPOSAL METHOD	Incinerate in furnace according to federal, state and local regulations.

SECTION VIII SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION (Specify type)	≤50mg/M^3 use respirator; >50mg/M^3 use breathing apparatus.		
VENTILATION	LOCAL EXHAUST	Acceptable	SPECIAL
	MECHANICAL (General)		OTHER
PROTECTIVE GLOVES	Neoprene gloves	EYE PROTECTION	Safety glasses
OTHER PROTECTIVE EQUIPMENT	Eye wash, safety shower		

SECTION IX SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING	Do not store with strong oxidizers. Remove spills promptly, as they may make floors slippery.
OTHER PRECAUTIONS	**FOR INDUSTRIAL USE ONLY**

DATE ISSUED 11-11-85

The information contained herein is correct to the best of our knowledge and belief as of the date of publication of this Material Safety Data Sheet.

INTERNAL CODE IDENTIFICATION 31-012

HEALTH INFORMATION (EFFECTS OF OVEREXPOSURE)

INHALATION

Possible effects include headache, nasal and respiratory irritation, nausea, drowsiness, fatigue, peumonitis, pulmonary edema, central nervous system depression.

EYE CONTACT

Irritation.

SKIN CONTACT

Irritation; may cause dermatitis due to defatting of keratin layer.

INGESTION

Possible effects include headache, drowsiness, nausea, fatigue, peumonitis, pulmonary edema, central nervous system depression. Aspiration hazard.

EMERGENCY AND FIRST AID PROCEDURES:

INHALATION

Move exposed person to fresh air. If breathing has stopped, perform artificial respiration. Get medical attention as soon as possible.

EYE CONTACT

Immediately flush eyes with water for a minimum of 15 minutes, occasionally lifting the lower and upper lids. Get medical attention as soon as possible.

SKIN CONTACT

If clothing is soaked, immediately remove clothing and wash skin with soap and water. Launder clothing before wearing. Get medical attention promptly.

INGESTION

Do NOT induce vomiting. Get medical attention as soon as possible

The information contained herein is correct to the best of our knowledge and belief as of the date of publication of this Material Safety Data Sheet.

ORIGINAL
(Red)

Section V — HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE See Section II

EFFECTS OF OVEREXPOSURE: EYES: Can cause severe irritation, redness, tearing, blurred vision

SKIN: Prolonged or repeated contact can cause moderate irritation, defatting, dermatitis.

BREATHING: Excessive inhalation of vapors can cause nasal and respiratory irritation, dizziness, weakness, fatigue, nausea, headaches, possible unconsciousness, and even asphyxiation.

SWALLOWING: Can cause gastrointestinal irritation, nausea, vomiting, diarrhea. Aspiration of material into lungs can cause chemical pneumonitis which can be FATAL.

Reproductive and blood disorders and birth defects have been observed in long term studies on laboratory animals with 2-Ethoxyethyl Acetate. Harmful if inhaled or absorbed through skin.

EMERGENCY AND FIRST AID PROCEDURES SKIN: Thoroughly wash exposed area with soap and water. Remove contaminated clothing and launder before re-use EYES: Flush with large amounts of water. GET MEDICAL ATTENTION!

BREATHING VAPORS. Remove individual to fresh air, administer oxygen and artificial respiration if necessary. GET MEDICAL ATTENTION! SWALLOWING: **DO NOT INDUCE VOMITTING**—GET MEDICAL ATTENTION

Section VI — REACTIVITY DATA

STABILITY ☐ UNSTABLE ☒ STABLE CONDITIONS TO AVOID: Avoid contact with strong alkalies

COMPATABILITY (*Materials to avoid*) Strong mineral acids and strong oxidizing agents.

HAZARDOUS DECOMPOSITION PRODUCTS Thermal decomposition or burning may produce carbon monoxide, carbon dioxide and various hydrocarbons.

HAZARDOUS POLYMERIZATION ☐ MAY OCCUR ☒ WILL NOT OCCUR

CONDITIONS TO AVOID

Section VII — SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED: Contain spill with absorbent material. Place any contaminated absorbent in approved waste containers.

WASTE DISPOSAL METHOD: Bury in a posted toxic substance landfill in accordance with all Local, State, and Federal regulations.

Section VIII — SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION If TLV of the product or any component is exceeded, a NIOSH/MESA jointly approved self contained breathing apparatus with a full face-piece operated in pressure demand or other positive pressure mode is advised. However, OSHA regulations also permit other NIOSH/MESA respirators under specified conditions. (SEE YOUR SAFETY EQUIPMENT SUPPLIER)

VENTILATION: Provide sufficient mechanical (GENERAL) and/or LOCAL exhaust ventilation to maintain exposure below TLV(s).

PROTECTIVE GLOVES: Chemical resistant, wear resistant gloves.

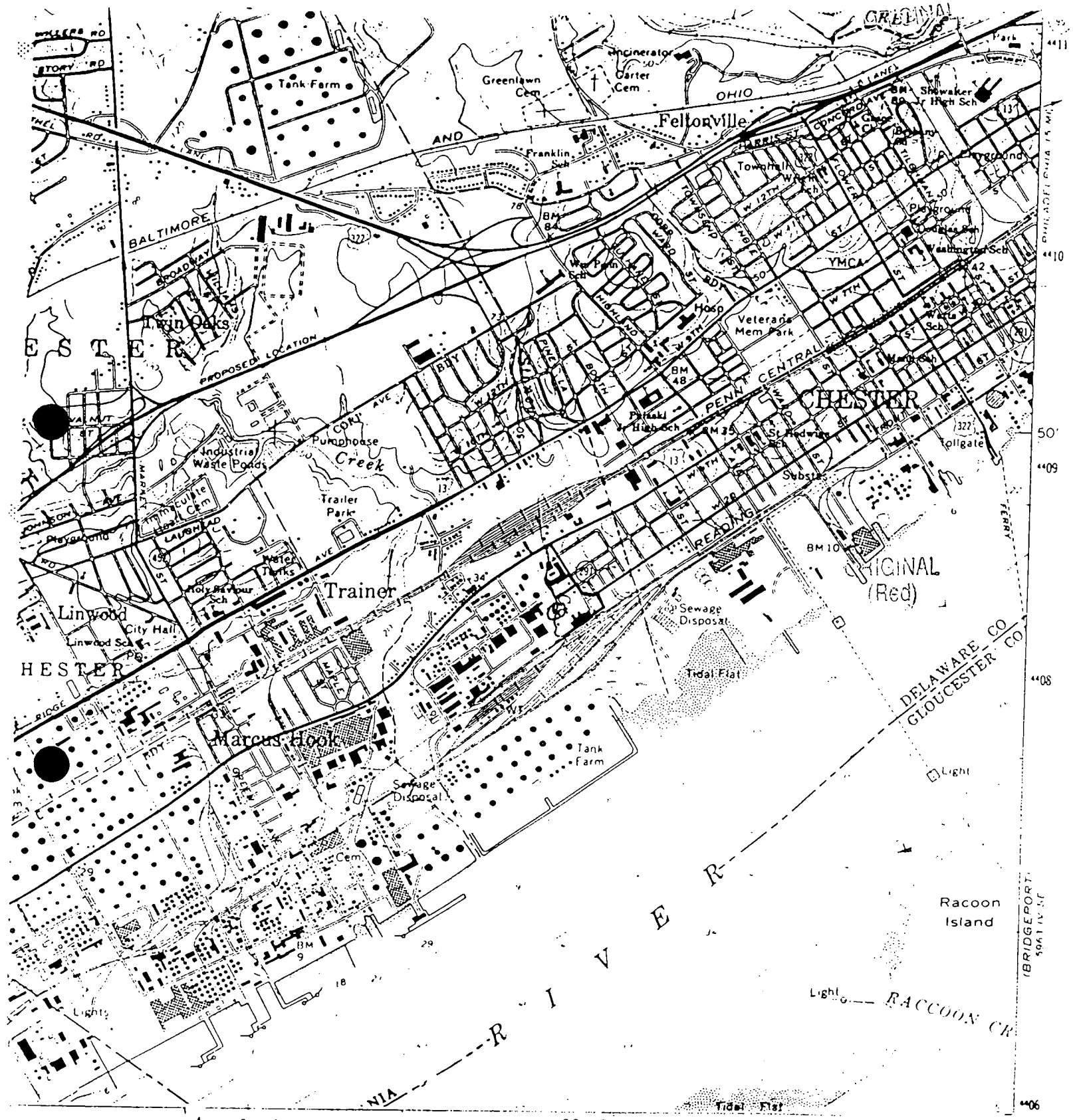
EYE PROTECTION: Chemical splash resistant coverall goggles in compliance with OSHA Regulations.

OTHER PROTECTIVE EQUIPMENT: Eye bath, safety shower, rubber apron, normal work clothing covering body.

Section IX — SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING: Observe all hazard precautions given in the data sheet. Keep away from heat and open flame.

OTHER PRECAUTIONS: Containers of this material may be hazardous when emptied. Since emptied containers may retain product residues (Vapors, Liquid and/or Solid), ALL HAZARD PRECAUTIONS given in this Data Sheet MUST BE OBSERVED in handling empty containers.



75°25'

SCALE 1:24 000

75°22'30"

1000 0 1000 2000 3000 4000 5000 6000 7000 FEET

MN GN

9° 160 MILS 0°17' 5 MILS

⊗ - OUTFALL 001

CONTOUR INTERVAL 10 FEET
DATUM IS MEAN SEA LEVEL
DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS MEAN LOW WATER
SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER
THE MEAN RANGE OF TIDE IS APPROXIMATELY 5.6 FEET

MARCUS HOOK, PA-NJ-DEL
SW/4 CHESTER 15' QUAD
N3945-W7522.5/7.5

UTM GRID AND 1967 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS

TABLE SELECTED WATER QUALITY CRITERIA ORIGINAL (Red)

COMPOUNDS	NATIONAL PRIMARY DRINKING WATER REGULATIONS (mg/l) MCL	RMCL	REGULATORY LEVEL (mg/l)	APPORTIONED REFERENCE LEVEL FOR WATER (mg/l)
VOLATILES	Regulations			
2V acrolein				
3V acrylonitrile (VINYL CYANIDE)			5.0	0.002
4V benzene	0.005	0	0.07	0.005
6V carbon tetrachloride (TETRACHLOROMETHANE)	0.005	0	0.07	0.005
7V chlorobenzene		0.06	1.4	0.1
10V 1,2-dichloroethane (ETHYLENE DICHLORIDE)	0.005	0	0.40	0.005
11V 1,1,1-trichloroethane (METHYL CHLOROFORM)	0.20	0.20	30	0.2
13V 1,1-dichloroethane (ETHYLIDINE CHLORIDE)				
14V 1,1,2-trichloroethane (VINYL TRICHLORIDE)			1.2	0.06
15V 1,1,2,2-tetrachloroethane			1.3	0.02
16V chloroethane (ETHYL CHLORIDE)				
19V 2-chloroethylvinyl ether				
23V chloroform (TRICHLOROMETHANE)			0.07	0.005
29V 1,1-dichloroethylene (VINYLIDINE CHLORIDE)	0.007	0.007	0.1	0.007
30V 1,2-cis-trans-dichloroethylene		0.07		
32V 1,2-dichloropropane		0.006		
33V 1,3-dichloropropylene				
38V ethylbenzene		0.68		
44V methylene chloride (DICHLOROMETHANE)			8.6	0.6
45V methyl chloride (HALOMETHANES) (CHLOROMETHANE)				
46V methyl bromide (BROMOMETHANE)				
47V bromoform (TRIBROMOMETHANE)				
48V dichlorobromomethane (BROMODICHLOROMETHANE)				
49V trichlorofluoromethane				
50V dichlorodifluoromethane				
51V chlorodibromomethane				
85V tetrachloroethylene (PERCHLOROETHYLENE) (PCE)			0.1	0.007
86V toluene		2.0	14.4	1.0
87V trichloroethylene (1,1,2-) (TCE)	0.005	0	0.07	0.005
88V vinyl chloride (CHLOROETHENE)	0.001	0	0.05	0.001
ACID COMPOUNDS				
21A 2,4,6- trichlorophenol (2,4,6-TCP)			0.30	0.02
22A 4-p-chloro-3-m-cresol				
24A 2- chlorophenol				
31A 2,4-dichlorophenol (DCP)				
34A 2,4- dimethylphenol (2,4-DMP)				
57A 2- nitrophenol				
58A 4- nitrophenol				
59A 2,4- dinitrophenol (DNP)				
60A 4,6- dinitro-o-cresol				
64A pentachlorophenol		0.22	3.6	0.25
65A phenol			14.4	1.0

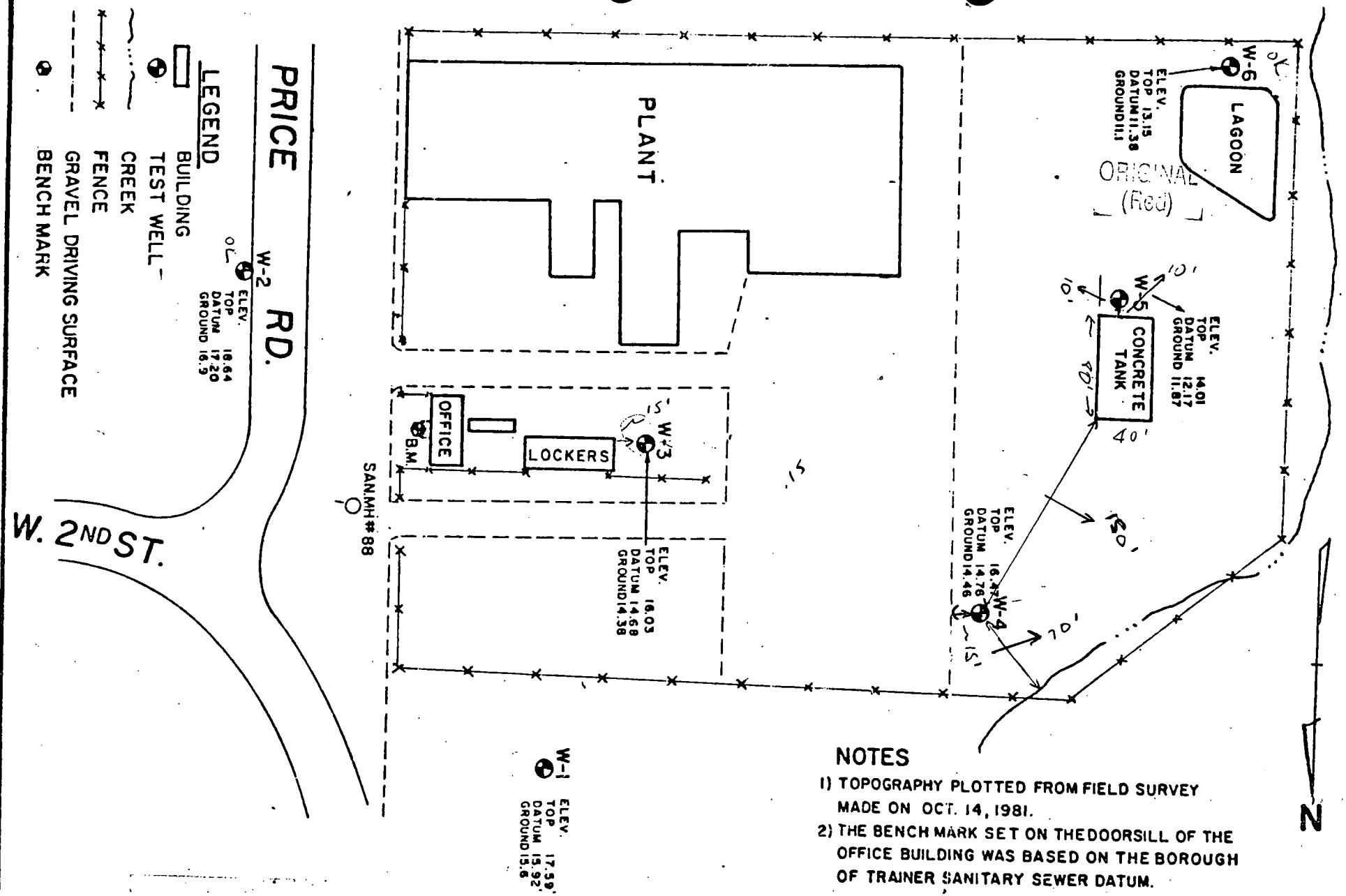
RMCLs, MCLs - Federal Register Nov. 13, 1985

TABLE

SELECTED WATER QUALITY CRITERIA

ORIGINAL (Red)

COMPOUNDS	NATIONAL PRIMARY DRINKING WATER REGULATIONS (mg/l) MCL	RMCL	REGULATORY LEVEL (mg/l)	APPORTIONED REFERENCE LEVEL FOR WATER (mg/l)	
BASE/NEUTRAL COMPOUNDS					
1B acenaphthene					
5B benzidine					
8B 1,2,4- trichlorobenzene					
9B hexachlorobenzene (HCB)		NDDW	0.13	0.0002	
12B hexachloroethane (HCE)			4.3	0.3	
13B bis(2-chloroethyl)ether			0.05	0.0003	
20B 2-chloronaphthalene					
25B 1,2-dichlorobenzene		0.62	4.3	0.3	
26B 1,3-dichlorobenzene	0.75	0.75			
27B 1,4-dichlorobenzene			10.8	0.75	
28B 3,3'-dichlorobenzidine (DCB)					
35B 2,4- dinitrotoluene (2,4-DNT)			0.13	0.001	
36B 2,6- dinitrotoluene					
37B 1,2- diphenylhydrazine (DPH) (as azobenzene)					
39B fluoranthene					
40B 4- chlorophenyl phenyl ether					
41B 4-bromophenyl phenyl ether					
42B bis (2-chloroisopropyl) ether					
43B bis (2-chloroethoxy) methane					
52B hexachlorobutadiene			0.72	0.05	
53B hexachlorocyclopentadiene					
54B isophorone					
55B naphthalene					
56B nitrobenzene			0.13	0.04	
61B N-nitrosodimethylamine					
62B N-nitrosodiphenylamine					
63B N-nitrosodi-n-propylamine					
66B bis (2-ethylhexyl) phthalate					
67B butyl benzyl phthalate					
68B di-n-butyl phthalate					
69B di-n-octyl phthalate (DOP)					
70B diethyl phthalate (DEP)					
71B dimethyl phthalate					
72B benzo(a)anthracene					
73B benzo(a)pyrene					
74B 3,4-benzofluoranthene					
75B benzo(k)fluoranthene					
76B chrysene					
77B acenaphthylene					
78B anthracene					
79B benzo(ghi)perylene					
80B fluorene					
81B phenanthrene					
82B dibenzo(a,h)anthracene					
83B indeno(1,2,3-cd)pyrene					
84B pyrene					



NOTES

1) TOPOGRAPHY PLOTTED FROM FIELD SURVEY MADE ON OCT. 14, 1981.
2) THE BENCH MARK SET ON THE DOORSILL OF THE OFFICE BUILDING WAS BASED ON THE BOROUGH OF TRAINER SANITARY SEWER DATUM.

ROGER L. McGUIGAN
Professional Engineer

TEST WELL LOCATIONS
UNIVERSAL CONTAINER CORPORATION
W. 2ND ST. & PRICE RD. TRAINER, PENNA.

JOB No.	06059
DATE	10-16-81
SCALE	1" = 100'
DRAWN BY	DJZ
CHKD BY	

CLIENT: E.M.S. Resource Group
CLIENT ID: Metro Container, Well #2

SAMPLE ID: AA7741
CHART NO. T010484-08

ORIGINAL
(Red)

VOLATILE ORGANIC COMPOUNDS

U.S.E.P.A. METHODS: 601 AND 602

Parameters	MDL* (ug/l)	RESULTS (ug/l)
Benzene	1.0	N.D.
Bromodichloromethane	1.0	N.D.
Bromoform	1.0	N.D.
Bromomethane	1.0	N.D.
Carbon Tetrachloride	1.0	N.D.
Chlorobenzene	1.0	N.D.
Chlorodibromomethane	1.0	N.D.
Chloroethane	1.0	N.D.
2-Chloroethyl vinyl ether	1.0	N.D.
Chloroform	1.0	N.D.
Chloromethane	1.0	N.D.
1,2-Dichlorobenzene	1.0	N.D.
1,3-Dichlorobenzene	1.0	N.D.
1,4-Dichlorobenzene	1.0	N.D.
Dichlorodifluoromethane	1.0	N.D.
1,1-Dichloroethane	1.0	N.D.
1,2-Dichloroethane	1.0	N.D.
1,1-Dichloroethene	1.0	N.D.
trans-1,2-Dichloroethene#	1.0	N.D.
1,2-Dichloropropane	1.0	N.D.
cis-1,3-Dichloropropene	1.0	N.D.
trans-1,3-Dichloropropene	1.0	N.D.
Ethylbenzene	1.0	N.D.
Fluorotrichloromethane	1.0	N.D.
Methylene chloride	1.0	N.D.
1,1,2,2-Tetrachloroethane	1.0	N.D.
Tetrachloroethene	1.0	N.D.
Toluene	1.0	N.D.
1,1,1-Trichloroethane	1.0	N.D.
1,1,2-Trichloroethane	1.0	N.D.
Trichloroethene	1.0	N.D.
Vinyl chloride	1.0	N.D.

