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Specify Type of Document(s) / Comments:

[ ] Document is available at the EPA Region 5 Records Center.

Specify Type of Document(s) / Comments:

HERMES, NETBURN, O'CONNOR & SPEARING, P.C.

ATTORNEYS AT LAW
111 DEVONSHIRE STREET, EIGHTH FLOOR
BOSTON, MASSACHUSETTS 02109
TELEPHONE (617) 728-0050
TELECOPIER (617) 728-0052

PETER G. HERMES
PETER C. NETBURN
KEVIN J. O'CONNOR
SCOTT S. SPEARING
GINA A. FONTE
JOHN R. FELICE
MICHAEL S. BATSON
RYAN T. KILLMAN

DIRECT DIAL NUMBER
(617) 210-7730

April 15, 2005

BY FEDERAL EXPRESS

Ms. Mila Bensing
Enforcement Specialist
Emergency Enforcement & Support Section, SE-J5
U.S. Environmental Protection Agency
77 West Jackson Blvd.
Chicago, IL 60604-3590

Re: Request for Information [Section 104(e)]
IWI, Inc. Site, Summit Illinois

Dear Ms. Bensing:

Enclosed please find Rapidforms' supplemental response to EPA's request for information with respect to the above site.

Certain paragraphs of the request seek corporate and financial information from Rapidforms, including its audited financial statements. These documents and information have not been provided in this response because Rapidform's parent company prepares consolidated financial reports for the entire company and its subsidiaries, including Rapidforms. Therefore, the information requested with respect to Rapidforms either does not exist or is not readily available. Rapidforms is not refusing to produce information, but believes EPA is interested in this corporate and financial information only if Rapidforms is a responsible party at the Site. After review of this response, Rapidforms is confident EPA will not consider it a responsible party and therefore will not need the information. If after its review, EPA still wants the corporate and financial information, please contact me.

Please contact me if you have any questions regarding the above or the enclosed.

Very truly yours,

Kevin J. O'Connor

KJO/ehm
cc: Jerome Kujawa, Esq. (w/ enclosures)
Galen Close (w/ enclosures)
G:\DOCS\KJO\NEBS\IWI Superfund Site\Letters\Bensing 4 15 05 doc

RESPONSE TO REQUEST FOR INFORMATION
OF RAPIDFORMS, INC.
(IWI, Inc. Superfund Site, Summit IL)

1. This response was prepared with the advice and assistance of counsel. The following persons were consulted in the preparation of this Response:

   Tim Morton (Corporate Compliance Manager)
   NEBS - 500 Main Street - Groton, Ma. 01471

   Robert Boyer (Facilities Manager)
   Rapid Forms, Inc – 301 Grove Rd – Thorofare, NJ 08086-9499

   Scott Carroll (Facility Electrician)
   Rapid Forms, Inc – 301 Grove Rd – Thorofare, NJ 08086-9499

   Michael Boudreau (Director, Sales & Service)
   Rapid Forms, Inc – 301 Grove Rd – Thorofare, NJ 08086-9499

   Edwin Lacorte
   Rapid Forms, Inc – 301 Grove Rd – Thorofare, NJ 08086-9499

   Patricia O'Malley
   Rapid Forms, Inc – 301 Grove Rd – Thorofare, NJ 08086-9499

   Janice Kasprzak
   Rapid Forms, Inc – 301 Grove Rd – Thorofare, NJ 08086-9499

   Gary Graeff
   Rapid Forms, Inc – 301 Grove Rd – Thorofare, NJ 08086-9499

   Mary Erhmann
   McBee Systems, Inc. (an affiliate of Rapid Forms and NEBS)

2. Rapidforms consulted all available and relevant business record to determine if it ever had any business relationship with IWI, Inc. and, except as set forth below, was unable to identify any such relationship. In particular, Rapidforms reviewed its hazardous waste manifests to see if it ever sent any regulated waste materials to IWI. Rapidforms found no evidence or indication of its materials being sent to IWI for any purpose. Copies of these manifests from 1998 to the present are attached to this response as Exhibit A. Similarly, RapidForms was unable to locate any persons with knowledge that, or records indicating that, Rapidforms sent any "totes" or other waste containers to IWI or any related entities for refurbishment, cleaning or any other purpose. I.W.I. Industries, Inc., of 7738 61st Street Place, Summit IL, was a business forms customer of Rapid Forms in

1999, and perhaps at other times. It bought business forms from Rapid Forms. It is identified at Rapid Forms by Customer Nos. 123621 and 744685.