*MDL = MINIMUM DETECTION LEVEL
BMDL = PRESENT BUT BELOW MINIMUM DETECTION LEVEL
#cis-1,2-Dichloroethene (a non-targetted compound) coelutes with trans-1
Dichloroethene and the GC (or GC/MS) cannot distinguish one from the ot

It is recommended that all positive identifications be confirmed by GC/MS analysis.

CLIENT: E.M.S. Resource Group, Inc. SAMPLE ID: AA7741
CLIENT ID: Metro Container Well #6 CHART NO. T010484-09

VOLATILE ORGANIC COMPOUNDS ORIGINAL (Red) Well #6 VOA only

U.S.E.P.A. METHODS: 601 AND 602

Parameters	MDL* (ug/1)	RESULTS (ug/1)
Benzene	25.0	N.D.
Bromodichloromethane	25.0	N.D.
Bromoform	25.0	N.D.
Bromomethane	25.0	N.D.
Carbon Tetrachloride	25.0	N.D.
Chlorobenzene	25.0	N.D.
Chlorodibromomethane	25.0	N.D.
Chloroethane	25.0	N.D.
2-Chloroethyl vinyl ether	25.0	N.D.
Chloroform	25.0	N.D.
Chloromethane	25.0	N.D.
1,2-Dichlorobenzene	25.0	N.D.
1,3-Dichlorobenzene	25.0	N.D.
1,4-Dichlorobenzene	25.0	N.D.
Dichlorodifluoromethane	25.0	N.D.
1,1-Dichloroethane	25.0	N.D.
1,2-Dichloroethane	25.0	N.D.
1,1-Dichloroethene	25.0	N.D.
trans-1,2-Dichloroethene#	25.0	N.D.
1,2-Dichloropropane	25.0	N.D.
cis-1,3-Dichloropropene	25.0	N.D.
trans-1,3-Dichloropropene	25.0	N.D.
Ethylbenzene	25.0	N.D.
Fluorotrichloromethane	25.0	N.D.
Methylene chloride	25.0	N.D.
1,1,2,2-Tetrachloroethane	25.0	N.D.
Tetrachloroethene	25.0	N.D.
Toluene	25.0	N.D.
1,1,1-Trichloroethane	25.0	N.D.
1,1,2-Trichloroethane	25.0	N.D.
Trichloroethene	25.0	N.D.
Vinyl chloride	25.0	N.D.

*MDL = MINIMUM DETECTION LEVEL
BMDL = PRESENT BUT BELOW MINIMUM DETECTION LEVEL
#cis-1,2-Dichloroethene (a non-targetted compound) coelutes with trans-1
Dichloroethene and the GC (or GC/MS) cannot distinguish one from the ot

It is recommended that all positive identifications be confirmed by GC/MS analysis.

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. _____

Cambridge Chem Cleaning
(Name of Carrier)

Carrier's No. _____

ORIGINAL
(Red)

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

at [illegible] Container 19 57 From

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

Destination Camden State N.J. Zip _____ County _____ Delivery Address ★ _____

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

Route _____

Delivering Carrier _____ 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
	5000 gal waste oil			

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.

_____ Shipper, Per _____ Agent, Per _____

3

Permanent post-office address of shipper _____

WilsonJones

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. PAD004837645
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
Metro Container Inc
PO Box H Trainer PA
4. Generator's Phone 215 485-6100

A. State Manifest Document Number **NJA 0251630**
B. State Gen. ID SAME
C. State Transporter ID
D. Transporter 1 Phone
E. State Transporter 2 ID
F. Transporter 2 Phone
G. State Facility's ID
H. Facility's Phone 609-325-5349

5. Transporter 1 Company Name ABC TANK Co.
6. US EPA ID Number NJD986085645

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

9. Designated Facility Name and Site Address
Fisher Oil
100 Kimball
Camden NJ 08105
10. US EPA ID Number NJD980505617

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 UN1270	001	TT	05000	G	X-782
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, and all applicable state laws and 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

GENERATOR

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

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

TRANSPORTER

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day Year

FACILITY

NJA 0251630

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. PAD[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
Metro Container Inc
P.O. Box A Trainer PA

4. Generator's Phone 215 485-6100

A. State Manifest Document Number NJA 0251530

B. State Gen. ID Same

5. Transporter 1 Company Name ABC Tank Co
6. US EPA ID Number NJD[illegible]

C. State Transporter's ID [illegible]

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

D. Transporter's Phone [illegible]

9. Designated Facility Name and Site Address
Flowen Oil
1200 Carman St
Camden NJ 08105

10. US EPA ID Number NJD[illegible]

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 609-[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. Combustible Liquid NA1310	[illegible]	TT	5500	G	X-722
b.					
c.					
d.					

GENERATOR

J. Additional Descriptions for Materials Listed Above
a. [illegible]
b.

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 and 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 [illegible] Signature Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Loyd Campbell Signature Loyd Campbell 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

NJA 0251530

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039, Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. PHD 141515 1715
2. Page 1 of
Information in the shaded areas is not required by Federal law.*

3. Generator's Name and Mailing Address: Metro Container Inc, Philadelphia PA
4. Generator's Phone: (215) 425-[illegible]
A. State Manifest Document Number: NJA0208680
B. State Generator's ID: [illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]
E. State Transporter's ID: [illegible]
F. State Facility's ID: [illegible]
G. Facility's Phone: [illegible]

5. Transporter 1 Company Name: A&L Tank Co.
6. US EPA ID Number: NJD 981[illegible]
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: Fluson Oil, 1400 Carr St, Camden NJ 08105
10. US EPA ID Number: NJD 981 334 177

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 [illegible] Contained Liquid [illegible]	001	TT	15500	G	Y-[illegible]
b.					
c.					
d.					

GENERATOR

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.
b.

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 and regulations.
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Printed/Typed Name: [illegible] | Signature: [illegible] | Date (Month Day Year): [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Henry Bassi Sr | Signature: [illegible] | Date (Month Day Year): [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Henry Bassi Sr | 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)

NJA0208680

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's 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: Metro Container Company, [illegible] Trainer PA. [illegible]

A. State Manifest Document Number: NJA 0251549

4. Generator's Phone: [illegible]

5. Transporter 1 Company Name: ABC Tank Company | 6. US EPA ID Number: [illegible]

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

9. Designated Facility Name and Site Address: Flowen Oil, 1800 Carmen Street, Camden, NJ 08105 | 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 Combustible NA 1270	001	TT	[illegible]	G.	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above | K. Handling codes for Wastes Listed Above

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 and 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: [illegible] | Signature: [illegible] | Date: Month Day Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Boyd Campbell | Signature: Boyd Campbell | 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

GENERATOR

TRANSPORTER

FACILITY

NJA 0251549

ORIGINAL
(Red)

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. PAD044[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
Metro Container Inc
[illegible]

4. Generator's Phone (215) 485-6100

A. State Manifest Document Number **NJA0251548**

5. Transporter 1 Company Name
ABC Tank Company

6. US EPA ID Number
NJD980626453

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
Flowen Oil
1800 Carmen Street
Camden, NJ 08105

10. US EPA ID Number
NJD060686577

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 Combustible Liquid NA1270	001	TT	[illegible]	G.	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

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 and regulations.
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Printed/Typed Name | Signature | Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] | Signature: [illegible] | Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

GENERATOR MAIL TO TSD'S STATE

ORIGINAL

State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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. PAD 9454 5395 — 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 **NJA0180786**
B. State Gen. ID SAME

5. Transporter 1 Company Name FLOWEN OIL DELAWARE VALLEY INC — 6. US EPA ID Number NJD980536577
C. State Transporter 1 ID NJ DEP S8156 AC

7. Transporter 2 Company Name — 8. US EPA ID Number
D. Transporter's Phone 609-365-5544
E. State Transporter 2 ID

9. Designated Facility Name and Site Address FLOWEN OIL DELAWARE VALLEY INC, 1800 CARMAN STREET, CAMDEN, NJ 08105 — 10. US EPA ID Number NJD980536577
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone 609-365-5544

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. & WATER NA 1270 COMBUSTIBLE LIQUID	1	TT	1000	G	X726
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. [illegible] c. [illegible]
b. [illegible] d. [illegible]

K. Handling codes for Wastes Listed Above
a. T04-EX CENTRIFUGE c.
b. d.

15. Special Handling Instructions and Additional Information
NJ DECAL # [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. 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 [illegible] CHAEL MORRISSEY — Signature [illegible] — Date Month Day Year [illegible]

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

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

GENERATOR — TRANSPORTER — FACILITY

NJA0180786

EPA Form 8700-22 (Rev. 4-85) Previous edition obsolete

ORIGINAL
(Red)

PREPAREDNESS, PREVENTION AND CONTINGENCY PLAN

METRO CONTAINER CORPORATION

TRAINER, PA

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ORIGINAL
(Red)

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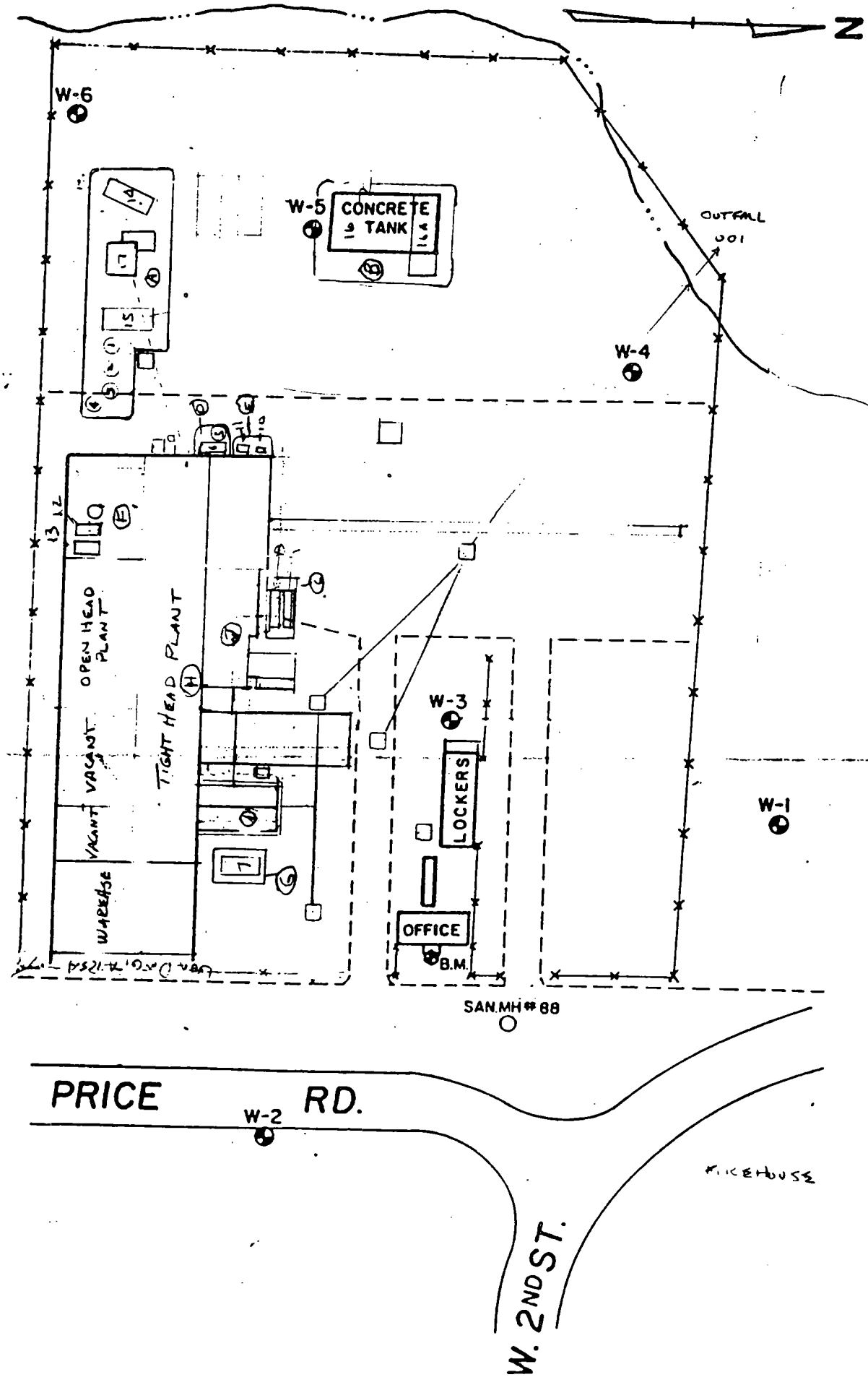
ORIGINAL
(Red)

Fig 1

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY WASHINGTON

ORIGINAL
(Red)



ORIGINAL
(Red)

SECTION A - GENERAL DESCRIPTION OF THE INDUSTRIAL ACTIVITY

Metro Container Corporation is a closed-head drum reconditioning plant which processes used 55-gallon steel drums for ressale and/or disposal. Operations include unloading, paint stripping, label removal, cleaning, metal cleaning, phosphatizing, dedenting, shot blasting, leak testing, and painting per the process flow chart below:

Drums Unloaded → Drums Inspected → Drums Drained → Drums Pre-flushed And/or Chained → Exterior Paint Stripping/Cleaning (23% Caustic) →

Exterior Rinse → Chime Straightening → 1st Interior Cleaning (23% Caustic) → 2nd Interior Cleaning (23% Caustic) → 1st Interior Hot Rinse →

2nd Interior Hot Rinse → 1st Interior Metal Strip (28% HCl) → 2nd Interior Metal Strip (28% HCl) → 1st Cold Rinse → 2nd(Final) Cold Rinse →

Phosphatizing → Syphoning → Drying → Dedenting → Shot Blasting → Leak Testing →

Pre-drying → Painting → Baking → Warehouse → Loading

Waste products include solid waste, shot, shot blasting sludge, paper waste, DAF float filter cake waste, and waste oil primarily from refining operations.

Figure #1 is a 8½"x11" portion of a 7½ minute USGS map of the Marcus Hook, Pa-NJ-De SW/4 Chester 15 minute quadrangle showing the following:

(a) Location of the site and boundaries of the site.
(b) Location of surface drainage courses leading away from the site(Detailed in Figure #2) and major surface streams and tributaries near the site.
(c) Public/private groundwater supplies are not in the vicinity of the site.
(d) Public/private surface water intakes are downstream of the point where the BP Oil outfall/Stoney Creek joins the Delaware River. The intakes are used soley for industrial purposes such as cooling tower make-up, process water, etc as far as can be determined.

Figure #2 shows the following:

(a) A general layout of the site.
(b) Property boundaries.
(c) Areas occupied by manufacturing facilities.
(d) Raw materials storage.
(e) Loading and unloading areas.
(f) Waste handling, storage and treatment facilities.
(g) Drains/pipes which lead away from potential leak of spill areas.
(h) Outfall pipes which discharge to Stoney Creek/BP Oil outfall tributary.
(i) Secure and open access areas.
(j) Entrance and exit areas to the site.

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SECTION B - DESCRIPTION OF EXISTING EMERGENCY RESPONSE PLAN(S).

An existing plan (PPCP) was submitted on June, 1982 which is currently in effect and will be superceeded by the PPC plan submitted herin. A copy of this plan is attached.

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SECTION C - ORGANIZATIONAL STRUCTURE FOR IMPLEMENTATION OF PPC PLAN

The following personnel are listed according to duties assigned:

Duties	Personnel
(1) Materials inventory - Identification of materials and wastes	Peter Cabrey Steve Zubrin
(2) Identification of potential spill sources	Gardner Flynn
(3) Establishment of spill reporting procedures	Norman Backus
(4) Visual Inspection Programs	Michael Morrissey
(5) Review of past incidents, spills and counter-measures utilized	Gardner Flynn
(6) Implement goals of PPC Plan	Sidney Levy
(7) Coordinate activities for	
(a) Spill clean-up	Sidney Levy
(b) Notification of authorities	Steve Zubrin
(c) Establishment of training programs	Gardner Flynn
(8) Periodically review, evaluate PPC plan at regular intervals with changes as necessary.	Sidney Levy, Gardner Flynn
(9) Review new construction and process changes relative to PPC plan.	Sidney Levy, Gardner Flynn
(10) Evaluate effectiveness of the overall PPC plan and make recommendations to management.	Gardner Flynn

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SECTION D - MATERIAL AND WASTE INVENTORY

Stroage facilities are shown on Figure #2 for the materials and tankage listed below:

Tank #	Horizontal(H)/ Vertical(V)/Rect(R)	Material(s) Stored	Capacity(Gal)	Materials of Construction
1	V	HCl(28-32%)	3,500	Fiberglass
2	V	HCl(23-32%)	4,500	Polypropylene
3	V	HCl(28-32%)	4,300	Polypropylene
4	V	Alum(50%)	6,300	Polypropylene
5	V	Caustic(50%)	5,800	Carbon Steel
6	H	Caustic(50%)	5,000	Carbon Steel
7	H	Toluol	1,500	Carbon Steel
8	H	#5 Fuel Oil	6,000	Carbon Steel
9	H	#5 Fuel Oil	5,000	Carbon Steel
10	R	Waste Oil	500	Carbon Steel
11	H	Waste Oil	1,000	Carbon Steel
12	H	Caustic(23%)	8,000	Carbon Steel
13	H	Caustic(23%)	10,000	Carbon Steel
14	H	Waste Oil	20,000	Carbon Steel
15	H	DAF Sludge	20,000	Carbon Steel
16	R	DAF Sludge	225,000	Concrete
16A	R	Wastewater	50,000	Concrete
17	R	Wastewater	25,000	Concrete
Area I		Paints	25x55-gallon drums	Steel
Area J		Chemicals	6x55-gallon drums	Steel
		"	Palletized Bags	
			Fibre Drums	

Material safety data sheets are attached for the above materials.

SECTION E - SPILL & LEAK PREVENTION & RESPONSE

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The following areas indicated on Figure 2 show areas where potential leaks can occurr, construction of containment, factors causing leaks, preventive measures and emergency measures:

Area	Tanks	Material Handled/Stored	Containment Construction	Factors Causing	Preventive Measures	Emergency Measures
A	1,2,3, 4,14,15, 17	Alum(50%) HCL(30%) Waste Oil	Earthen	Tank Overflow Leaks	TT Unloading Procedures	Pump into Tank #17
B	16,16A	DAF Sludge Wastewater	Concrete	Tank Overflow Leaks	Operational Procedures Inspections	Pump to Tank 17 via tank 16A
C	8,9	#5 Fuel Oil	Concrete	Leaks Overflow	Tank Inspections Unloading Procedures	Pump to WWTP Via Floor Drain
D	5,6	Caustic(50%)	Earthen	Tank Overflow Leaks	Tank Inspections Unloading Procedures	Pump to Tank 17 via Sump or Used Caustic Tank
E	9,10	Waste Oil	Earthen	Tank Overflow Leaks	Tank Inspections	Pump to WWTP via Tank #17 Shovels, Absorbant
F	12,13	Used Caustic Clarified Caustic(23%)	Concrete	Tank Leak Overflow	Tank Inspections Operating Procedures	Pump to Empty Tank/Wash down to floor drains to WWTP
G	7	Toluol	Concrete	Tank Leak Overflow	Tank Inspections Unloading Procedures	Pump to Drums
H	Drum Processing	Recycle Water Caustic(23%) HCl(30%)	Concrete Drainage Ditch	Tank Overflow Leaks	Operating Procedures Tank Inspections	Shut down process Drain to WWTP via Tank #17
I	Paint Storage	Paint	Concrete Floor Cinder Block Wall	Spills	Drip pans absorbant	Brooms, shovel absorbant

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SECTION F - MATERIAL COMPATABILITY

(1) Materials of construction - All material handling, process and storage equipment are compatable with materials utilized in the process. Typical materials of construction and materials handled are as follows:

Process tanks/pumps/storage tanks/pipes	Process Material
CPVC, reenforced fiberglass, machined or molded fiberglass, teflon, polypropylene, high density polyethlyene	HCL (28-32%)
Carbon steel, CPVC	Caustic Soda (50%)
Carbon steel	Toluene
Carbon steel CPVC	Wastewater, sludge

(2) Process Stream Compatibility/Effects of Mixing

(a) Caustic soda with HCl - Effects are minimal to non-existant. Heat is produced with the by-products of NaCl + H_2O. The effect of increased salinity has minimal corrosive effects as it is not normally present and would have to be present over a long period of time to cause incompatibility problems with equipment materials of construction.

(b) HCl + phosphatizer solution - Reaction produces H_2NO_3 which, again, is not present normally nor over a long period of time. It does not cause compatability problems with equipment.

(c) Other combinations do not cause any reactions to occur under system process conditions or when inadvertantly mixed.

(3) Cleaning of pipes, vessels, pumps, etc. before re-use - All equipment is flushed at least 1X per week with water to remove sludge, resins, etc which have deposited in process equipment and to prepare equipment for repairs.

(4) Prevention Practices - HCl and caustic are segregated systems. The only time contact is made is improper dumps to the waste treatment system and even under these conditions does not harm equipment. Dumps of this nature are quickly diluted with waste rinse water reducing any heat produced to a harmless level.

(5) Compatability with Coatings - All tanks, structures, pumps, etc are painted with corrosion-resistant coatings wherever possible. Reactions described above do not cause incompatability problems with process or handling/storage equipment.

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SECTION G - INSPECTION AND MONITORING PROGRAM

Visual inspection are performed daily on pumps, valves, fittings, transfer lines, nozzles, pipes and hoses for leaks, spills and general condition. Production equipment is observed while in operation especially pressure lines while it is not necessary to test or observe storage tank systems as they are gravity systems. Condition of any diking and area inside the diking is inspected for general condition. The following areas are inspected regularly for problems or potential problems:

(1) Production Area
- (a) Pre-flush tanks
- (b) Chainer tanks
- (c) Exterior caustic(23%)
- (d) Exterior caustic hot rinse.
- (e) 1st caustic(23%), 2nd caustic(23%)(Interiors).
- (f) 1st caustic hot rinse, 2nd caustic hot rinse (Interiors).
- (g) 1st acid(28%) Interior, 2nd acid(28%) Interior.
- (h) 1st cold rinse, 2nd(final) cold rinse (Interiors).
- (i) Phosphatizer (Interiors)

(2) Chemical storage areas - Tanks 1-6.
(3) Fuel oil storage area - Tanks 8-9
(4) Waste oil storage area - Tanks 10-11
(5) Waste system - Tanks 14,15,16.
(6) Waste Treatment System
- (a) #1 pumphouse
- (b) #2 pumphouse
- (c) DAF system
- (d) Caustic clarification system
- (e) Pre-coat filter system
- (f) Filter cake dumpster

Most inspections are performed during operating hours in connection with production where the line is monitored continuously. In the waste treatment area logs are maintained for all chemical usages, condition of tanks, etc to provide for proper supply as well as monitoring for potential spills.

Spill or leaks in the production area drain into the waste treatment system and are limited to preclude direct contamination of ground or surface waters or soil contamination, however, all chemicals and/or systems are treated equally.

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SECTION H - PREVENTIVE MAINTENANCE

Equipment systems identified in Section G are maintained on a schedule which depends on expected equipment life, operating hours and/or result of wear noticed during regular inspections. The following areas are monitored on a preventive program as follows:

(1) Production Area
   (a) All tanks are cleaned 1-2X per week of all dirt, sludge and debris inspected and repaired if necessary.
   (b) Pumps are inspected, repacked and replaced/repaired as wear indicates.
   (c) Flanges and fittings are inspected and replaced, repacked or repaired.
   (d) Nozzles are inspected and replaced if necessary.
   (e) Hoses are inspected especially the fittings and replaced if necessary.
   (f) Control valves and manual valves are inspected and replaced/repaired as necessary.

(2) Chemical storage -(Tanks 1-6). Flanges, valves and fittings are inspected regularly for signs of leakage and repacked, repaired or replaced as necessary. All materials of construction are resistant to corrosion so as to preclude corrosion. No hydrostatic tests are necessary as all chemical storage systems are gravity feeds.

(3) Fuel oil storage area - (Tanks 8-9). Valves and fittings are inspected, repacked or replaced per regular inspections. Tanks and piping are inspected for corrosion and replaced if necessary.

(4) Waste oil storage area - (Tanks 10,11). Regular inspections are made for corrosion and tanks or piping are repaired as necessary.

(5) Waste System storage - (Tanks 14,15,16).
   (a) Tanks 14,15 are inspected regularly for leaks and repaired if necessary. Tank 15 is out of service and is scheduled to be emptied and and demolished.
   (b) Tank 16 is inspected for structural integrity and repaired if necessary.

(6) Waste Treatment System.
   (a) #1 Pumphouse - Oil skimmers are inspected and repaired if necessary. Clow pumps are inspected daily and repaired. Valves and flanges are inspected for leaks and repaired if necessary.
   (b) #2 Pumphouse - Pump, fittings, flanges and valves are inspected regularly and repaired/replaced as necessary.
   (c) DAF System - System is in almost continuous operation. Parts are stocked and replaced on a time-available basis. Leakage from pumps valves, flanges and fittings is contained by concrete floor and retaining wall and pumped back into the treatment system as is the production area.
   (d) Caustic Clarification System - Same as above.
   (e) Pre-Coat Filter System - Same as above.
   (f) Dumpster - The dumster containing the filter cake material discharged from the pre-coat filter is checked regularly and a new dumpster is delivered before the existing one is full.

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SECTION I - HOUSKEEPING PROGRAM

The housekeeping program is designed to utilize the type of practices which reduce accidental spills and safety hazzards. The following practices are in effect by area:

(1) Production Area - During and after production hours the following is performed as necessary:
   (a) Clean-up labels, bungs, etc from all floors.
   (b) Wash down floors and equipment to drains to WWTP.
   (c) All floors are swept periodically to remove dirt, shot and debris.

(2) Boiler Room
   (a) Chemical storage area.
      1 - Liquids: Drums of material are stored neatly upright and when in use, on drum racks with drums equipped with self-closing spigots. Drip pans are placed under each drum and surrounded with chemical absorbant to prevent potential spills from being tracked to other areas. Spills which do occur are swept up and removed to the WWTP for storage.
      2 - Powders - Bags are pallatized and kept neatly stored with any drums of powdered materials. Spills are swept up to prevent tracking to other areas and disposed of in the WWTP.
   (b) Oil Spills - Chemical absorbant is placed around the oil pump area to prevent tracking to other areas. Periodically, the absorbant is swept up and replaced with new absorbant.
   (c) Floors are kept free of accumulations of material which could cause tracking into adjacent areas.

(3) Maintenance Shop - Floors are maintained so as to prevent tracking of oil, grease, etc to other areas. Oil, cleaners, etc are stored so as to prevent spillage.

(4) Garage, Compressor and Storage Area - Floors are kept swept and chemical absorbant is used where necessary to absorb oil spills. Oil drums are stored neatly in an upright position.

(5) Paint Room - Paint and solvent drums are stored neatly in an upright position. Paint spills are cleaned up promptly to prevent tracking to other areas and fire hazzard. Floors are swept periodically.

(6) Waste Oil Storage Area - Dikes are kept free of vegetation and repaired of any damage. Spills are promptly cleaned up.

(7) Waste System Storage Area
   (a) Diking is maintained free of vegetation and repaired when damaged.
   (b) Spills are promptly cleaned up.
   (c) Tanks are kept free of external debris.
   (d) Floors in #1 and #2 pumphouses are cleaned periodically and flushed to the WWTP.
   (e) Dumpsters are kept covered while not being filled.

(8) Chemical Storage Area
   (a) Spills are removed promptly and flushed to the WWTP for disposal.
   (b) Tanks are kept free of external debris.
   (c) Diking is kept free of vegetation and repaired if damaged.

(9) Waste Treatment System Area(DAF room area)
   (a) Pre-coat filter area - Accidental liquid spills are flushed immediately to the WWTP. Solid pre-coat cake and cake solids are deposited in 55-gallon drums for disposal in dumpsters. Cake which overflows drums accidentally is shoveled up into drums for disposal in dumpsters.

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(b) DAF System - Liquid and powdered spills are flushed to the WWTP sump to return for treatment. Trash, bungs etc are removed and floors are kept free of heavy sludge.

(c) Yard surrounding building is kept free of debris and trash.

(10) Drum Storage Areas - Drums are stored neatly in a horizontal position with bungs on tightly to prevent any leakage. Spills which occur due to leakage are promptly cleaned up. Scrap drums are stored in a separate area and are drained and flushed prior to storage. Scrap drums which are crushed for disposal are stacked neatly and placed in dumpsters for disposal.

(11) Conveyor Area - Drums are loaded from trailers onto the conveyor in an upright position so as to preclude drainage or spills. Chemical absorbant is used to remove any accidental spills which do occur either in the trailers or in the area of unloading. Label remover drums in the area are stored in upright positions and the drums in use is on a drum rack with a self-closing spigot. The area under the spigot is protected with a pan and chemical absorbant is used to clean up any spills.

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SECTION J - SECURITY

Only authorized personnel are permitted access to chemical transfer, control valves and chemical addition points. Areas include, but are not limited to chemical storage areas, process areas, waste treatment pump stations, etc. Where control valving is located in control buildings, the buildings are padlocked and only authorized personnel have keys.

The plant site is enclosed by a chain link fence with gates. Plant production schedules dictate that personnel are on site 24 hours/day, 5 days/week. On weekends or non-production days(at least 2 days/week) the gates are closed and locked. The plant is periodically checked during off hours by local police and plant personnel to report any unusual activity in the plant complex area and waste treatment plant.

Plant personnel are present during all loading/unloading operations to assure that proper procedures are followed to prevent spills or accidents.

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SECTION K - EXTERNAL FACTORS

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Power outages, floods and severe weather have no effect on the storage of materials in storage tanks as chemical transfer from storage tanks is gravity or pumps. The exception is the waste plant which cannot process waste water or clarify caustic without pumps.

The site is located above the 100-year flood plain and temperature ranges do no present a factor in freezing of tank contents.

During strikes, management personnel would operate equipment to remove material from the containment areas, operate the waste plant or contact clean-up services as required.

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SECTION L - INTERNAL & EXTERNAL COMMUNICATIONS OR ALARM SYSTEMS

The industrial complex is equipped with the following communications/alarm systems:

(1) American Communications phone system with phones located throughout the complex. The phones are equipped to allow paging of key plant personnel. Each phone has a list of emergency contact numbers including fire, police and rescue.

(2) National Guardian Security Services maintains an alarm system and notifies the appropriate emergency personnel and/or agency as follows:

Item	Function/Alarm	Code	Indicator
(a) Boiler	safety shutdown	234	1
(b) Boiler	low water	"	2
(c) Waste storage tank	high level	"	3
(d) Paint storage room	water flow	411	1
(e) Small shed	water flow	"	2
(f) CO_2	alarm	"	3
(g) Paint storage room	low air pressure	"	5
(h) Small shed	" " "	"	6
(i) Gate valves		"	7

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SECTION N - LIST OF EMERGENCY COORDINATORS

Coordinator	Address	Telephone #
Steve Zubrin		(609)853-1543
Sidney Levy		(302)798-6466
Gerry Butler		(215)671-0798
Mark Daniels		(609)268-9456
Norman Backus		(302)762-3019

SECTION O - DUTIES AND RESPONSIBILITIES OF THE EMERGENCY COODINATOR

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Whenver there is an imminent or actual emergency, the emergency coordinator immediately:

(1) Activate alarms by the paging system and/or plant whistle.
(2) Notify the appropriate local emergency response agencies including the Pa DER.

Whenever there is a discharge, fire, or explosion, the emergency coordinator immediately must identify the character, source, amount and extent of emmitted or discharged materials. He also must determine the possible hazards to human health and/or the environment either directly or indirectly.

If the emergency coordinator determines that the emergency will threaten human life and/or the environment, he will immediately notify local response agencies and indicate if evacuation of local areas is advisable; and notify the Pa DER by telephone at 717-878-4343 and the National Response Center at 800-424-8802 and report the following:

(1) Name of the person reporting the incident.
(2) Name and location of the installation.
(3) Phone number where the person reporting the spill can be reached.
(4) Date, time, and location of the incident.
(5) A brief description of the incident, nature of the materials or wastes involved, extent of any injuries, and possible hazzards to human health and/or the environment.
(6) The estimated quantity of the materials or wastes spilled.
(7) The extent of contimination to air, water or land.

During an emergency, the emergency coordinator must take all reasonable measures to ensure that the fire, explosion, emmssion or discharge do not occur, recurr or spread to other areas and contact other materials or wastes in the industrial complex. These measures include, but are not limited to stopping manufacturing processes or operations, collecting and containing released materials or wastes, and removing or isolating containers.

If production is stopped, the emergency coordinator must ensure that adequate monitoring is conducted for leaks, ruptures, pressure build-up, gas generation in tanks, valves, pipes or other equipment as appropriate.

After the emergency, the emergency coordinator with Pa DER approval must provide for treating, storing or disposing of residues, contaminated soil, etc as deemed appropriate.

The emergency coordinator must insure that in the affected areas of the plant complex that no material or waste incompatible with the emmitted or discharged residues is processed, stored, treated, or disposed of until clean-up procedures are completed: and, all emergency equipment listed in the PPC Plan is returned to its original ready status before operations are resumed.

Within 15 days after the incident, the installation must submit a written report on the incident to the PA DER which includes the following:

(1) Name, address, and telephone number of the individual filing the report.
(2) Name, address, and telephone number of the installation.
(3) Date, time, and location of the incident.
(4) A brief description of the circumstances causing the incident.
(5) Description and estimated quantity by weight or volume of materials or wastes involved.
(6) An assessment of any contamination of land, water, or air that has occurred due to the incident.
(7) Estimated euantity and disposition of recovered materials or wastes that have resulted from the incident
(8) A description of what actions the installation plans to take to prevent a similar occurrence in the future.

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SECTION P - CHAIN OF COMMAND

Gerry Butler

Sidney Levy

Lew Maslow

Pete Cabrey

Mark Daniels

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SECTION Q - LIST OF AGENCIES TO BE NOTIFIED

(1) Pa DER
1875 New Hope Street
Norristown, Pa 19401
(215)270-1975

(2) Pa Emergency Management Agency
Director: John Patten
B151 Transportation & Safety
Harrisburg, Pa 17120
(717)783-8150

(3) Pa Fish Commission
2nd & Delaware Ave
Essington, Pa
(215)521-3675

(4) National Response Center
1-800-424-8802

(5) US Coast Guard
Captain of the Port of Phila.
King & Cumberland Ave
Gloucester, N J
(609)456-1370

(6) USEPA
Middle Atlantic Region
6th & Walnut Sts
Phila, Pa
(215)697-9818

(7) Trainer Police
Municipal Building
Trainer, Pa
(215)494-7399

(8) Trainer Fire/Ambulance
3rd & Price Sts
Trainer, Pa
(215)565-2111

(9) DELCORA (plant)
3201 Front St
Chester, Pa
(215)485-1925

PO Box 999 (administration)
100 East Fifth St
Chester, Pa 19016
(215)876-5523

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SECTION R - EMERGENCY EQUIPMENT

Item	Function(s)	Location
(1) Ladder(s)	Repair/access	Maintenance/storage tanks
(2) Absorbants,cleaners	Spill clean-up	Maintenance/strat. areas
(3) Front-end loader	" "	"
(4) Portable pumps	" "	"
(5) Brooms, shovels	" "	Strategic areas
(6) Chain hoists	Equipment repair	Maintenance/Strategic areas
(7) Fans	Cooling/fume removal	Strategic areas
(8) Sprinkler system	Fire extinguishing	" "
(9) Medical supplies	First aid	" "
(10) Forklift	Equip/material handling	Maintenance
(11) Compressor	Air-operated tools	"
(12) Portable lighting	Equipment repair	"
(13) Welding/cutting equip.	Tank, pipe repair	"
(14) Dumpster, 55-gallon drums	Solid waste containment	Strategic areas
(15) Plastic repair kits	Tank, pipe repair	Maintenance
(16) Auto Fire extinguisher	Fire	Paint booth
(17) Portable fire extinguishers	Fire	Strategic areas

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SECTION S - EVACUATION PLAN

Evacuations are signalled by several three short blasts on the plant whistle and/or the plant paging system. The whistle and paging system are strategically located in major areas where emergencies can arise.

Primary evacuation routes are marked as required by fire and federal regulations. When the signal is given, all personnel proceed to the nearest exit and proceed towards the front of the plant for a head count. If rescue is required, rescue squads will aid in evacuation if it is determined all employees are not accounted for.

Alternate evacuation routes are dictated by proximity to primary routes and best avenue of excape.

Periodic drills are held at least once/quarter.

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SECTION T - ARRANGMENT WITH EMERGENCY RESPONSE CONTRACTORS

In the event of a major spill, one the following contractors will be contacted by the emergency coordinator:

(1) Snow Environmental Services
11th Street & Aspahs Rd
Bala Cynwyd, Pa 19004
(215)494-8558(Aston Office)

(2) Continental Vanguard, Inc
204 Harding Ave
Bellmawr, N J
(609)931-0950

(3) Waste Conversion, Inc
2829 Sandstone Drive
Hatfield, Pa 19440
(215)822-8996

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SECTION V - POLLUTION INCIDENT HISTORY

Date(s)	Incident	Corrective Action	Preventive Action	Date Completed
2/18/86	Flow of unidentified red material to BP waste plant effluent overflow portion of Stoney Creek.	Spill containment by Snow Environmental Services and identification of source	Source eliminated by sealing drain pipe in boiler room/chainer area	
	Flow of water seepage from same area as above but black in appearence	Locate source as flow from drum leak test water and non-contact cooling water. Divert water flow to WWTP.	Construct pipeline for discharge to outfall 001 at Stoney Creek Apply for NPDES permit for discharge to above outfall.	
	Spill from large concrete holding tank overflow and migration of same into Stoney Creek via heavy rain.	Dam up area of immediate overflow. Pump area to WWTP transfer tank Waste Conversions pump 2' from large concrete tank	Construct earthen dike around concrete tanks. Install level indicator monitor to indicate high level-transfer large tank to small tank to pump to WWTP to maintain 2' of freeboard in large concrete tank.	
	Spill(s) in diked area of Pumphouse #1 and chemical storage tanks	Monitor levels in #1 pumphouse tank, oil skimmer storage tank and DAF float storage tank to prevent overflows. Filter DAF float from storage tank to lower level and monitor.	Install level controls to transfer to small concrete tank at preset level to prevent overflow. Filter DAF float directly from DAF sludge collection tank in recycle room to keep sludge out of diked area around #1 pumphouse.	
	Various spills in yard & plant.	Clean-up with shovels etc	Refer to Housekeeping Program (Section I).	

SECTION W - IMPLEMENTATION SCHEDULE

Item	Corrective Action	Completion Date(s)
(1) Water flow/seepage into Stoney Creek especially during periods of heavy rain.	Dig up soil in area of discharge and excavate area to locate source.	
(2) Spills from all concrete holding tanks and steel tanks in diked areas.	Construction/operation of WWTP to discontinue the use of subject tanks. Emptying of tanks via the new WWTP.	
(3) Spills in yard and plant.	Implement housekeeping program. Implement preventive maintenance program.	
(4) Spills and/or potential spills from chemical storage tanks.	Construct concrete containments.	