3. Rapidforms does not believe any other person may be able to prepare a more detailed or complete response to EPA's questions or additional responsive information or documents. However, if the time period relevant to EPA's request includes time periods before 1985, EPA may wish to contact any successors to a different corporation that operated as "Rapidforms" prior to that time. In or about January, 1985, the old Rapidforms business was merged into Cities Stores Company, a predecessor corporation of CSS Industries, Inc., with Cities Stores as the surviving corporation. At about that time, the current Rapidforms was incorporated and Cities Stores transferred to it some, but not all, of the old Rapidforms' assets. Rapidforms does not know what if any information or documents were retained by Cities Stores.

4. Rapidforms is a Small Quantity Generator of hazardous waste with an EPA permit number NJD982737777.

5. Rapidforms is not aware of any connection between it or its employees, contractors or agents and the Site, except for the customer relationship identified in Response No. 2. It is not aware of any act or omission by these persons that may have cause a release or threat of release or resulting damages at IWI.

6. Rapidforms reads this question as referring to the generation, transportation, treatment, disposal, transport or other handling or hazardous substances at or to the IWI site. Rapidforms is not aware of any person with responsive knowledge.

7. Rapidforms is a small quantity generator of hazardous waste. The nature of the hazardous wastes it generates and disposes of is stated in the hazardous waste manifests attached to this response

8. Rapidforms does not file tax returns as a separate entity. Its income is reported to IRS as part of consolidated returns filed by NEBS. If EPA wants further information, Rapidforms will consider the request with NEBS.

9. As set forth above, separate financial reports for Rapidforms are not readily available. If EPA determines that the requested corporate and financial information is required, Rapidforms will supplement this response.

10. Rapidforms is not a partnership.

11. Rapidforms is not a trust.

12. Rapidforms has no information responsive to paragraph 12(a) through 12(o) of EPA's request for information. It has no documents responsive to paragraph 12(p) and no knowledge of any persons responsive to paragraph 12(q).

The following form of declaration must accompany all information submitted by Respondent in Response to the Information Request:

DECLARATION

I declare under the penalty of perjury that I am authorized to respond on behalf of Rapidforms, Inc and that the Response foregoing is complete, true and correct to the best of my knowledge, information and belief.

Executed on April 15, 2005

Signature

Kevin J. O'Connor
Name

Counsel
Title

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

Please type or print in block letters. (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. NJD982737777 — Manifest Document No.
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: NJA 4028561

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

B. State Generator's ID (Gen. Site Address): SAME

4. Generator's Phone (856 384-1144

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150

C. State Trans. ID-NJDEP: 08630
Decal No.: 08434
D. Transporter's Phone: 609 859-2015

7. Transporter 2 Company Name: JJ Transportation
8. US EPA ID Number: NJD021669576

E. State Trans. ID-NJDER: 08310
Decal No.: 08334
F. Transporter's Phone: 856 467-7411

9. Designated Facility Name and Site Address: 000658
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD053346106

G. State Facility's ID:
H. Facility's Phone: 502 848-2453

11. US DOT Description (*Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group*)

	HM	11. US DOT Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	002	DM	00830	P	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above: D039

K. Handling Codes for Wastes Listed Above: N/A

15. Special Handling Instructions and Additional Information
MFST R/T#102355270 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
081451 SKDOTS A: 3008 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Scott H. Carroll — Signature: [signature] — Month Day Year: 07 18 02

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Gentile — Signature: [signature] — Month Day Year: 07 18 02

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joseph J O'Brien — Signature: [signature] — Month Day Year: 07 26 02

19. Discrepancy Indication Space
Section 1 Manifest Doc # should read "982".

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: [illegible] — Month Day Year

NJA 4028561

EPA Form 8700-22

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

... State of N.J. Emergency of Spill immediately call the State line Emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-7172