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DELCORA
100 East Fifth Street
Chester, Pennsylvania 19013

Dave Wickard

COMPANY NAME METRO CONTAINER CORP
STREET ADDRESS SECOND & PRICE STS
CITY TRAINER STATE PA
ZIP 19013 PHONE NUMBER (215)485-6100

PERMIT NO. 01-01-644-02-02
S.I.C. CODE 3412

DELCORA MONTHLY REPORT FORM

OFFICIAL USE ONLY

ORIGINAL (Red)

MONTH AND YEAR	DATE	DAY OF THE WEEK	PRECIPITATION INCHES	TYPE OF SAMPLE	FLOW MGD	TEMPERATURE °F	PH	SUSPENDED SOLIDS mg/1	TOTAL DISSOLVED SOLIDS mg/1	BOD5 mg/1	COD mg/1	PHENOLS mg/1	SULFIDES mg/1	K - NITROGEN mg/1	CHLORIDES mg/1	MERCURY Hg mg/1	IRON Fe mg/1	COPPER mg/1	ZINC mg/1	NICKEL mg/1	CHROMIUM mg/1	CYANIDE mg/1	OIL AND GREASE mg/1	TURBIDITY J.T.U.	TOC- Mg/L	Al - Mg/L	Cd - Mg/L	As - Mg/L	REMARKS
Nov '81		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
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	30																												
	31																												
TOTAL																													
AVERAGE																													

11 Certifying Signatures

Testing Laboratory

Company Name UNITED ENG/STEARNS Street Address 201 E 10TH ST Zip 19061
City MARCUS HOOK State PA Phone NO. (215)485-5377

Signature _____ Title SR ANAL CHEM
Name WM F COWAN, PHD Date _____
(print or type)

Company
Signature _____ Title _____
Name G K FLYNN Date _____
(print or type)

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State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

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

Form Approved. OMB No. 2050-0039. 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.

3. Generator's Name and Mailing Address

A. State Manifest Document Number: NJA0119426

4. Generator's Phone ( )

5. Transporter 1 Company Name: FLOWEN OIL DELAWARE VALLEY INC.

6. US EPA ID Number: NJD 198053617 7

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
FLOWEN OIL DELAWARE VALLEY INC.
1800 CARMAN STREET
CAMDEN, NJ 08105

10. US EPA ID Number: NJD198053617 7

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. WASTE OIL N.O.S. & WATER NA 1270 COMBUSTIBLE LIQUID	1	T	2200	G	
b.					
c.					
d.					

GENERATOR

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 | 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

NJA0119426

EPA Form 8700-22 (Rev. 4-85) Previous edition obsolete

E-SWM-2:5/79

Metro

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

INSPECTION REPORT
TRANSFER STATIONS, INCINERATORS, COMPOSTING FACILITIES, PROCESSING PLANTS
FORM NO. 11

ORIGINAL (Red)

IDENTIFICATION NUMBER (1–7)	INSPECTION DATE (9–14)	INSPECTORS SOC. SEC. NO. (16–24)
4005 14	Aug. 8, 1987	[illegible]

NAME OF DISPOSAL FACILITY: Metro Container Co.

FACILITY ADDRESS: Second & Pine Sts. Trainer, Pa. 19013

MUNICIPALITY: Trainer

COUNTY: Delaware

FACILITY PROPRIETOR (NAME, ADDRESS & TELEPHONE NUMBER): Sidney Levy Second & Pine Sts. Trainer, Pa. 19013

DAILY VOLUME RECEIVED	ANNUAL REPORT RECEIVED	DAYS PER WEEK OPERATED
[illegible]		5

1 – Compliance, 2 – Non-Compliance, 3 – Non-Applicable

	CHAPTER CITATION		1	2	3
26	75.21(m)(3)	Suitable barrier blocks access to site when attendant is not present	✓		
27	75.21(b)(1), (2), (3)	Adequate fire equipment or procedure for minimizing fire hazard	✓		
28	75.21(i)	Site access roads are negotiable by loaded vehicles	✓		
29	75.21(q)	Approved operational safety program being utilized	✓		
30	75.21(m)(2)	Hours of operation prominently posted			✓
31	75.21(k)	Telephone or other communications available	✓		
32	75.21(o)(1)	Salvaging occurs in accordance with regulations			
33	75.21(r)(1), (2), (3), (4)	Operational records maintained and method of measurement provided			
34	75.21(p)	Effective vector control program utilized at site where needed. Circle vector program required: bird, mosquito, rodent, fly			
35	75.27(q), 75.30(m) & 75.34(d)(5)	Dust controlled at site			
36	75.27(l), 75.30(i) & 75.34(d)(10)	Bulky wastes properly controlled			
37	75.27(r), 75.30(h) & 75.34(c)(13)	Residues or effluents collected and properly disposed of			
38	75.27(i), 75.30(m) & 75.34(d)(11), (15)	All areas of building/equipment properly maintained			
39	75.27(f), 75.30(n) & 75.34(d)(11)	Plumbing properly maintained, floors free of standing water			

ER-SWM-2A:5/79

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

INSPECTION REPORT
TRANSFER STATIONS, INCINERATORS, COMPOSTING FACILITIES, PROCESSING PLANTS
FORM NO. 11

1 – Compliance, 2 – Non-Compliance, 3 – Non-Applicable

	CHAPTER CITATION		1	2	3
40	75.27(m) & 75.34(d)(2)	Provisions for standby equipment available when needed			
41	75.27(e), 75.30(m) & 75.34(d)(12)	Unloading area adequate and secure	✓		
42	75.27(m), 75.30(b) & 75.34(d)(2)	Emergency operational plan available			
43	75.27(b), 75.30(g) & 75.34(d)(9)	Waste storage facilities adequate and secure	✓		
44	75.27(d), 75.30(l) & 75.34(d)(8)	Operation manual available	✓		
45	75.27(o), 75.34(d)(4) & 75.30(m)	Open burning of waste prohibited	✓		
46	75.27(h), (i), 75.30(m) & 75.34(d)(7)	Blowing litter controlled	✓		
47	75.27(f), 75.30(h) & 75.34(d)(12)	Monitoring systems and monitoring data requirements met			✓
48	75.27(m) & 75.30(d)	Wastes accepted as approved by the Department	✓		
49	75.27(k), 75.30(m) & 75.34(d)(14)	Has vegetative growth been established to prevent soil erosion on disturbed areas			✓
50	75.27(m), 75.30(l) & 75.34(d)(8)	Operation in accordance with permit conditions and approved design plans	✓		

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

ORIGINAL (R

INSPECTION REPORT
SANITARY LANDFILL, INDUSTRIAL SITES
DEMOLITION SITES, FLYASH SITES, SLAG SITES

COMMENTS:
FORM NO. 10, 11, & 12

DISPOSAL FACILITY Metro Container
Open-head Drum incinerator

DATE August 18, 1987

During the August 18, 1987 inspection, the following violations were observed:

1. Incinerator area should be maintained in a cleaner manner. Residues should be kept off of the floor.

2. Standing water should not exist on the floor. The water had an oily sheen on it. Floors should be maintained and cleaned daily.

3. Residue storage container should be tarped when not in use.

Allen Boyd
Department of Environmental Resources Representative

N/A
Operator

APPLICANT, INSPECTOR, REGIONAL OFFICE

memo

ORIGINAL
(Red)

HAZARDOUS WASTE INSPECTION REPORT
Generators -Part A

Date of inspection August 18, 1987 Time start 1:00 Time finish 3:30

Name of inspector Brian Boyd

Company, installation name Metro Container Corp.

Location Second + Price Sts. Trainer, Pa 19013

County Delaware Municipality Trainer Boro

Identification number PAD044545895

Name of responsible official Sidney Levy

Title President

Mailing address Second + Price Sts. Trainer, Pa 19013

Area code and phone no. (215) 485-6660

Name of person interviewed Terry Butler, Sidney Levy

Title Operations manager, President

Mailing address (if different from above) Same

Area code and phone no.

1. Current waste handling method: LQG + PBR facility

   a. ☒ On-site ☒ treatment, ☐ storage, ☐ disposal

   b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

   c. ☒ Off-site ☐ treatment, ☐ storage, ☒ disposal

   d. ☒ Off-site ☐ use, ☐ reuse, ☒ recycle, ☐ reclaim

2. Amount of hazardous waste produced:

   a. unknown kg./mo.

   b. _____ kg./yr.

3. Types of hazardous waste produced by Hazardous Waste Number:

   Corrosives
   Flammables

4. Are hazardous wastes transported off-site by the generator? ☐ Yes ☒ No

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INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ DAYS DATE ____ NE 10 ____ DAYS DATE

SALES USE TAX VERIFIED BY ____

[X] SALES TAX BILLED ON INVOICE

[ ] USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

[ ] SALES OR USE TAX EXEMPT. (REASON) ____

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10—11	13 — 26	27
					7

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	DATE MO. DAY YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28	29 — 34	35	36 — 41	42 — 47	48 — 58	59 — 66	67 — 76
4									

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 76	
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P.A.C.E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40—41	42	43 — 48	49 — 54
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6								

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PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10—11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS/DATE NET 10 ____ DAYS/DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28			29 — 34			35	36 — 41	42 — 47			48 — 58	59 — 66	67 — 76
4															

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DIST
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 76	
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P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
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6		065						
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FOR TR 4, AND 6

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PAYMENT DETAIL

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	CEPT.
1	2	3 — 9	10 — 11	13 — 20	21

TR	INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR.
1	22	23 — 28		29 — 34			35	36 — 41	42		47

4 — 7

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	27	23 — 26	27 — 29	30 — 34	35 — 36	37 — 38	39 — 40	41 — 42	43 — 44	45 — 46	47 — 48	49 — 50	51 — 52	53 — 57	58 — 66	67 — 76
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TR	UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
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SPECIAL TERMS (NOT REFLECTED ON INVOICE

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ D

☒ SALES USE TAX VERIFIED BY ____

☐ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. REASON ____

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PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10 — 11	13 — 20	21
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SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

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STATE ____ COUNTY ____ CITY ____

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TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28			29 — 34			35	36 — 41	42 — 47			48 — 58	59 — 66	67 — 74
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ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 74	
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P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
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PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	4–9	10–11	13–20	21
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SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ DATE ____ DATE NET 10 ____ DATE

SALES USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT REASON ____

10

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO DAY YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO. DAY YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	21–26	29–34	35	36–41	42–47	48–58	59–66	67–76
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ACCOUNT DISTRIBUTION

TR	REG/INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	12	21–26	27–29	30–34	35–36	37–38	39–40	41–42	43–44	45–46	47–48	49–50	51–52	53–57	58–66	67–76	
5	7	6115	025	08521		84	16	50		03		03	90	06300	2225	2326260	
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TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
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PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3–9	10–11	13–20	21
					7

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO. DAY YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	24–26	29–34	35	36–41	42–47	48–54	56–66	67–77
4									

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE ____ NET 10 ____ DAYS DATE

SALES USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT - REASON ____

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	F. DISTB.
1	22	24–26	27–29	30–34	35–36	37–38	39–40	41–42	43–44	45–46	47–48	49–50	51–52	53–54	56–66	67–77	
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P. A. C. E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	24–25	26–31	32–39	40–41	42	43–48	49–54
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PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10 — 11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ DAYS/DATE NET 10 ____ DAYS/DATE

SALES/USE TAX VERIFIED BY ____

[X] SALES TAX BILLED ON INVOICE

[ ] USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

[ ] SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO. DAY YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28	29 — 34	35	36 — 41	42 — 47	48 — 58	59 — 66	67 — 76
4									

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 76	
5	7	6115	025	[illegible]		84	16	50		03		0[illegible]	90	[illegible]00	2360	21 612 40	
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P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
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ORIGINAL (Red)

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CO 3825 USD (9-78)

INVOICE PAYMENT GUIDE

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PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	SEPT.
1	2	3–9	10–11	13–20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS/DATE NET 30 ____ DAYS/DATE

SALES/USE TAX VERIFIED BY ____

☐ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☒ SALES OR USE TAX EXEMPT, REASON ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	PAY	MANUAL CHECK NUMBER	DATE MO.	DAY	YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1		22–27			28–33			34	35–41	42			43–48	49–56	57–76
4															

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	DISTE.
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P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1		2–5	6–8	9–14	30–41	42	43–48	49–56
6		065						
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6								
6								

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CO 3825 USD (9-78)

ORIGINAL (Red)

INVOICE PAYMENT GUIDE

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PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3	11	13 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS/DATE NET 30 DAYS/DATE

SALES/USE TAX VERIFIED BY ____

[X] SALES TAX BILLED ON INVOICE

[ ] USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

[ ] SALES OR USE TAX EXEMPT - REASON ____

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	DATE MO. DAY YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
4									

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	DISTB.
5	7	6115	025	08521		84	16	50		03		59	23	06500	112	558 00	
5	7	7533	810			↓	↓	↓		↓		↓	↓	↓		29 40	
5																	
5																	
5																	

P.A.C.E.

TR	UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
6	065						
6							
6							
6							

FOR PAYABLES USE ONLY

STAPLE ORIGINAL DOCUMENT HERE

CO 3825 (Rev. 1-75)

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR (1)	CAT. (2)	PAYEE NUMBER (3–9)	LOC. (10–11)	INVOICE NUMBER (13–20)	DEPT. (21)
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

[X] SALES TAX BILLED ON INVOICE

[ ] USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

[ ] SALES OR USE TAX EXEMPT. (REASON) ____

TR (1)	(22)	INVOICE DATE MO. DAY YR. (23–28)	PAYMENT DATE MO. DAY YR. (29–34)	BANK (35)	MANUAL CHECK NUMBER (36–41)	MANUAL CHECK DATE MO. DAY YR. (42–47)	(48–58)	TOTAL INVOICE QUANTITY (59–66)	PAY THIS AMOUNT (67–76)
4									

ACCOUNT DISTRIBUTION

TR (1)	REG./INT. (22)	ACCOUNT (23–26)	FUNC./SUB ACCT. (27–29)	LOCATION (30–34)	5 (35–36)	6 (37–38)	7 (39–40)	8 (41–42)	9 (43–44)	10 (45–46)	11 (47–48)	12 (49–50)	13 (51–52)	14 (53–57)	QUANTITY (58–66)	AMOUNT (67–76)	DISTB.
5	7	6115	025	08521		84	16	50		03		05	90	06500	1838	16 592 30	
5	7	7533	810			\	\			\		\	\	\		829 61	
5																	
5																	
5																	

P. A. C. E.

TR (1)	(22)	UNIT (23–25)	PRIME MANUFACTURER (26–31)	COMMODITY (32–39)	MEAS. (40–41)	PR. (42)	QUANTITY (43–48)	AMOUNT (49–54)
6		065						
6								
6								
6								

FOR PAYABLES USE ONLY

UNIT COUNTS (Red)

ORIGINAL (Red)

STAPLE ORIGINAL DOCUMENT HERE

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ DAYS DATE NET 10 DAYS DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT (REASON) ____

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3–9	10–11	13–20	21
					7

TR	INVOICE DATE (MO. DAY YR.)	PAYMENT DATE (MO. DAY YR.)	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE (MO. DAY YR.)		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
4								

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	DISTR.
5	7	6115	025	08521		84	16	50		03		05	70	06500	2360	20 917 80	
5	7	7533	810			\	\	\		\		\	\	\		1 045 89	
5																	
5																	
5																	

P.A.C.E.

TR		PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
6		065					
6							
6							
6							

FOR PAYABLES USE ONLY

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CO 3825 USO (6-74)

INVOICE PAYMENT GUIDE

ORIGINAL (Red)

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3—9	10—11	13—20	21

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO. DAY YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23—28	29—34	35	36—41	42—47	48—58	59—66	67—76
4									

ACCOUNT DISTRIBUTION

TR	REG/INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT
1	22	23—26	27—29	30—34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53—57	58—66	67—76
5	7	6115	025	00021		31	16	20		93				2	2531	23 110 90
5	7	7553	310													1 16 19
5																
5																
5																

2 DISTS.

P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
	22	24—25	26—31	32—39	40—41	42	43—48	49—54
6		03						
6								
6								
6								

FOR PAYABLES USE ONLY

ORIGINAL (Red)

SELECT ORIGINAL DOCUMENT HERE

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

10

SALES USE TAX VERIFIED BY

☒ SALES TAX BILLED ON INVOICE

TAX RATE TO BE ACCRUED

COUNTY

☐ SALES OR USE TAX EXEMPT REASON

(10)

FOR TR 4, AND 5

INVOICE NUMBER

7

	INVOICE DATE	PAYMENT DATE	BANK	MANUAL CHECK NUMBER	DATE		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
4								

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	DISTB.
5	7	6115	025	03521		34	16	50		[illegible]		[illegible]	[illegible]	[illegible]	3045	26 44 [illegible]	
5	7	7533	210			7	7	7		7		7	7	7		1 32 [illegible]	
5																	
5																	
5																	

P.A.C.E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
6		[illegible]						
6								
6								
6								

FOR PAYABLES USE ONLY

ORIGINAL (Red)

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INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3–9	10–11	12–20	21
					7

TR	CAT.	INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23–28			29–34			35	36–41	42–47			48–58	59–66	67–76
4															

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT – REASON ____

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	DISTB.
1	22	23–26	27–29	30–34	35–36	37–38	39–40	41–42	43–44	45–46	47–48	49–50	51–52	53–57	58–66	67–76	52
5	7	6115	025	08521		84	16	50		03		0590		065000	2832	24847 90	
5	7	7533	810			〃	〃	〃		〃		〃	〃	〃		1 242 39	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23–25	26–31	32–39	40–41	42	43–48	49–54
6		065						
6								
6								
6								

FOR PAYABLES USE ONLY

ORIGINAL (Red)

CO 3825 USD 19-76

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INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

[X] SALES TAX BILLED ON INVOICE

[ ] USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

[ ] SALES OR USE TAX EXEMPT. (REASON) ____

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10—11	13 — 20	21
					7

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO. DAY YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28	29 — 34	35	36 — 41	42 — 47	48 — 58	59 — 66	67 — 76
4									

ACCOUNTING DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 76	
5	7	6115	025	05521		84	16	50		03		05	7	060	2540	22774 1	
5	7	1533	510													1135 70	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23—25	26 — 31	32 — 39	40—41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

FOR PAYABLES USE ONLY

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ORIGINAL (Red)

INVOICE PAYMENT GUIDE

CO 3825 [illegible]

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10 — 11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT _____ DAYS DATE NET 10 _____ DAYS DATE

SALES USE TAX VERIFIED BY _____

[X] SALES TAX BILLED ON INVOICE

[ ] USE TAX RATE TO BE ACCRUED

STATE _____ COUNTY _____ CITY _____

[ ] SALE FOR USE TAX EXEMPT. (REASON) _____

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	DATE MO. DAY YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28	29 — 34	35	36 — 41	42 — 47	48 — 58	59 — 66	67 — 76
4									

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35 — 36	37 — 38	39 — 40	41 — 42	43 — 44	45 — 46	47 — 48	49 — 50	51 — 52	53 — 57	58 — 66	67 — 76	
5	7	6115	025	[illegible]		81	16	5		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	25[illegible]	
5	7	7533	810			\	\	\		\		\	\	\		1 27632	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
6								
6								
6								
6								

FOR PAYABLES USE ONLY

an RPO

ORIGINAL
(Red)

Universal Container Corp
2nd & Price Streets
Trainer, Pa. 19013

2-35923

This [illegible] is to [illegible] the raw drums that [illegible] picked up [illegible] to Pa. Trainer during the strike which was normally handled by ~~[illegible]~~ another recorditioner, who would not cross the picket line.

Category	Price
No. 1 reconditionable raw drum	5.25
F.O.H. drums	$1.00
Scrap	.50
~~[illegible]~~	
No. 3 drums	2.00

ORIGINAL
(Red)

Trailer Drops

Brooklyn - 220 Vines -
Exeter - 258 "
Harrisburg 231
Lindsay 157
Balt. 226

Philo Sales - 38 -
155

D 35923

Paulshow	Reg. Vis	O.H.	Scrip
#67 -	148		2
#69 -	57		97 -
#71 -	144		8
#72 -	139	8	3
#74 -	144	6	110
#6 - (Sales)			120
	+ 10		
	642	14	230

ORIGINAL
(Red)

967-
291-#3
$2.00

17-FOH.
$1

300 snaps
.50¢

HERE

INVOICE PAYMENT GUIDE

CO 3825 USD (9-78)

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR (1)	CAT. (2)	PAYEE NUMBER (3–9)	LOC. (10–11)	INVOICE NUMBER (13–20)	DEPT. (21)
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS/DATE NET 10 ____ DAYS/DATE

SALES/USE TAX VERIFIED BY ____

[X] SALES TAX BILLED ON INVOICE

[ ] USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

[ ] SALES OR USE TAX EXEMPT. (REASON) ____

TR (1)	(22)	INVOICE DATE MO. DAY YR. (23–28)	PAYMENT DATE MO. DAY YR. (29–34)	BANK (35)	MANUAL CHECK NUMBER (36–41)	DATE MO. DAY YR (42–47)	(48–55)	TOTAL INVOICE QUANTITY (59–66)	PAY THIS AMOUNT (67–76)
4									

ACCOUNT DISTRIBUTION

TR (1)	REG./INT. (22)	ACCOUNT (23–26)	FUNC./SUB ACCT. (27–29)	LOCATION (30–34)	DETAIL CODES AS REQUIRED 5 (35–36)	6 (37–38)	7 (39–40)	8 (41–42)	9 (43–44)	10 (45–46)	11 (47–48)	12 (49–50)	13 (51–52)	14 (53–57)	QUANTITY (58–66)	AMOUNT (67–76)	% DISTB.
5	7	6115	025	0[illegible]21		84	16	50		0[illegible]		[illegible]	[illegible]		9[illegible]	4[illegible]	
5	7	[illegible]	210			↓	↓	↓		↓		↓	↓	↓		[illegible]	
5																	
5																	
5																	

P. A. C. E.

TR (1)	(22)	UNIT (23–25)	PRIME MANUFACTURER (26–31)	COMMODITY (32–39)	MEAS. (40–41)	PR. (42)	QUANTITY (43–48)	AMOUNT (49–54)
6		[illegible]						
6								
6								
6								

FOR PAYABLES USE ONLY

ORIGINAL (Red)

ORIGINAL
(Red)

CO 3825 US[illegible]781

STAPLE ORIGINAL DOCUMENT HERE

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10 — 11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28			29 — 34			35	36 — 41	42 — 47			48 — 58	59 — 66	67 — 75
4															

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 75	
5	7	6115	025	02521		84	16	50		03		05	91	06500	1416	7434 00	
5	7	7533	810			↓	↓	↓		↓		↓	↓	↓		371 70	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

FOR PAYABLES USE ONLY

ORIGINAL
(Red)

STAPLE ORIGINAL DOCUMENT
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CO 3825 USD (9-

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR (1)	CAT. (2)	PAYEE NUMBER (3–9)	LOC. (10–11)	INVOICE NUMBER (13–20)	DEPT. (21)
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS/DATE NET 10 ____ DAYS/DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR (1)	(22)	INVOICE DATE MO. DAY YR. (23–28)	PAYMENT DATE MO. DAY YR. (29–34)	BANK (35)	MANUAL CHECK NUMBER (36–41)	DATE MO. DAY YR (42–47)	(48–58)	TOTAL INVOICE QUANTITY (59–66)	PAY THIS AMOUNT (67–76)
4									

ACCOUNT DISTRIBUTION

TR (1)	REG./INT. (22)	ACCOUNT (23–26)	FUNC./SUB ACCT. (27–29)	LOCATION (30–34)	DETAIL CODES AS REQUIRED 5 (35–36)	6 (37–38)	7 (39–40)	8 (41–42)	9 (43–44)	10 (45–46)	11 (47–48)	12 (49–50)	13 (51–52)	14 (53–57)	QUANTITY (58–66)	AMOUNT (67–76)	% DIST.
5	7	6115	025	05521		54	16	50		03		05	91	06500	1416	7434 00	
5	7	7533	310			↓	↓	↓		↓		↓	↓	↓		371 70	
5																	
5																	
5																	

P. A. C. E.

TR (1)	(22)	UNIT (23–25)	PRIME MANUFACTURER (26–31)	COMMODITY (32–39)	MEAS. (40–41)	PR. (42)	QUANTITY (43–48)	AMOUNT (49–54)
6		065						
6								
6								
6								

FOR PAYABLES USE ONLY

ORIGINAL (Red)

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CO 3825 USD (9-78)

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10 — 11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO. DAY YR		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28	29 — 34	35	36 — 41	42 — 47	48 — 58	59 — 66	67 — 78
4									

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 78	
5	7	6115	025	05321		84	16	50		03		05	91	06500	1180	6 195 00	
5	7	7533	810			↓	↓	↓		↓		↓	↓	↓		309 75	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

FOR PAYABLES USE ONLY

ORIGINAL (Red)

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CO 3825 USD (9-78)

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10 — 11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS/DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

[X] SALES TAX BILLED ON INVOICE

[ ] USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

[ ] SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28			29 — 34			35	36 — 41	42 — 47			48 — 58	59 — 66	67 — 76
4															

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
					DETAIL CODES AS REQUIRED												
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 76	
5	7	6115	035	08531		54	16	50		63		05	91	06500	1416	7434 00	
5	7	7533	810			↓	↓	↓		↓		↓	↓	↓		371 20	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

FOR PAYABLES USE ONLY

ORIGINAL (Red)

STAPLE ORIGINAL DOCUMENT HERE

CO 3825 USE

(7)

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10 — 11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO. DAY YR		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28	29 — 34	35	36 — 41	42 — 47	48 — 58	59 — 66	67 — 73
4									

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 73	74
5	7	6115	075	05531		54	16	30		03		0371	075		1416	7434	0
5	7	7533	810			↓	↓	↓		↓		↓	↓	↓		3717	0
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

FOR PAYABLES USE ONLY

...IGINAL DOCUMENT... HERE

SUMMARY INVOICE PAYMENT GUIDE

DATE PREPARED ______ ORIGINAL (Red)

...E TO GUIDELINES BELOW.

FOR T R 4, 5 AND 6

...AT	PAYEE NUMBER	LOC.	SUMMARY NUMBER	DEPT
			SUMMARY	7

SPECIAL TERMS AND SALES/USE TAX NOT REFLECTED ON INVOICE

DISCOUNT ____ DAYS/DATE ____ DAYS/DATE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES/USE TAX EXEMPT REASON ____

SALES/USE TAX VERIFIED BY ____

INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR.	INVOICE NUMBER	SUMM. CODE	TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
23		28	29		34	35	36 — 41	42		47	48 — 57	58	59 — 66	67 — 76
												1		
												1		
												1		
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												1		

T R	REG./INT.	ACCT.	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 76
5	7	[illegible]	[illegible]	[illegible]		54	16	50		05		[illegible]	[illegible]	[illegible]	[illegible]	4 [illegible] / 334 43
5	7	7533	[illegible]													
5																
5																
5																
5																

DETAIL CODES AS REQUIRED

T R		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40-41	42	43 — 48	49 — 54
6		0.[illegible]						
6								
6								
6								
6								

APPROVALS

CO-197 APPROVAL AUTHORITY

FOR 14 (NUMBER OF) INVOICES ATTACHED.

FOR PAYABLES USE ONLY

GUIDELINES

- USE FOR UP TO 25 INVOICES FROM ONE PAYEE.
- ENTER DETAIL REQUIRED AND ATTACH ORIGINAL INVOICES OR OTHER PAY DOCUMENTS.
- SUMMARIZE ENTRIES TO THE SAME ACCOUNT AND ENTER ON ONE LINE OF ACCOUNT DISTRIBUTION.

STAPLE ORIGINAL DOCUMENT HERE

CO 3825 USD (9-78)

INVOICE PAYMENT GUIDE

ORIGINAL (Red)

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10—11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS/DATE NET 10 ____ DAYS/DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28			29 — 34			35	36 — 41	42 — 47			48 — 58	59 — 66	67 — 76
4															

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 76	
5	7	6115	025	08521		84	16	50		63		65	91	66500	1652	8 909 00	
5	7	7533	510			↓	↓	↓		↓		↓	↓	↓		445 45	
5																	
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5																	

P. A. C. E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23—25	26 — 31	32 — 39	40—41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

FOR PAYABLES USE ONLY

ORIGINAL (Red)

CO 3825 USD (9-78)

STAPLE ORIGINAL DOCUMENT HERE

INVOICE PAYMENT GUIDE

Received 9/80 - TJ.

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10 — 12	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28			29 — 34			35	36 — 41	42 — 47			48 — 58	59 — 66	67 — 75
4															

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 75	
5	7	6115	025	08521		84	16	50		03		05	91	06500	1866	9 79650	
5	7	7533	810			↓	↓	↓		↓		↓	↓	↓		48983	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

FOR PAYABLES USE ONLY

MOBIL this memorandum

It 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.

FCO-1395 (4) (3-81)
DOT 7-1-81

ORIGINAL (Red)

CARRIER: KNIV Shipper's No. 16 Carrier's No.

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

Consigned to _____

Destination THANE P. ...

Delivery Address _____

Route _____

Delivering Carrier _____

Car Initials and No. _____ Cust. Acct. No. _____

From **Mobil Oil Corporation**

At _____

Date ... 19____

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 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 Uniform Freight Classifications 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.

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

C.O.D. AMT $ / FEE $

C.O.D. Charge to be paid by: Shipper ☐ Consignee ☐

COLLECT ON DELIVERY $ and remit to Mobil Oil Corporation

STREET _____

CITY _____ STATE _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Corr.)	Class or Rate	Check Col.
	DRUMS Petroleum Lubricating Oil			
	DRUMS Petroleum Lubricating Oil			
	BOXES Petroleum Lubricating Oil			
	PAILS Petroleum Lubricating Oil			
	DRUMS Petroleum Oil, NOIBN			
	DRUMS Petroleum Oil, NOIBN			
	PORTABLE TANKS Oil, N.O.S. Combustible Liquid, NA1270 Placarded Combustible Petroleum Oil. NOIBN			
	DRUMS Petroleum Lubricating Grease, Other Than Axle			
	DRUMS Petroleum Lubricating Grease, Other Than Axle			
	PORTABLE TANKS Petroleum Lubricating Grease, Other Than Axle			
	BOXES Petroleum Lubricating Grease, Other Than Axle			
	PAILS Petroleum Lubricating Grease, Other Than Axle			
	BOXES Petroleum Grease, NOIBN			
	Petroleum Paraffin Wax			
	BOXES SLABS Petroleum Wax, NOIBN			
	DRUMS Petroleum Tanners Oil			
	DRUMS Petrolatum, Not Prepared Nor Represented as a Remedy, Medicine or Lubricant for the human body			
	BOXES DRUMS Petroleum Transformer Oil			
	DRUMS Sizing, Emulsified Petroleum			
	Silica Gel			
	Silica Gel Catalyst			
	DRUMS Petroleum Naphtha-Flammable Liquid UN1255 Petroleum Naphtha-Combustible Liquid UN1255			

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Corr.)	Class or Rate	Check Col.
	DRUMS Gasoline-Flammable Liquid, UN1203 Petroleum Gasoline, NOIBN			
	DRUMS Proprietary Anti-Freeze Prep.			
	BOXES Proprietary Anti-Freeze Prep.			
	BOXES DRUMS Carbon, Gum or Sludge Removing Compound, NOIBN			
	BOXES DRUMS Brake Fluid, Other Than Petroleum			
	BOXES PAILS Cleaning Compound, NOIBN {Granular / Liquid}			
	BOXES DRUMS Iron or Steel Rust Preventing or Removing Compound other than Petrol. NOIBN			
	TIRES Rubber, Pneumatic, New			
	TIRE TUBES, Rubber, Not Inflated			
	BATTERIES, Electric Storage, Dry, NOIBN Assembled			
	BOXES Electrolyte (Acid) Battery Fluid Corrosive Material, UN2796 (not over 47% acid)			
	BOXES Spark Plugs, NOIBN			
	BOXES Lamps, Automobile, NOIBN			
	BOXES Belts or Belting, NOIBN Other Than Chain			
	BOXES Oil Filters			
	BOXES Hose, Rubber			
16	[illegible]			
	PALLETS Used in this shipment			

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.

MOBIL OIL CORPORATION

(Signature of Consignor)

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

Collect

†This shipment is correctly described.

Correct weight is _____ lbs.

Subject to verification by the APPLICABLE WEIGHING AND INSPECTION BUREAU According to Agreement

MOBIL OIL CORPORATION

Shipper.

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

†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.

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 Uniform and National Motor Freight Classifications.

*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 _____

Mobil Oil Corporation
Permanent post-office address of shipper:

Shipper, Per [illegible]

[illegible] Agent

Per _____

CARRIER: (Cust. Pick)

Shipper's No. P-15 **Carrier's No.**

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

ORIGINAL (Red)

Consigned to (Unw. Cont. Corp)

From **Mobil Oil Corporation**

Destination Lawrence, Pa

At Paulsboro, NJ

Delivery Address

Date / 19

Route

Delivering Carrier Yellow 5-16-12

Car Initials and No. 3716 10 **Cust. Acct. No.** 1 1 # 2 6

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 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 Uniform Freight Classifications 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.

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

C.O.D.	
AMT $	
FEE $	

C.O.D. Charge to be paid by: Shipper ☐ Consignee ☐

COLLECT ON DELIVERY $
and remit to Mobil Oil Corporation
STREET
CITY STATE

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Corr.)	Class or Rate	Check Col.
	DRUMS Petroleum Lubricating Oil			
	DRUMS Petroleum Lubricating Oil			
	BOXES Petroleum Lubricating Oil			
	PAILS Petroleum Lubricating Oil			
	DRUMS Petroleum Oil, NOIBN			
	DRUMS Petroleum Oil, NOIBN			
	PORTABLE TANKS Oil, N.O.S. Combustible Liquid, NA1270 Placarded Combustible Petroleum Oil, NOIBN			
	DRUMS Petroleum Lubricating Grease, Other Than Axle			
	DRUMS Petroleum Lubricating Grease, Other Than Axle			
	PORTABLE TANKS Petroleum Lubricating Grease, Other Than Axle			
	BOXES Petroleum Lubricating Grease, Other Than Axle			
	PAILS Petroleum Lubricating Grease, Other Than Axle			
	BOXES Petroleum Grease, NOIBN			
	Petroleum Paraffin Wax			
	BOXES SLABS Petroleum Wax, NOIBN			
	DRUMS Petroleum Tanners Oil			
	DRUMS Petroleum, Not Prepared Nor Represented as a Remedy, Medicine or Lubricant for the human body			
	BOXES DRUMS Petroleum Transformer Oil			
	DRUMS Sizing, Emulsified Petroleum			
	Silica Gel			
	Silica Gel Catalyst			
	DRUMS Petroleum Naphtha-Flammable Liquid UN1255 Petroleum Naphtha-Combustible Liquid UN1255			

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Corr.)	Class or Rate	Check Col.
	DRUMS Gasoline-Flammable Liquid, UN1203 Petroleum Gasoline, NOIBN			
	DRUMS Proprietary Anti-Freeze Prep.			
	BOXES Proprietary Anti-Freeze Prep.			
	BOXES DRUMS Carbon, Gum or Sludge Removing Compound, NOIBN			
	BOXES DRUMS Brake Fluid, Other Than Petroleum			
	BOXES PAILS Cleaning Compound, NOIBN {Granular / Liquid}			
	BOXES DRUMS Iron or Steel Rust Preventing or Removing Compound other than Petrol. NOIBN			
	TIRES Rubber, Pneumatic, New			
	TIRE TUBES, Rubber, Not Inflated			
	BATTERIES, Electric Storage, Dry, NOIBN Assembled			
	BOXES Electrolyte (Acid) Battery Fluid Corrosive Material, UN2796 (not over 47% acid)			
	BOXES Spark Plugs, NOIBN			
	BOXES Lamps, Automobile, NOIBN			
	BOXES Belts or Belting, NOIBN Other Than Chain			
	BOXES Oil Filters			
	BOXES Hose, Rubber			
166	PALLETS Used in this shipment			

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 other lawful charges.

MOBIL OIL CORPORATION

(Signature of Consignor)

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

Collect

†This shipment is correctly described.

Correct weight is lbs.

Subject to verification by the APPLICABLE WEIGHING AND INSPECTION BUREAU According to Agreement

MOBIL OIL CORPORATION

Shipper.

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

†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.

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 Uniform and National Motor Freight Classifications.

*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

Mobil Oil Corporation

Permanent post-office address of shipper:

Shipper, Per R. Durner

Agent

Per

Invoice

ORIGINAL
(Red)

No. 715

[illegible]

[illegible]

[illegible] 14360

EXT'D. CK.

231 [illegible] 5 50 1270 50

9 [illegible] 4 50 40 5[illegible]

£ 311 —

[illegible] /Invoice

PURCHASE
INSPECTION

DATE:

RECEIVED FROM:

DRIVER:

ORIGINAL
(Red)

STAPLE ORIGINAL DOCUMENT
HERE

CO 3825 USD (9-78)

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
	2	3 — 9	10—11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS/DATE NET 10 ____ DAYS/DATE

SALES/USE TAX VERIFIED BY ____

[X] SALES TAX BILLED ON INVOICE

[ ] USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

[ ] SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO. DAY YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28	29 — 34	35	36 — 41	42 — 47	48 — 58	59 — 66	67 — 76
4									

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 76	
5	7	6115	025	08521		54	16	50		03		05	[illegible]	[illegible]	2124	11 151	[illegible]
5	7	7533	810			↓	↓	↓		↓		↓	↓	↓		557	51
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23—25	26 — 31	32 — 39	40—41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

FOR PAYABLES USE ONLY

OFFICE CODES

Mobil

REMIT TO:

ORIGINAL (Red)

08518

INVOICE NUMBER	INVOICE DATE	CARRIER	CARRIER'S NO	SHIPPING

ORDER KEY	CUSTOMER NUMBER	PURCHASE ORDER	F.O.B.

SOURCE	MOD	SOLD TO	SHIP TO

CUSTOMER INQUIRIES

PRODUCT	PKG	TAX	WEIGHT	FRT CLASS	LOC

PACKAGES NUMBER	PACKAGES DESCR	PRODUCT DESCRIPTION	TAX AMOUNTS FEDERAL	TAX AMOUNTS STATE

RECEIVED

DRIVER: DRAY 7740 N 10131
14 HE No OK
143 HE 24 OK
3-SCRAP
TOO TOTAL
IL

TOTAL PIECES	TOTAL SHIP WEIGHT

LG DRUM	SM DRUM	KEGS	PAILS	BOXES	BULK/OTHER

*Price includes applicable federal and/or state liquid fuels and/or excise tax rates and appropriate premiums and/or allowances

OFFICE CODES:

TERMS - IF PAYMENT RECEIVED AT

COD CHARGES PAID BY

COLLECT ON DELIVERY - $

AND REMIT TO: **MOBIL OIL CORPORATION**

PLEASE SHOW INVOICE NUMBER AND DATE ON REMITTANCE We hereby certify that these goods were produced

SALT SERVICE AND CHEMICALS, INC.

FRONT & THURLOW STS., CHESTER, PENNA. 19013
CHESTER PHONE (215) 497-1566
PHILA. PHONE (215) TR 8-8600

NEW MAILING ADDRESS
PLEASE SEND REMITTANCE TO:
SALT SERVICE AND CHEMICALS, INC.
FRONT & THURLOW STS.
CHESTER, PENNA. 19013

INVOICE DATE	INVOICE NO.
[illegible]	[illegible]

SOLD TO:

SHIPPED TO:

[illegible]
SECOND [illegible] STREETS
BOX [illegible]
[illegible]
[illegible]

SALESMAN: [illegible]

ACCOUNT NO.	CUSTOMER P.O. NUMBER	OUR ORDER NO.	DATE SHIPPED	SHIPPED VIA	FOB	TERMS
[illegible]					[illegible]	NET [illegible]

PRODUCT NO.	PACKAGE	DESCRIPTION	ORD'D.	SHIPPED	QUANTITY	PRICE/RATE	BASIS	AMOUNT
[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]	CT	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]	TN	[illegible]

Original (Red)

ALL CONTAINERS MUST BE PAID FOR WITH MATERIAL. CONTAINER DEPOSITS REFUNDED PROMPTLY IF CONTAINERS RETURNED IN GOOD CONDITION WITHIN 90 DAYS FROM DATE HEREON.

DUPLICATE INVOICE

WE HEREBY CERTIFY THAT THESE GOODS WERE PRO[illegible]D IN COMPLIANCE WITH ALL APPLICABLE REQUIREME[illegible]F SECTION 6, 7 AND 12 OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMEN[illegible]AND OF REGULATIONS AND ORDERS OF THE ADMINIST[illegible]R OF THE WAGE AND HOUR DIVISION ISSUED UNDER SECTION 14 THEREOF.