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

Please type or print in block letters. (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. NJD982737777 | Manifest Document No. 88 7121
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
4. CHORPARE) NJ 08086
856 384-1144

A. State Manifest Document Number NJA 4028628
B. State Generator's ID (Gen. Site Address) SAME

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number KDR000075150
C. State Trans. ID-NJDEP
Decal No. 08 8494
D. Transporter's Phone 1

7. Transporter 2 Company Name THIS Intermodal Transit
8. US EPA ID Number MOD095038998
E. State Trans. ID-NJDEP 609 858-2010
Decal No. 25 3273
F. Transporter's Phone 1 800 [illegible]

9. Designated Facility Name and Site Address
000658
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number KYD053348108
G. State Facility's ID
H. Facility's Phone 1 502 845-1453

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)

	HM	11. US DOT Description	12. Containers No.	Type	13. Total Quantity	Unit Wt/Vol	Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DM	00400	P	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039

K. Handling Codes for Wastes Listed Above
a. H040

15. Special Handling Instructions and Additional Information
MFST R/T#102413166 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: X Cliff H. Carroll
Signature: X [signature]
Month Day Year: 09 17 02

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carlos Felix
Signature: [signature]
Month Day Year: 09 17 02

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Miller
Signature: [signature]
Month Day Year: 09 18 02

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-7172

EPA Form 8700-22

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

Please type or print in block letters. (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. NJD982737777
Manifest Document No. 761115
Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
4. THOROFARE NJ 08086 856 384-1144

A. State Manifest Document Number NJA 4012288
B. State Generator's ID (Gen. Site Address) SAME

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number SCR000075150
C. State Trans. ID-NJDEP 06690
Decal No. 08245
D. Transporter's Phone (800) 334-7455
E. State Trans. ID-NJDEP 609-859-2049
Decal No. 823137

7. Transporter 2 Company Name
8. US EPA ID Number
F. Transporter's Phone ( )
G. State Facility's ID
H. Facility's Phone ( )

9. Designated Facility Name and Site Address
000658
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number KYD053348108

	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DM	00415	P	D001
b.	COMBUSTIBLE LIQUID, N.O.S. (ALIPHATIC HYDROCARBONS) NA1993 PG III (ERG#128)(NOT USEPA HAZARDOUS WASTE)		DM		P	NONE
c.						
d.						

J. Additional Descriptions for Materials Listed Above
a. D039
b. [illegible]
c.
d.

K. Handling Codes for Wastes Listed Above
a. H060 1
b.
c.
d.

15. Special Handling Instructions and Additional Information
097123
MFST R/T#101951346 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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.

SKD001 3004 D

Printed/Typed Name: Scott H. Carver
Signature: Scott H. Carver
Month Day Year: 04 02 02

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom Hamek
Signature: Tom Hamek
Month Day Year: 04 02 02

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICHARD THOMAS
Signature: Richard Thomas
Month Day Year: 04 1 1 02

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: Diane Edling
Signature: Diane Edling
Month Day Year: 04 1 02

NJA 4012288

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-7172

EPA Form 8700-22

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

9. TSD MAIL TO GENERATOR

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

Please type or print in block letters. (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. NJD982737777 | Manifest Document No. 28783 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
4. THOROFARE) NJ 08086 856 384-1144

A. State Manifest Document Number: NJA 4027844
B. State Generator's ID (Gen. Site Address): SAME
C. State Trans. ID NJDEP: [illegible] Decal No.: [illegible]
D. Transporter's Phone: [illegible]
E. State Trans. ID NJDEP: 609 [illegible] 2049 Decal No.: [illegible]
F. Transporter's Phone: 417 629 5131
G. State Facility's ID:
H. Facility's Phone: 502 845-2453

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC | 6. US EPA ID Number: SCR000075150
7. Transporter 2 Company Name: Tri State Motor Transit Co | 8. US EPA ID Number: MOD095038998
9. Designated Facility Name and Site Address: 000658 SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068 | 10. US EPA ID Number: KYD053348108

	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM	12. Containers No.	Type	13. Total Quantity	Unit Wt/Vol	14. Waste No.
a.	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) UN1993 PG III (D001)(ERG#128)	X	001	DM	00450	P	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above: D039
K. Handling Codes for Wastes Listed Above: a. H041 b. c. d.