LB = POUND
CT = CWT.
TN = TON
GL = GALLON
EA = EACH
KI = KILO

PAY THIS AMOUNT

$ [illegible]

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CO 3825 USD 9-78

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

ORIGINAL

L (Rcd)

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10—11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS/DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO. DAY YR		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28	29 — 34	35	36 — 41	42 — 47	48 — 58	59 — 66	67 — 76
4									

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 76	
5	7	6115	025	08521		84	16	50		03		05	91	06500	1651	8667 75	
5	7	7533	810			↓	↓	↓		↓		↓	↓	↓		433 39	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23—25	26 — 31	32 — 39	40—41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

FOR PAYABLES USE ONLY

STAPLE ORIGINAL DOCUMENT HERE

INVOICE PAYMENT GUIDE

ORIGINAL (Red)

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	CEPT.
1	2	3–9	10–11	13–20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE):

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS DATE

SALES USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR	INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23–28		29–34			35	36–41	42–47			48–58	59–66	67–75
4														

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23–26	27–29	30–34	35–36	37–38	39–40	41–42	43–44	45–46	47–48	49–50	51–52	53–57	58–66	67–75	
5	7	6115	025	05521		84	1650		03		05	91	06500		1652	8 67300	
5	7	7533	810			↓	↓	↓	↓		↓	↓	↓			43365	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
	22	23–25	26–31	32–39	40–41	42	43–48	49–54
6		065						
6								
6								
6								

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(Red)

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CO 3825 USD (9-78)

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	CEPT.
2		3 — 9	10 — 11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. - REASON: ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28			29 — 34			35	36 — 41	42 — 47			48 — 58	59 — 66	67 — 75
4															

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
					DETAIL CODES AS REQUIRED												
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 75	
5	7	6115	025	08521		84	16	50		03		0591		06500	1180	6 19500	
5	7	7533	810			↓	↓	↓		↓		↓	↓	↓		30975	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

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ORIGINAL
(Red)

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INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
2		3 — 9	10 — 11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS/DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28			29 — 34			35	36 — 41	42 — 47			48 — 58	59 — 66	67 — 72
4															

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
					DETAIL CODES AS REQUIRED												
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 72	
5	7	6115	025	08521		84	16	50		03		05	91	06500	1888	991200	
5	7	7533	510			↓	↓	↓		↓		↓	↓	↓		49560	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

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(Red)

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CO 3825 USD (9-78)

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	CEPT.
2		3 — 9	10—11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS/DATE NET 30 ____ DAYS/DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. REASON: ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28			29 — 34			35	36 — 41	42 — 47			48 — 58	59 — 66	67 — 75
4															

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 75	
5	7	6115	025	05521		84	16	50		03		05	91	00500	1416	7434 00	
5	7	7533	810			↓	↓	↓		↓		↓	↓	↓		371 70	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23—25	26 — 31	32 — 39	40—41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

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SUMMARY INVOICE PAYMENT GUIDE

NOTE: REFER TO GUIDELINES BELOW.

DATE PREPARED

ORIGINAL (RED)

FOR 1 & 4, 5 AND 6

TR	CAT	PAYEE NUMBER	LOC.	SUMMARY NUMBER	DEPT
1	2	3 — 9	10 — 11	13 — 20	21
				SUMMARY	7

SPECIAL TERMS AND SALES/USE TAX (NOT REFLECTED ON INVOICE)

DISCOUNT ____ DAYS/DATE NET ____ DAYS/DATE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES/USE TAX EXEMPT (REASON) ____

SALES/USE TAX VERIFIED BY ____ EXT ____

PAYMENT DETAIL

TR		INVOICE DATE MO.	INVOICE DATE DAY	INVOICE DATE YR.	PAYMENT DATE MO.	PAYMENT DATE DAY	PAYMENT DATE YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO.	MANUAL CHECK DATE DAY	MANUAL CHECK DATE YR.	INVOICE NUMBER	SUMM. CODE	TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28			29 — 34			35	36 — 41	42 — 47			48 — 57	58	59 — 66	67 — 76
4														1		
4														1		
4														1		
4														1		
4														1		
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4														1		
4														1		

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCT.	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 76
5	7	6115	075	03521		84	16	50		03		05	91	06300	2537	13266 75
5	7	7533	810			↓	↓	↓		↓		↓	↓	↓		66334
5																
5																
5																
5																

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APPROVALS

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(Red)

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INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
2		3 — 9	10 — 12	13 — 20	21

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET ____ ____ DATE

SALES-USE TAX VERIFIED BY ____

☐ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT (REASON) ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28			29 — 34			35	36 — 41	42 — 47			48 — 58	59 — 66	67 —
4															

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 —	
5	1	[illegible]	[illegible]	[illegible]											[illegible]		
5	1	[illegible]	[illegible]														
5																	
5																	
5																	

P.A.C.E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
6		[illegible]						
6								
6								
6								

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[illegible]

ORIGINAL (Red)

INAL DOCUMENT
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CO 3825 USD (9-78)

INVOICE PAYMENT GUIDE

R DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

FOR TR 4, AND 6

PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1—9	10—11	13—20	21
			7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1—28			29—34			35	36—41	42—47			48—58	59—66	67—75

ACCOUNT	FUNC./ SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
3—26	27—29	30—34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53—57	58—66	67—75	
6115	025	08521		84	16	50		03		0591		06500	1311	6882 75	
7533	810			↓	↓	↓		↓		↓	↓	↓		344 14	

UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
8—25	26—31	32—39	40—41	42	43—48	49—54
065						

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(Red)

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CO 3825 USD (9-78)

INVOICE PAYMENT GUIDE

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PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10 — 11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO. DAY YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28	29 — 34	35	36 — 41	42 — 47	48 — 58	59 — 66	67 — 75
4									

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	DETAIL CODES AS REQUIRED 5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 75	
5	7	6115	025	08521		84	16	50		03		05	91	06500	1888	9912 00	
5	7	7533	510			↓	↓	↓		↓		↓	↓	↓		495 60	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

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5

(Red)

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CO 3825 USD (9-78)

INVOICE PAYMENT GUIDE

NOTE: ENTER DETAIL REQUIRED AND ATTACH ORIGINAL OR OTHER PAY DOCUMENT

PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	CEPT.
1	2	3 — 9	10 — 11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS DATE NET 10 ____ DAYS/DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. REASON ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28			29 — 34			35	36 — 41	42		47	48 — 58	59 — 66	67 — 76
4															

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 76	
5	7	6115	025	05521		54	16	50		03		05	91	06500	1416	7 434	00
5	7	7533810				↓	↓	↓		↓		↓	↓	↓		371	20
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANUFACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

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INVOICE PAYMENT GUIDE

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PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10 — 11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS/DATE NET 10 ____ DAYS/DATE

SALES/USE TAX VERIFIED BY ____

☒ SALES TAX BILLED ON INVOICE

☐ USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

☐ SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO. DAY YR.	PAYMENT DATE MO. DAY YR.	BANK	MANUAL CHECK NUMBER	MANUAL CHECK DATE MO. DAY YR		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28	29 — 34	35	36 — 41	42 — 47	48 — 58	59 — 66	67 — 76
4									

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
					DETAIL CODES AS REQUIRED												
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 76	
5	7	6115	025	08521		84	16	50		03		05	91	06500	1416	7434 00	
5	7	7533	810			↓	↓	↓		↓		↓	↓	↓		371 70	
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

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INVOICE PAYMENT GUIDE

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PAYMENT DETAIL

FOR TR 4, AND 6

TR	CAT.	PAYEE NUMBER	LOC.	INVOICE NUMBER	DEPT.
1	2	3 — 9	10 — 11	13 — 20	21
					7

SPECIAL TERMS (NOT REFLECTED ON INVOICE)

DISCOUNT ____ % ____ DAYS/DATE NET 10 ____ DAYS/DATE

SALES/USE TAX VERIFIED BY ____

[X] SALES TAX BILLED ON INVOICE

[ ] USE TAX RATE TO BE ACCRUED

STATE ____ COUNTY ____ CITY ____

[ ] SALES OR USE TAX EXEMPT. (REASON) ____

TR		INVOICE DATE MO.	DAY	YR.	PAYMENT DATE MO.	DAY	YR.	BANK	MANUAL CHECK NUMBER	DATE MO.	DAY	YR.		TOTAL INVOICE QUANTITY	PAY THIS AMOUNT
1	22	23 — 28			29 — 34			35	36 — 41	42 — 47			48 — 58	59 — 66	67 —
4															

ACCOUNT DISTRIBUTION

TR	REG./INT.	ACCOUNT	FUNC./SUB ACCT.	LOCATION	5	6	7	8	9	10	11	12	13	14	QUANTITY	AMOUNT	% DISTB.
1	22	23 — 26	27 — 29	30 — 34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53 — 57	58 — 66	67 — 75	
5	7	6115	025	08531		54	16	50		03		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
5	7	7533	210			↓	↓	↓		↓		↓	↓	↓			
5																	
5																	
5																	

P. A. C. E.

TR		UNIT	PRIME MANU-FACTURER	COMMODITY	MEAS.	PR.	QUANTITY	AMOUNT
1	22	23 — 25	26 — 31	32 — 39	40 — 41	42	43 — 48	49 — 54
6		065						
6								
6								
6								

FOR PAYABLES USE ONLY

Mobil

MOBIL OIL CORPORATION
PAULSBORO REFINERY
PAULSBORO, NEW JERSEY 08066

CO-752 PAULS. (9-66)

ORIGINAL

DATE [illegible] 19

Universal Coolers Steel
Drum Corp
Second & Price St.
Trainer, Pa 19013

ORDER NO. _____ DATE OF ORDER _____

Attached is invoice, number 6717, dated 8/29/[illegible], amount $9,[illegible]5
in order that you may comply with our request in accordance with the items checked below:

- [ ] Price should be _____.
- [ ] Unable to approve without our correct order number and destination.
- [ ] Furnish: [ ] Express Receipt [ ] Bill of Lading [ ] Freight Bill.
- [ ] Freight or Express charges should be _____.
- [ ] Furnish additional invoices. *(Invoice must be furnished in triplicate).*
- [ ] Return this invoice to Purchasing Department with your check before _____ payable to the Vendor.
- [ ] Separate invoices must be rendered for each order.
- [ ] Send copy of order.
- [ ] Order was billed by you. On what authority was assignment made?

Shall we accept overshipment?

100 East Fifth Street
Chester, Pennsylvania 19013

STREET ADDRESS [illegible]
CITY TRAINER STATE PA
ZIP 19016 PHONE NUMBER (215) 494-8200

NO. 01-01
0644-02-02
S.I.C. CODE 3412

OFFICIAL USE ONLY
ORIGINAL (Red)

# of Drums [illegible]
35 428

MONTH AND YEAR	DATE	DAY OF THE WEEK	PRECIPITATION INCHES	TYPE OF SAMPLE	FLOW MGD	TEMPERATURE °F	PH	SUSPENDED SOLIDS mg/l	TOTAL DISSOLVED SOLIDS mg/l	BOD_5 mg/l	COD mg/l	PHENOLS mg/l	SULFIDES mg/l	K - NITROGEN mg/l	CHLORIDES mg/l	MERCURY Hg mg/l	IRON Fe mg/l	COPPER mg/l	ZINC mg/l	NICKEL mg/l	CHROMIUM mg/l	CYANIDE mg/l	OIL AND GREASE mg/l	TURBIDITY J.T.U.	COLOR TOC mg/L	OTHER Al mg/L	OTHER Se mg/L	OTHER Pb mg/L	REMARKS
N '85		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
	1	T			.003																								
	2	W			.002																								
	3	TH			.007																								
	4	F		F	.003	EO	8.5	1100	11400	1750	7740	22.5	1000		5750		41.0	0.1	0.2				1100		2800	19.0	<0.001	2.0	
	5	S			.002																								
	6	Su			—																								
	7	M			.0037																								
	8	T			.0035																								
	9	W			.002																								
	10	TH			.003																								
	11	F			.002																								
	12	S			—																								
	13	Su			—																								
	14	M			.008																								
	15	T			0.002																								
	16	W			.0081																								
	17	TH			.0077																								
	18	F			.008																								
	19	S			.002																								
	20	Su			—																								
	21	M			.006																								
	22	T			.002																								
	23	W			.002																								
	24	TH			0.0030																								
	25	F			.005																								
	26	S			.005																								
	27	Su			—																								
	28	M			.005																								
	29	T			[illegible]																								
	30	W			[illegible]																								
	31	TH			[illegible]																								
					0.1076																								
					0.0041																								

Certifying Signatures — Testing Laboratory — Lab Services — Company

Name BCM LABORATORY Street Address 521 W GERMANTOWN PK Zip 19401 Signature [illegible] Title Signature [illegible] Title

[illegible] State PA Phone No. [illegible] Name [illegible] Title [illegible]

ORIGINAL (Red)

ARCO Petroleum Products Company
Division of Atlantic Richfield Company

Receipt for Return of Empty Containers and Merchandise

No. 086074

Date	Via

Name (mailing address if other than above): Kayso

Street address: 610 N. Broad St

City, state, zip code: Phila PA

Stock movement code: – – 1 9 –

☐ Cr. A/C ☐ Send check

Approved

Payee code	Due date	Reference no.	Check no.	Type	Attach	Late	Cash disc.	Net amount of inv.	X=cr.	Invoice date
				C						

Account	Cost Center	Facility	Type	Free form area	Net amount	X= cr.	Tax code	Amount subject to tax

Product code	Packages Kind	Packages Code	Packages No.	Quantity	Articles received are subject to inspection at our warehouse	Unit price $	Unit price ¢	Tax State	Tax Fed	Price + Tax $	Price + Tax ¢	Amount
1-97493	55D	001	000	5 Empty	Empty 55 gallon drums							
1-62760	$6.00	000	000		Pallets							

Reason for return

Plus sales tax	
Total	

Product returns show	Purchase date	Original delivery invoice number

Approved by

Received by: C Barr 1.30.85

Received into stock by

APPC-3173 (8-82)

Issuer

ARCO Petroleum Products Company
Division of AtlanticRichfieldCompany

Receipt for Return of Empty Containers and Merchandise

ORIGINAL (Red)

No. 086071

Date	Via

Name (mailing address if other than above): Alexander Supply Inc

Street address: RT 291

City, state, zip code: Lansdale Pa 19013

Stock movement code: – – 1 9 –

☐ Cr. A/C ☐ Send check

Approved

Payee code	Due date	Reference no.	Check no.	Type	Attach	Late	Cash disc.	Net amount of inv.	X=cr.	Invoice date
				C						

Account	Cost Center	Facility	Type	Free form area	Net amount	X= cr.	Tax code	Amount subject to tax

Product code	Packages Kind	Code	No.	Quantity	Articles received are subject to inspection at our warehouse	Unit price $	¢	Tax State	Fed	Price + Tax $	¢	Amount
1-97493	55D	001	000	Empty	Empty 55 gallon drums							
1-62760	$6.00	000	000		Pallets							

Reason for return

Plus sales tax	
Total	

Product returns show	Purchase date	Original delivery invoice number

Approved by

Received by: C Ban

Received into stock by

APPC-3173 (8-82)

Issuer

ARCO Petroleum Products Company
Division of AtlanticRichfieldCompany

Receipt for Return of Empty Containers and Merchandise

ORIGINAL (Red)

No. 086092

Date	Via

Name (mailing address if other than above): Southco inc.

Street address: Brinton Lake Rd.

City, state, zip code: Concordville PA

Stock movement code: – – 1 9 –

☐ Cr. A/C ☐ Send check

Approved

Payee code	Due date	Reference no.	Check no.	Type	Attach	Late	Cash disc.	Net amount of inv.	X=cr.	Invoice date
				C						

Account	Cost Center	Facility	Type	Free form area	Net amount	X= cr.	Tax code	Amount subject to tax

Product code	Packages Kind	Code	No.	Quantity	Articles received are subject to inspection at our warehouse	Unit price $	¢	Tax State	Fed	Price + Tax $	¢	Amount
1-97493	55D	001	000	19 Empty	Empty 55 gallon drums							
1-62760	$6.00	000	000		Pallets							

Reason for return

Plus sales tax	
Total	

Product returns show	Purchase date	Original delivery invoice number

Approved by

Received by: C Dan

Received into stock by

APPC-3173 (8-82)

Issuer

ARCO Petroleum Products Company
Division of AtlanticRichfieldCompany

Receipt for Return of Empty Containers and Merchandise

Q1596

No. 088365

ORIGINAL

Date	Via

Name (mailing address if other than above)
Lawrence Romero
Street address
White Horse Pike
City, state, zip code
Hammonton NJ

Stock movement code: - - 1 9 -

☐ Cr. A/C ☐ Send check

Approved

Payee code	Due date	Reference no.	Check no.	Type	Attach	Late	Cash disc.	Net amount of inv.	X=cr.	Invoice date
				C						

Account	Cost Center	Facility	Type	Free form area	Net amount	X= cr.	Tax code	Amount subject to tax

Product code	Packages Kind	Packages Code	Packages No.	Quantity	Articles received are subject to inspection at our warehouse	Unit price $	Unit price ¢	Tax State	Tax Fed	Price + Tax $	Price + Tax ¢	Amount
1-97493	55D	001	000	4	Empty 55 gallon drums							
1-62760	$6.00	000	000		Pallets							

Reason for return

Product returns show	Purchase date	Original delivery invoice number

Approved by

Received by C Bar

Received into stock by

Plus sales tax	
Total	

APPC-3173 (8-82)

Issuer

ARCO Petroleum Products Company
Division of AtlanticRichfieldCompany

Receipt for Return of Empty Containers and Merchandise

ORIGINAL (Red)

No. 088366

Date	Via

Name (mailing address if other than above): Mass Petroleum

Street address: 501 E Hunting Park

City, state, zip code: Phila PA 19140

Stock movement code: - - 19 -

☐ Cr. A/C ☐ Send check

Approved

Payee code	Due date	Reference no.	Check no.	Type	Attach	Late	Cash disc.	Net amount of inv.	X=cr.	Invoice date
				C						

Account	Cost Center	Facility	Type	Free form area	Net amount	X=cr.	Tax code	Amount subject to tax

Product code	Packages Kind	Packages Code	Packages No.	Quantity	Articles received are subject to inspection at our warehouse	Unit price $	Unit price ¢	Tax State	Tax Fed	Price + Tax $	Price + Tax ¢	Amount
1-97493	55D	001	000	2	Empty 55 gallon drums							
1-62760	$6.00	000	000		Pallets							

Reason for return

Plus sales tax	
Total	

Product returns show	Purchase date	Original delivery invoice number

Approved by

Received by: C Bar

Received into stock by

APPC-3173 (8-82)

Issuer

ARCO Petroleum Products Company
Division of AtlanticRichfieldCompany

Receipt for Return of Empty Containers and Merchandise

No. 088367

ORIGINAL (Red)

Date	Via

Name (mailing address if other than above): Frank De Leo

Street address: 3256 Cochran St

City, state, zip code: Phila PA 19140

Stock movement code: – – 1 9 –

☐ Cr. A/C ☐ Send check

Approved: V851

Payee code	Due date	Reference no.	Check no.	Type	Attach	Late	Cash disc.	Net amount of inv.	X=cr.	Invoice date
				C						

Account	Cost Center	Facility	Type	Free form area	Net amount	X= cr.	Tax code	Amount subject to tax

Product code	Packages Kind	Code	No.	Quantity	Articles received are subject to inspection at our warehouse	Unit price $	¢	Tax State	Fed	Price + Tax $	¢	Amount
1-97493	55D	001	000	3	Empty 55 gallon drums							
1-62760	$6.00	000	000		Pallets							

Reason for return

Plus sales tax	
Total	

Product returns show	Purchase date	Original delivery invoice number

Approved by

Received by: C Barr

Received into stock by

APPC-3173 (8-82)

Issuer

ORIGINAL (Red)

ARCO Petroleum Products Company

Division of AtlanticRichfieldCompany

Receipt for Return of Empty Containers and Merchandise

No. 086082

Date	Via
	HERRS V-609

0545251

Name (mailing address if other than above) CITY SUBURBAN OIL

Street address

City, state, zip code GRANVILLE PA.

Stock movement code [ ][ ][ ][ ] - [ ][ ][ ][ ] - 1 9 - [ ]

☐ Cr. A/C ☐ Send check

Approved

Payee code	Due date	Reference no.	Check no.	Type	Attach	Late	Cash disc.	Net amount of inv.	X=cr.	Invoice date
				C						

Account	Cost Center	Facility	Type	Free form area	Net amount	X= cr.	Tax code	Amount subject to tax

Product code	Packages Kind	Packages Code	Packages No.	Quantity	Articles received are subject to inspection at our warehouse	Unit price $	Unit price ¢	Tax State	Tax Fed	Price + Tax $	Price + Tax ¢	Amount
1-97493	55D	001	000		Empty 55 gallon drums							
1-62760	$6.00	000	000		Pallets							
				11	Empty Drum							

Reason for return

Plus sales tax

Product returns show

Purchase date

Original delivery invoice number

Total

Approved by

Received by

Received into stock by

APPC-3173 (8-82)

Issuer

PACKAGE INVENTORY /

CUSTOMER ORDER/WORK ORDER BACKLOG BY BLEND-CODE

PRODUCT	BLEND CODE	DESCRIPTION		PRIMARY LOCATION
104660	[illegible]	921464 GEAR OIL EP-100	2 1/2	220212
023028	3340	GEAREP 250	400LB	050471
020028	3341	GEAREP 85	400LB	050421
022028	3342	GEAREP 170	400LB	040501
027028	3343	GEAREP 80	400LB	060391
004110	[illegible]	921252 GEAR OIL EP-90	KIT	030302
006140	[illegible]	921233 GEAR OIL EP-90	PAIL	040011
028028	[illegible]	GEAREP 90	400LB	030071
028110	[illegible]	GEAREP 90	KIT	030362
028140	[illegible]	GEAREP 90	PAIL	030022
103660	[illegible]	921460 GEAR OIL EP-90	2 1/2	NL0241
081028	3368	ENERGOL GR XP-150	55LIB	050281
082028	3369	ENERGOL GR XP-220	55LIB	050301
011300	[illegible]	921470 MILKING MACH OIL	2 1/2	220035
139028	[illegible]	ENERGOL HLP-68	55LIB	030271
139320	[illegible]	ENERGOL HLP-68	5GAL	040231
122028	[illegible]	ENERGOL OEM 30	55LIB	030211
127028	[illegible]	ENERGOL HL-32	55LIB	030132
127320	[illegible]	ENERGOL HL-32	5GAL	030122
300028	[illegible]	WM PENN HYDR ISO 32	55LIB	050511
301320	[illegible]	WM PENN HYDR ISO 32	5GAL	030241
129028	[illegible]	ENERGOL HL-46	55LIB	040521
132028	[illegible]	ENERGOL HL-68	55LIB	030191
010300	[illegible]	921490 HYDRAULIC ROF	2 1/2	NL0261
137028	[illegible]	ENERGOL HLP-32	55LIB	030231
137320	[illegible]	ENERGOL HLP-32	5GAL	030062
144028	[illegible]	921552 HYDRAULIC ROF	55LIB	050211
138028	3399	ENERGOL HLP-46	55LIB	030251
138320	[illegible]	ENERGOL HLP-46	5GAL	040171
113028	3400	921555 HYDRAULIC FLU UF	55LIB	040041
117028	[illegible]	ELDORAN UTH	55LIB	030051
117320	[illegible]	ELDORAN UTH	5GAL	040092
121340	[illegible]	921480 HYDRAULIC FLU UF	2 1/2	210404
135028	3417	ENERGOL HL-220	55LIB	050381
112140	[illegible]	921200 REG GEAR OIL 90	PAIL	200251
101660	[illegible]	921450 REG GEAR OIL 90	2 1/2	210184
191028	[illegible]	ENERGOL HLP-22	55LIB	030551
192028	3422	ENERGOL HLP-100	55LIB	040241

Package Inventory

ARCO Petroleum Products Company
Division of AtlanticRichfieldCompany

Receipt for Return of Empty Containers and Merchandise

Q.1596

ORIGINAL

No. 088362

Date	Via

Name (mailing address if other than above): Majestic ad Co

Street address: 3900 River Rd.

City, state, zip code: Hennesauken NJ 08109

Stock movement code: – – 1 9 –

☐ Cr. A/C ☐ Send check

Approved

Payee code	Due date	Reference no.	Check no.	Type	Attach	Late	Cash disc.	Net amount of inv.	X=cr.	Invoice date
				C						

Account	Cost Center	Facility	Type	Free form area	Net amount	X= cr.	Tax code	Amount subject to tax

Product code	Packages Kind	Code	No.	Quantity	Articles received are subject to inspection at our warehouse	Unit price $	¢	Tax State	Fed	Price + Tax $	¢	Amount
1-97493	55D	001	000	11	Empty 55 gallon drums							
1-62760	$6.00	000	000		Pallets							

Reason for return

Product returns show	Purchase date	Original delivery invoice number

Plus sales tax

Total

Approved by

Received by

Received into stock by

APPC-3173 (8-82)

Issuer

ARCO Petroleum Products Company
Division of AtlanticRichfieldCompany

Receipt for Return of Empty Containers and Merchandise

ORIGINAL (Red)

No. 088351

Date	Via HENNS V-850

Name (mailing address if other than above): EST. OF GEO S SNYDER INC

Street address: 1700 HATFIELD VALLEY ROAD

City, state, zip code: HATFIELD, PA

Stock movement code: - - 1 9 -

☐ Cr. A/C ☐ Send check

Approved

Payee code	Due date	Reference no.	Check no.	Type	Attach	Late	Cash disc.	Net amount of inv.	X=cr.	Invoice date
				C						1-04-85

Account	Cost Center	Facility	Type	Free form area	Net amount	X= cr.	Tax code	Amount subject to tax

Product code	Packages Kind	Code	No.	Quantity	Articles received are subject to inspection at our warehouse	Unit price $	¢	Tax State	Fed	Price + Tax $	¢	Amount
1-97493	55D	001	000	24	Empty 55 gallon drums							
1-62760	$6.00	000	000		Pallets							

Reason for return

Plus sales tax	
Total	

Product returns show	Purchase date	Original delivery invoice number

Approved by

Received by [signature]

Received into stock by

APPC-3173 (8-82)

Issuer

ARCO Petroleum Products Company
Division of AtlanticRichfieldCompany

Receipt for Return of Empty Containers and Merchandise

No. 086073

ORIGINAL (Red)

Date	Via

Name (mailing address if other than above)
Mason Petroleum
Street address
301 E Hunting Park
City, state, zip code
Phila PA 19140

Stock movement code: - - 1 9 -

☐ Cr. A/C ☐ Send check

Approved

Payee code	Due date	Reference no.	Check no.	Type	Attach	Late	Cash disc.	Net amount of inv.	X=cr.	Invoice date
				C						

Account	Cost Center	Facility	Type	Free form area	Net amount	X= cr.	Tax code	Amount subject to tax

Product code	Packages Kind	Packages Code	Packages No.	Quantity	Articles received are subject to inspection at our warehouse	Unit price $	Unit price ¢	Tax State	Tax Fed	Price + Tax $	Price + Tax ¢	Amount
1-97493	55D	001	000	1 Empty	Empty 55 gallon drums							
1-62760	$6.00	000	000		Pallets							

Reason for return

Product returns show	Purchase date	Original delivery invoice number

Approved by

Received by C Bar

Received into stock by

Plus sales tax	
Total	

APPC-3173 (8-82)

Issuer

ARCO Petroleum Products Company
Division of AtlanticRichfieldCompany

Receipt for Return of Empty Containers and Merchandise

No. 086072

ORIGINAL (Red)

Date	Via

Name (mailing address if other than above): Bruno Bros.

Street address: 301 W. 2nd St

City, state, zip code: Chester PA 19013

Stock movement code: - - 1 9 -

☐ Cr. A/C ☐ Send check

Approved

Payee code	Due date	Reference no.	Check no.	Type	Attach	Late	Cash disc.	Net amount of inv.	X=cr.	Invoice date
				C						

Account	Cost Center	Facility	Type	Free form area	Net amount	X=cr.	Tax code	Amount subject to tax

Product code	Packages Kind	Packages Code	Packages No.	Quantity	Articles received are subject to inspection at our warehouse	Unit price $	Unit price ¢	Tax State	Tax Fed	Price + Tax $	Price + Tax ¢	Amount
1-97493	55D	001	000	6 Empty	Empty 55 gallon drums							
1-62760	$6.00	000	000		Pallets							

Reason for return

Plus sales tax

Product returns show

Purchase date

Original delivery invoice number

Total

Approved by

Received by

Received into stock by

APPC-3173 (8-82)

Issuer

RELIABLE RECYCLERS, INC.

NEW AND RECONDITIONED PLASTIC, STEEL AND FIBRE DRUMS

Shipping Containers Bought and Sold

P.O. BOX 186
114 S. MAPLE AVE.

LEOLA, PA. 17540-0186
717-656-4211

SOLD TO

Universal [illegible]
[illegible]
Trai[illegible] 1 [illegible]

SHIPPED TO

ORIGINAL (Red)

TERMS: NET 1 DAYS

DATE	INVOICE NO.	ORDER NO.	SHIP VIA
[illegible]			

DESCRIPTION	QUANTITY	PRICE	AMOUNT
[illegible]	[illegible]	[illegible]	[illegible]

ALL CLAIMS MUST BE MADE WITHIN 48 HRS. OF RECEIPT OF MERCHANDISE
PRICES SUBJECT TO CHANGE WITHOUT NOTICE.

PURCHASE INSPECTION No. 2707

DATE: [illegible]

RECEIVED FROM: [illegible]

DRIVER: [illegible]

MOBIL

returned material notic

PAULSBORO, NEW JERSEY
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bear first class postage and attached to item being returned.

ORIGINAL (Red)

ORIGINAL

SHIPMENT NO. 3

SHIPPED TO (VENDOR'S NAME & ADDRESS)

METRO CONTAINER CORPORATION
EASTERN STEEL DRUM DIVISION
SECOND AND PRICE STREETS
TRAINER, PA

DATE SHIPPED _____ PURCHASE ORDER NO. _____

YOUR ORDER NO. OR REFERENCE _____

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN _____

ACCOUNTING DISTRIBUTION _____

Shipment of the material shown below was authorized by your MR. M. TOZOUR

and was Shipped today via METRO TRK # 253 ☐ COLLECT ☐ PREPAID (shipping charges $ _____
for the following reason:

☐ REPAIR NO CHARGE ☐ CREDIT FOR PARTS EXCHANGED ☐ DEFECTIVE ☐ ERROR (EXPLAIN)
☐ REPAIR AND CHARGE ☐ CREDIT FOR MATERIAL RETURNED ☐ BROKEN
☐ EXCESS SHIPMENT ☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW) ☐ REPLACEMENT ☐ OTHER (EXPLAIN)

SOLD IN ACCORDANCE WITH YOUR AGREEMENT WITH THE PHILA. MARKETING DIVISION

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

SEAL NOS.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	162	55 GALLON UNCLEANED DRUMS

ORIGINAL INVOICE

O:

CARRIER'S NO.	SHIPPING ORIGIN	FREIGHT
	F.O.B	

CARRIER	
MER NUMBER	PURCHASE ORDER

SHIP TO

PRODUCT DESCRIPTION	TAX AMOUNTS FEDERAL	TAX AMOUNTS STATE	QUANTITY	PRICE*	AMOUNT
CR					

TAX TOTALS (EXCL. SALES) FEDERAL	STATE	T-SUBJECT TO LOCAL SALES TAX	INVOICE TOTAL (SEE BELOW)

*Price includes applicable federal and/or state liquid fuels and/or excise tax rates and appropriate premiums and/or allowances.

Taxes, freight and deposits not subject to discount

The designated products have been backordered and normally will be available for delivery on your next delivery day. If this creates an undue hardship, please contact your order board.

OFFICE CODES:

TERMS — IF PAYMENT RECEIVED AT ABOVE ADDRESS BY DATE INDICATED

We hereby certify that these goods were produced in compliance with the Fair Labor Standards Act of 1938, as amended.

PLEASE SHOW INVOICE NUMBER AND DATE ON REMITTANCE

ORIGINAL (Red)

OFFICE CODES

Mobil this shipping order

must be legibly filled in, in Ink, in Inde
and retained by the

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

Fr

ROUTE

DELIVERING CARRIER

R VEHICLE #

IF PREPAID, RENDER FREIGHT BILL IN DUPLICATE TO PERMANENT POST OFFICE ADDRESS OF SHIPPER:

MOBIL OIL CORPORATION

SHIPPER'S NUMBER	DATE	CARRIER	CARRIER'S NO.	SHIPPIN

ORDER KEY	CUSTOMER NUMBER	PURCHASE ORDER	F.O.B

SHIP TO

PRODUCT	PKG	TAX	WEIGHT	FRT CLASS	LOC

PACKAGES NUMBER	PACKAGES DESCR	H M	PRODUCT DESCRIPTION

the property described hereon, in a
of packages unknown), marked, co
carrier being understood througho
the property under the contract) a
route, otherwise to deliver to anor
each carrier of all or any of said pro
party at any time interested in all or
be subject to all the terms and cond
Uniform Freight Classifications in e
the applicable motor carrier classif

Shipper hereby certifies that he
including those on the back thereof,
this shipment, and the said terms a
himself and his assigns

Subject to Section 7 of Cond
of lading, if this shipment is t
consignee without recourse o
consignor shall sign the followin
The carrier shall not make de
without payment of freight and al

MOBIL OIL CORPO

(Signature of cons

If Bulk Truck:
The Carrier Certifies that the cargo
shipment is a proper container for
this commodity as described by th

TOTAL PIECES	TOTAL SHIP WEIGHT

LG DRUM	SM DRUM	KEGS	PAILS	BOXES	BULK/OTHER

CASH SALE	RECEIVED PAYMENT FOR MOBIL OIL CORPORATION	CUSTOMER	RECEIVED ABOVE PRODUCTS AND QUAN

OFFICE CODES.

COD CHARGES PAID BY:

COLLECT ON DELIVERY - $

AND REMIT TO: **MOBIL OIL CORPORATION**

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

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.

The fibre boxes used for this shipment conform to the specifications set forth in the of the Uniform and National Motor Freight Classifications.

If the shipment moves between two ports by a carrier by water, the law requires that the b
NOTE—Where the rate is dependent on value, shippers are required to state specifically

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

Mobil Oil Corporation

Shipper, Per

Agent, Pe

ORIGINAL (Red)

OFFICE CODES

Mobil

REMIT TO:

INVOICE NUMBER	INVOICE DATE	CARRIER	CARRIER'S NO.	SHIPPING

ORDER KEY	CUSTOMER NUMBER	PURCHASE ORDER	F.O.B

SOURCE	MOD	SOLD TO	SHIP TO
CUSTOMER INQUIRIES			

PRODUCT	PKG	TAX	WEIGHT	FRT CLASS	LOC

PACKAGES NUMBER	PACKAGES DESCR	PRODUCT DESCRIPTION	TAX AMOUNTS FEDERAL	TAX AMOUNTS STATE

TOTAL PIECES	TOTAL SHIP WEIGHT

LG DRUM	SM DRUM	KEGS	PAILS	BOXES	BULK/OTHER

*Price includes applicable federal and/or state liquid fuels and/or excise tax rates and appropriate premiums and/or allowances.

Taxes, freight and deposits not subject to discount.

The designated products have been backordered and normally will be available for delivery on your next delivery day. If this creates an undue hardship, please contact your order board.

TAX TOTALS (EXCL. SALES) FEDERAL | STATE

T-S

LOC

OFFICE CODES:

TERMS — IF PAYMENT RECEIVED AT ABOVE ADDRESS BY DATE INDICATED

COD CHARGES PAID BY:

COLLECT ON DELIVERY - $

AND REMIT TO: **MOBIL OIL CORPORATION**

PLEASE SHOW INVOICE NUMBER AND DATE ON REMITTANCE

We hereby certify that these goods were produced in compliance

ORIGINAL (Red)

OFFICE CODES

Mobil

REMIT TO:

INVOICE NUMBER	INVOICE DATE	CARRIER	CARRIER'S NO	SHIPPING

ORDER KEY	CUSTOMER NUMBER	PURCHASE ORDER	F.O.B

SOURCE	MOD	SOLD TO	SHIP TO

CUSTOMER INQUIRIES

PRODUCT	PKG	TAX	WEIGHT	FRT CLASS	LOC

PACKAGES NUMBER	PACKAGES DESCR	PRODUCT DESCRIPTION	TAX AMOUNTS FEDERAL	TAX AMOUNTS STATE
		1 Scrap [illegible]		

TOTAL PIECES	TOTAL SHIP WEIGHT

LG DRUM	SM DRUM	KEGS	PAILS	BOXES	BULK/OTHER

*Price includes applicable federal and/or state liquid fuels and/or excise tax rates and appropriate premiums and/or allowances.

Taxes, freight and deposits not subject to discount.

The designated products have been backordered and normally will be available for delivery on your next delivery day. If this creates an undue hardship, please contact your order board

TAX TOTALS (EXCL. SALES) FEDERAL STATE

T-S

LO

OFFICE CODES:

TERMS — IF PAYMENT RECEIVED AT ABOVE ADDRESS BY DATE INDICATED

COD CHARGES PAID BY:

COLLECT ON DELIVERY - $

AND REMIT TO: **MOBIL OIL CORPORATION**

PLEASE SHOW INVOICE NUMBER AND DATE ON REMITTANCE

We hereby certify that these goods were produced in compli

Mo[illegible]il Corporation

34685

ORIGINAL (Red)

CO-13-S (1-80)

DATE [illegible] TERMS MOD

DEL'D FROM AM PM

DEL'D AT [illegible] CITY LIMITS ☐ IN ☐ OUT

TRUCK NO. [illegible] DRIVER [illegible] LIC NO

DISCOUNT: IF PD. CUSTOMER ORDER NO

CUST. NO. # 711362 4

SOLD TO [illegible]

PACKAGES NO.	PACKAGES SIZE	PRODUCTS	OFFICE CODES PRODUCT	OFFICE CODES TAX	OFFICE CODES PKG.	QUANTITY	PRICE EX TAX	EXCISE TAX FED.	EXCISE TAX STATE	PRICE INCL TAX	AMOUNT
		MOBIL PREMIUM GASOLINE	010017		1						
		MOBIL SUPER UNLEADED GASOLINE	**015024**		1						
		MOBIL REGULAR GASOLINE	020016		1						
		MOBIL UNLEADED GASOLINE	**035014**		1						
		MOBIL DIESEL FUEL	160010		1						
		MOBIL HEATING OIL #2	**180018**		1						
		COLLECTION ACCOUNT	**980029**								
		SALES TAX @ %									
		DRUM DEPOSIT CHARGES			0						
		DRUM DEPOSIT CREDITS			0						

(For State of Missouri)
The undersigned certifies that the purchaser expressly declared his intention to file a claim for refund of the motor fuel tax included herein. The purchaser also declared that the fuel will be used for a purpose other than propelling motor vehicles upon the public highways of this state

Signed _____ (Agent for Seller)

The seller of motor fuel certifies that the motor fuel tax will be paid as required by law

If taxes not shown separately, unit price shown above includes any applicable accrued federal and/or excise taxes unless otherwise indicated on this invoice

The products covered on this invoice meet the ASTM standards set forth in Arkansas Statutes 53-603 as amended

SETTLEMENT	
CASH	
CREDIT CARD SALES (CO-65's)	
CHECKS ID #'S	
SETTLEMENT TOTAL	

INVOICE TOTAL [illegible]

REMIT TO MOBIL AT

☐ LOCAL PLANT

CHARGE SALE — RECEIVED ABOVE PRODUCTS AND QUANTITIES

CASH SALE — RECEIVED PAYMENT FOR MOBIL OIL CORPORATION

GASOLINE NOT SOLD FOR ILLUMINATING PURPOSES (So. Dakota)

Mol Oil Corporation

34684

ORIGINAL (Red)

CO-134S (1-80)

DATE TERMS MOD AM PM

DEL'D FROM

DEL'D AT CITY LIMITS ☐ IN ☐ OUT

TRUCK NO DRIVER LIC NO.

DISCOUNT IF PD. CUSTOMER ORDER NO

CUST. NO.

SOLD TO

PACKAGES NO	PACKAGES SIZE	PRODUCTS	OFFICE CODES PRODUCT	OFFICE CODES TAX	OFFICE CODES PKG	QUANTITY	PRICE EX TAX	EXCISE TAX FED.	EXCISE TAX STATE	PRICE INCL TAX	AMOUNT
		MOBIL PREMIUM GASOLINE	010017		1						
		MOBIL SUPER UNLEADED GASOLINE	015024		1						
		MOBIL REGULAR GASOLINE	020016		1						
		MOBIL UNLEADED GASOLINE	035014		1						
		MOBIL DIESEL FUEL	160010		1						
		MOBIL HEATING OIL #2	180018		1						
		COLLECTION ACCOUNT	980029								
		SALES TAX @ %									
		DRUM DEPOSIT CHARGES			0						
		DRUM DEPOSIT CREDITS			0						
										INVOICE TOTAL	

(For State of Missouri)
The undersigned certifies that the purchaser expressly declared his intention to file a claim for refund of the motor fuel tax included herein. The purchaser also declared that the fuel will be used for a purpose other than propelling motor vehicles upon the public highways of this state

Signed _____ (Agent for Seller)

The seller of motor fuel certifies that the motor fuel tax will be paid as required by law

If taxes not shown separately, unit price shown above includes any applicable accrued federal and/or excise taxes unless otherwise indicated on this invoice

The products covered on this invoice meet the ASTM standards set forth in Arkansas Statutes 53-601 as amended

SETTLEMENT	
CASH	
CREDIT CARD SALES (CO-65'S)	
CHECKS ID #'S	
SETTLEMENT TOTAL	

REMIT TO MOBIL AT

☐ LOCAL PLANT ☐

CHARGE SALE — RECEIVED ABOVE PRODUCTS AND QUANTITIES

CASH SALE — RECEIVED PAYMENT FOR MOBIL OIL CORPORATION

GASOLINE NOT SOLD FOR ILLUMINATING PURPOSES (So. Dakota)

Mobil

CO-932 (6-66)

returned material notice

Paulsboro Refinery
Paulsboro, NJ 08066
(ISSUING OFFICE)

Original copy of this form to be enclosed in envelope bearing first class postage and attached to item being returned.

SHIPPED TO (VENDOR'S NAME & ADDRESS)

Metro Container Corporation
2nd & Price Street
Trainer, PA 19013

SHIPMENT NO. 6

DATE SHIPPED [illegible]

PURCHASE ORDER NO. D-670000

YOUR ORDER NO. OR REFERENCE

MODEL & SERIAL NO. OF EQUIPMENT FROM WHICH PART WAS TAKEN

ACCOUNTING DISTRIBUTION

Shipment of the material shown below was authorized by your Sid Levy

and was Shipped today via Metro Truck # [illegible]

☐ COLLECT
☐ PREPAID (shipping charges $ _____)

for the following reason:

☐ REPAIR NO CHARGE
☐ REPAIR AND CHARGE
☐ EXCESS SHIPMENT
☐ CREDIT FOR PARTS EXCHANGED
☐ CREDIT FOR MATERIAL RETURNED
☐ VENDOR'S RETURNABLE CONTAINERS (INVOICE TO FOLLOW)
☐ DEFECTIVE
☐ BROKEN
☐ REPLACEMENT
☐ ERROR (EXPLAIN)
☒ OTHER (EXPLAIN)

Credits issued should show our order number and date Shipped and be forwarded in triplicate as follows:

☐ DIRECT TO ISSUING OFFICE SHOWN ABOVE.
☐ TO PURCHASING DEPARTMENT, 150 EAST 42ND STREET, NEW YORK, NEW YORK 10017 AND INDICATE THEREON THAT IT IS FOR THE ACCOUNT OF THE ABOVE ISSUING OFFICE.

ITEM NO.	QUANTITY	DESCRIPTION OF PARTS OR MATERIAL SHIPPED
	116	Empty 55 Gal. Uncleaned Drums for Reconditioning
		Drums rejected per Metro Ticket #
		Physically damaged non-usable "junk/scrap"
	22	SCRAP
	154	
	✓	

REMARKS (Suitable for making #1 Drums)

MOBIL OIL CORPORATION

BY K. J. Richardson
K. J. Richardson

MOLA TRUCKING, INC.

D/B/A MITCHKO TRUCKING

P.O. BOX 414, 650 MYRTLE AVE.
BOONTON, NEW JERSEY 07005

1-201-334-3700-3701-3702

ORIGINAL (Red)

EPA NJD 002779262-

MANIFEST # _____

TRUCK # [illegible] TR # [illegible]

DRIVER _____

PICK UP: [illegible] / _____ / _____
DATE / TIME / W.O. #

NAME: [illegible]

CODE

ADDRESS: [illegible] E Price Sts.

[illegible], P.H.

TIME IN: 11:00 AM TIME OUT: 11:05 AM TOTAL TIME: _____ $ _____

DELAY EXPLANATION: _____

[illegible]
SIGNATURE: (PICK UP)

INTERMEDIATE: _____
NAME ADDRESS

TIME IN: _____ TIME OUT: _____ TOTAL TIME: _____ $ _____

DELAY EXPLANATION: _____

_____
SIGNATURE: (INTERMEDIATE)

UNLOAD: _____ / _____
DATE / TIME

NIAGARA ☐ OHIO ☐ OTHER [illegible] $ _____

TIME IN: _____ TIME OUT: _____ TOTAL TIME: _____ $ _____

DELAY EXPLANATION: _____

_____

_____
SIGNATURE (UNLOADING SITE)

ORIGINAL (Red)

1077

6/20 to 6/24 ----->

Total	18513.73	3222.15	2148.10	5656.53	0.00	13402.75	0.00	1493.44	0.00	491.96	0.00	0.00	2040.39	473.82
Monthly Budget	45,180.00	9,000.00	10,800.00	14,040.00	1,620.00	40,680.00	4,680.00	7,200.00	3,600.00	720.00	7,920.00	250.00		
Monthly Allowable Left	26666.27	5777.85	8651.90	8383.37	1,620.00	27277.25	4,680.00	5706.56	3,600.00	228.04	7,920.00	250.00		

0.00

NOTE:

CONFIDENTIAL

ORIGINAL
(Red)

MONTH	ENTERPRISE LIABILITY DEC 11	ENTERPRISE LIABILITY DEC	ENTERPRISE LIABILITY JAN	ENTERPRISE LIABILITY FEB	ENTERPRISE LIABILITY MAR	ENTERPRISE LIABILITY MAR 26	ENTERPRISE LIABILITY TOTAL
FED W/T	1,900.33	4,546.59	7,035.34	7,306.22	8,289.88	1,760.20	27,318.16
FICA	1,212.89	3,260.99	5,272.50	4,905.63	5,470.57	1,278.36	18,844.22
PHILA	203.52	584.47	986.58	1,188.34	1,198.20	286.45	3,946.66
SUI	17.02	45.76	70.13	65.30	72.98	17.04	254.15
PA W/T	321.65	848.98	1,286.00	1,198.90	1,371.08	319.36	4,707.25
NJ W/T	34.14	107.64	180.54	170.67	159.23	38.12	614.10
LOCAL	131.80	341.59	517.21	426.28	988.00	138.32	2,274.56
CO FICA	1,212.90	3,261.07	5,272.57	4,905.65	5,470.66	1,278.48	18,844.45
CO FUI	74.16	179.00	561.65	514.90	486.96	112.97	1,703.70
CO SUI	595.70	1,601.60	1,893.51	1,763.10	1,970.46	460.08	7,364.29
TOTAL	5,704.11	14,777.69	23,076.03	22,436.99	25,478.02	5,681.38	85,871.54

ENTERPRISE PAYMENTS DEC	ENTERPRISE PAYMENTS JAN	ENTERPRISE PAYMENTS FEB	ENTERPRISE PAYMENTS MAR	ENTERPRISE PAYMENTS TOTAL	ENTERPRISE PAYMENTS DUE END OF MARCH
	5,498.12	6,716.80	7,779.05	19,993.97	7,324.19
	4,882.23	4,739.42	5,869.23	13,890.88	4,953.34
	517.67	1,839.12	1,247.67	2,804.46	1,142.20
	48.21	62.82	67.70	178.73	83.42
	733.40	1,151.43	1,259.11	3,143.94	1,563.31
	188.02	165.24	158.71	431.97	182.13
	384.94	438.88	918.66	1,646.48	7628.88
	4,882.31	4,739.40	5,869.33	13,891.04	4,953.41
	321.83	504.80	494.60	1,320.43	383.27
	1,487.35	2,198.70	2,230.47	5,836.52	1,527.77
0.00	17,895.28	21,740.61	24,286.53	63,130.42	22,741.12

ORIGINAL
(Red)

105

CHECK #	DATE	PAYEE	EXPLANATION													
2442	5-2	PA CAT FUND	PLATE # HBG420													8.00
2443	5-2	ABC PAYROLL PEOPLE	PAYROLL PREPARATION													2,431.48
2444	5-2	THE HARTFORD INS.	AUTO INSURANCE						58.40							
2445	5-2	STATE WORKMENS COMP	WORKMENS COMP INSURANCE	2,149.00												
2446	5-2	PRIOR COATED METALS	DRUM PURCHASE											661.75		
2447	5-2	VOID	VOID													
2448	5-2	ANDREWS EQUIP.	SWITCHES FOR PAINT BOOTH								248.62					
2449	5-2	SIDNEY LEVY	GAS ALLOWANCES													166.65
2450	5-2	SIDNEY LEVY	PETTY CASH						68.15		58.71		13.04			81.15
2451	5-2	DIAMOND STATE TELE.	PHONE BILL										33.27			
2452	5-2	CLARENCE TULL	UNION DUES REIMBURSED	94.20												
2453	5-3	NORTH AMERICAN PAINT	PAINT/LINING PURCHASE		2,373.52	1,393.98										
2454	5-3	CONSTANCE ROOT	GAS ALLOWANCE													17.00
2455	5-3	LEWIS MASLOW	EXPENSES						218.52							82.00
2456	5-3	W. PERATO	DRUM CRUSHER REPAIR								75.00					
2457	5-5	HARDWARE SUPPLY	MAINTENCE REPAIR								327.86					
2458-2509	5-6	METRO ENTERPRISE	NET PAYROLL	7,515.74					6,956.41							
2510	5-5	BANK OF DELA	PAYROLL TAXES	2,766.77					1,695.77							
2511	5-6	M L HOWELL	DRUM PURCHASES											662.50		
2512	5-6	LANCO INDUSTRIES	SALES COMMISSION													222.61
2513	5-6	P E C O	ELECTRIC BILL				7,196.99									
2514	5-6	M C I TELE	PHONE BILL										415.44			
2515	5-6	FRANCIS MILLER	SALESMAN EXPENSES						381.86							
			TOTAL	12,525.71	2,373.52	1,393.98	7,196.99	0.00	9,283.11	0.00	710.19	0.00	461.75	0.00	0.00	1,324.25	3,008.81
			5-02 THRU 5-06 --->	12,525.71	2,373.52	1,393.98	7,196.99	0.00	9,283.11	0.00	710.19	0.00	461.75	0.00	0.00	1,324.25	3,008.81
			5-09 THRU 5-13 --->													
			5-16 THRU 5-20 --->													
			5-23 THRU 5-27 --->													
			TOTAL	12,525.71	2,373.52	1,393.98	7,196.99	0.00	9,283.11	0.00	710.19	0.00	461.75	0.00	0.00	1,324.25	3,008.81
			MONTHLY BUDGET	45,180.00	9,000.00	10,800.00	14,040.00	1,620.00	40,680.00	4,680.00	7,200.00	3,600.00	720.00	7,920.00	250.00		
			MONTHLY ALLOWABLE LEFT	32,654.29	6,626.48	9,406.02	6,843.01	1,620.00	31,396.89	4,680.00	6,489.81	3,600.00	258.25	7,920.00	250.00		
			NOTE:													

CONFIDENTIAL

ORIGINAL (Red)

901

METRO ENTERPRISE CONTAINER CORP.
Date of Report: 2/5/88

Account Number	Company Name / Date Lst Pmt	Lst Pmt	On Account	Finance Chg	Current	30 Days	60 Days	90 Days	Total
200021	AABCO STEEL DRUM								
	10/31/87	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4,994.75	$4,994.75
	(000)000-0000								
200030	ABBEY DRUM COMPANY								
	1/25/88	2,660.00	0.00	0.00	0.00	0.00	25.00	6,119.50	6,144.50
	(000)000-0000								
200053	AMERICAN STEEL DRUM								
	7/30/87	3,891.25	116.00	0.00	0.00	0.00	0.00	0.00	116.00cr
	(000)000-0000								
200060	A M F DRUM INC								
	12/ 4/87	2,620.00	0.00	0.00	0.00	0.00	4,856.18	0.00	4,856.18
	(000)000-0000								
200075	ARCO CHEMICAL								
	1/27/88	797.50	0.00	0.00	0.00	0.00	0.00	2,047.50	2,047.50
	(000)000-0000								
200085	B P OIL COMPANY								
	9/28/87	5,385.00	0.00	0.00	0.00	0.00	0.00	633.00	633.00
	(000)000-0000								
200135	CALLAHAN CHEMICAL CO								
	6/ 1/87	85.00	0.00	0.00	0.00	0.00	0.00	50.00	50.00
	(000)000-0000								
200160	CASH SALES								
	12/10/87	41.34	219.91	0.00	0.00	0.00	0.00	0.00	219.91cr
	(000)000-0000								
200195	CHEM CLEAR								
	1/21/88	0.00	195.00	0.00	0.00	0.00	0.00	0.00	195.00cr
	(000)000-0000								
200226	CONESTOGA FOUNDRY SUPPLY								
	11/23/87	0.00	390.00	0.00	0.00	0.00	0.00	0.00	390.00cr
	(000)000-0000								
200227	CONVERTERS INK								
	1/19/88	4,872.00	0.00	0.00	0.00	0.00	3,576.75	1,613.00	5,189.75
	(000)000-0000								
200230	COVAR								
	2/ 2/88	3,456.00	0.00	0.00	0.00	0.00	3,456.00	0.00	3,456.00
	(000)000-0000								

CONFIDENTIAL

ORIGINAL
(Red)

CONFIDENTIAL

ORIGINAL
(Red)

1217

CONFIDENTIAL

METRO CONTAINER

Ledger FRITCH FUEL 61 (KP)

ORIGINAL (Red)

1987

SLIP#	DATE	DEC	RET	LINED	SCRAP	#3	SALE		BAL			LINED BAL
FEBRUARY									15	-5		140
1560	2/11		264						-279	-269		
MEMO-6058	2/13	~~240~~ 228		10	8				-57	-47		
MEMO-6301	2/11	253			3				196	+206		
MEMO 3442	2/17	246			2				442	+452		
MEMO 3443	2/25	236							678	688		
MARCH												
1682	3/9		264						414	424		
MEMO 4360	3/5	251		10	3				665	675		150
MEMO 4361	3/9	257		2	2				922	932		152
CREDIT #			969						-47	-37		
1742	3/25		270						317	-307		152 PC.
APRIL												
6302	3/30	258		4	2					-49		156
6303	3/30	218		46						169		202
1863	4/8		244						-75			
MEMO-1960	4/8	250		6	8					175		208
1856	4/20		264						-89			
MEMO 1965	4/20	262		6	2					173		224
MAY												
1925	5/4		273						-100			
MEMO 1971	5/4	246		14	4				146			238
2025	5-22		264						-118			
MEMO 6127	5/30	256		4	4				138			242 N
JUNE												
4371	6/2	266			4				404			
2059	6/2		270						134			
2139	6/19		291						[illegible]			
MEMO 1980	6/19	256		2	6				99			244
1985	6/24	264			3				363			
JULY												
2205	7/1		264						99			

COPY

Ledger

ORIGINAL
(Red)

METRO ENTERPRISE 1987

	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	ANNUALIZED
DRUM SALE REVENUE	147,800	88,000	181,160	142,820	247,185	208,000	157,500	266,250	213,000	271,250	217,000	162,750	2,302,715
SCRAP REVENUE			940	6,086	10,614	8,200	8,500	10,500	8,500	10,500	8,500	6,500	78,840
TOTAL REVENUE	147,800	88,000	182,100	148,906	257,799	216,200	166,000	276,750	221,500	281,750	225,500	169,250	2,381,555
BEGINNING INVENTORY	95,351	74,258	85,338	73,830	98,496	79,140	89,500	90,000	88,500	90,000	84,000	88,000	95,351
PURCHASES	30,418	12,210	35,008	35,452	37,719	34.325	24,900	40,129	32,165	40,129	32,165	24,900	377,360
FREIGHT				1,500	11,881	12,648	5,190	12,777	8,648	12,777	8,648	5,190	75,259
INDIRECT MATERIAL	7,425	16,931	19,833	17,926	36,508	32,187	22,410	34,594	29,187	34,594	29,187	22,410	300,192
DIRECT LABOR	34,970	26,052	34,733	34,548	48,422	40,000	30,000	45,000	36,000	45,000	36,000	30,000	440,725
FACTORY EXPENSE	45,679	41,567	34,411	42,552	51,549	45,000	46,750	56,250	47,289	56,250	45,000	45,000	557,297
ENDING INVENTORY	74,258	85,338	73,830	98,496	79,140	89,500	90,000	88,500	90,000	84,000	88,000	90,000	90,000
COST OF SALES	139,585	85,680	135,493	107,312	205,435	153,800	128,750	190,250	151,789	194,750	147,000	125,500	1,765,344
GROSS PROFIT (LOSS)	8,215	2,320	46,607	41,594	52,364	62,400	37,250	86,500	69,711	87,000	78,500	43,750	616,211
GENERAL & ADMINISTRATION	6,975	8,198	7,987	11,522	16,216	20,000	18,500	26,250	22,000	26,250	22,000	18,500	204,398
DEPRECIATION													
INTEREST	5,917	5,901	5,433	5,402	6,234	6,165	6,165	7,500	6,065	7,500	6,065	6,065	74,412
NET OPER (LOSS) PROFIT	(4,677)	(11,779)	33,187	24,670	29,914	36,235	13,085	52,750	41,646	53,250	50,435	19,185	337,401

Assumptions:

1. Production will average 5000 barrels per week
2. Sales prices will increase through the year

CONFIDENTIAL

ORIGINAL (Red)

Metro Container Corp.

METRO CONTAINER 1987

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC	ANNUALIZED
DRUM SALES REVENUE	296,317	195,402	269,627	228,092	331,711	351,500	249,750	416,250	314,500	420,750	336,600	252,450	3,662,949
REBATES & COMM	(3,000)	(3,000)	(3,000)	(3,000)	(3,000)	(3,000)	(3,000)	(3,000)	(3,000)				(27,000)
OTHER INCOME													
RENT	3,026	3,000	2,974	3,000	3,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	57,000
ADM FEES	500	500	500	500	500	1,000	1,000	1,000	1,000	1,000	1,000	1,000	9,500
INTEREST INCOME													
MISC INCOME	3,151	527	1,859			500	800	2,900	2,500	2,700	800	500	16,237
TOTAL REVENUE	299,994	196,429	271,960	228,592	332,211	356,000	254,550	423,150	321,000	430,450	344,400	259,950	3,718,686
BEGINNING INVENTORY	128,721	105,810	106,411	91,587	96,802	98,500	91,500	87,000	105,000	110,000	115,000	112,000	128,721
PURCHASES	35,729	42,504	31,505	55,614	59,820	48,790	34,545	57,855	40,495	54,697	43,758	32,819	538,131
FREIGHT	15,653	17,242	22,353	15,382	18,316	16,060	13,500	22,500	17,000	22,500	18,000	13,500	212,006
INDIRECT MATERIAL	53,743	34,177	42,745	32,699	44,776	34,850	24,675	41,325	31,150	42,075	33,660	25,245	441,120
DIRECT LABOR	90,178	66,471	70,553	66,773	94,840	66,700	52,150	82,250	62,700	92,250	75,600	52,150	872,615
FACTORY EXPENSE	127,647	88,756	103,266	110.786	135,195	93,100	93,150	110,000	83,300	101,250	81,000	93,150	1,220,600
ENDING INVENTORY	105,810	106,411	91,587	96,802	98,500	91,500	87,000	105,000	110,000	115,000	112,000	125,000	125,000
COST OF SALES	345,861	248,549	285,246	276,039	351,249	266,500	222,520	295,930	229,645	307,772	255,018	203,864	3,288,193
GROSS PROFIT (LOSS)	(45,867)	(52,120)	(13,286)	(47,447)	(19,038)	89,500	32,030	127,220	91,355	122,678	89,382	56,086	430,493
TRUCKING EXPENSE	16,957	7,712	19,334	19,274	17,741	22,800	18,000	27,000	20,400	27,000	21,600	16,200	234,018
GENERAL & ADMIN	49,602	47,457	42,725	45,891	56,074	42,800	46,500	47,000	52,700	58,500	50,400	41,850	581,499
INTEREST	7,888	9,123	9,553	7,787	8,003	9,500	9,500	9,500	10,000	10,000	10,000	10,000	110,854
	(120,314)	(46,412)	(84,898)	(120,399)	(100,856)								
			* (542,879)										
EXTROADINARY ITEMS:													
INSURANCE INCOME		(60,000)	(40,000)	(175,000)	(615,000)								(890,000)
FIRE EXPENSE		95,422	54,271	23,846	176,685								350,224
NET (LOSS) PROFIT	(120,314)	(151,834)	(99,169)	30,755	337,459	14,400	(41,970)	43,720	8,255	27,178	7,382	(11,964)	43,898

Assumptions:

1. Production will average 9000 barrels per week.
2. Sale price of drum will average $9.25 for July through Sept. and $9.35 for the rest of the year.
3. Costs should decline with the modernization of the factory.
4. Rent and administration income is an intercompany charge with Metro-Enterprise.

* (542,879)
53,0[illegible] s/h Equity 12/31/86
(489,8[illegible]) " " 5/31/87