15. Special Handling Instructions and Additional Information
MPST R/T#102685206 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR. SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: X Scott H. Carroll | Signature: X [signature] | Month 12 Day 11 Year 02

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carlos Felix | Signature: [signature] | Month 12 Day 11 Year 02

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mike Miller | Signature: [signature] | Month 12 Day 18 Year 02

19. Discrepancy Indication Space
Fuller on customers copy should read 0504 for item F.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Victoria Bloom | Signature: Victoria Bloom | Month 12 Day 19 Year 02

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) 292-7172

EPA Form 8700-22

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

4060732

Please type or print in block letters. (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.: NJD982737777 — Manifest Document No.: 93795
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER
THOROFARE NJ 08086
301 GROVE ROAD

A. State Manifest Document Number: NJA 4060732

B. State Generator's ID-(Gen. Site Address): SAME

4. Generator's Phone ( ) 609 384-1144

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: TXR000050930

C. State Trans. ID-NJDEP: 08690
Decal No. -

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

D. Transporter's Phone ( )

E. State Trans. ID-NJDEP: 609 859-2049
Decal No. -

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
000658
10. US EPA ID Number: KYD053348108

F. Transporter's Phone ( )

G. State Facility's ID

H. Facility's Phone ( )

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)

	HM	12. Containers No.	Type	13. Total Quantity	Unit Wt/Vol	Waste No.
a.	X RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DM	00500	P	D001
b.	X RQ WASTE MERCURY 8 UN2809 PG III (D009) (ERG#172)		DM			D009
c.						
d.						

J. Additional Descriptions for Materials Listed Above
a. D039
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
MFST R/T#103273295 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Robert Boyer
Signature: [signature]
Month Day Year: 04 03 03

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Matthew D (Rawford)
Signature: [signature]
Month Day Year: 04 03 03

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-7172

EPA Form 8700-22

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

4052106

Please type or print in block letters. (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.: NJD982737777 — Manifest Document No.: 79222
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER
301 GROVE ROAD
4. Generator's Phone ( ) 856 384-1144
THOROFARE NJ 08086

A. State Manifest Document Number: NJA 4052106

B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: TXR000050930

C. State Trans. ID-NJDEP: 08690
Decal No.: 086304

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

D. Transporter's Phone ( )

E. State Trans. ID-NJDEP: 609 859-2049
Decal No.:

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
000658
10. US EPA ID Number: KYD053348108

F. Transporter's Phone ( )

G. State Facility's ID:

H. Facility's Phone ( ) 502 845-2453

	HM	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DM	00450	P	D001
b.	X	RQ WASTE MERCURY 8 UN2809 PG III (D009) (ERG#172)		DM		P	D009
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
MFST R/T#103093714 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: X [illegible]
Signature: X [illegible]
Month Day Year: 03 04 93

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carlos Fe[illegible]
Signature: [illegible]
Month Day Year: 03 04 93

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

19. Discrepancy Indication Space

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

NJA4052106

EPA Form 8700-22

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

2. GENERATOR MAIL TO TSD'S STATE A)1829190/1184552 B)2155081/3207040

HAZARDOUS MATERIALS WASTE DISPOSAL

SAFETY KLEEN (TS), INC.
3527 WHISKEY BOTTOM ROAD
LAUREL MD 20724-

Mail To: RAPID FORMS
311 GROVE RD
THOROFARE NJ 08086
Attention: BOB BOYER

Pickup Address: RAPID FORMS
301 GROVE RD
THOROFARE NJ 08086

EPA ID: NJD982737777

Manifest No: LRYBB-17857593

This is to certify that hazardous material removed from RAPID FORMS

has been disposed of in accordance with all applicable local, state and federal regulations in the following manner.

Container	Date	Location	Method
010506-LRYBB-011	06/21/01	SAFETY-KLEEN, NEW CASTLE RECYCLE CENTER	BTU Recovery
6YBB-006		SMITHFIELD KY	
010506-LRYBB-012	06/21/01	SAFETY-KLEEN, NEW CASTLE RECYCLE CENTER	BTU Recovery
6YBB-006		SMITHFIELD KY	

Brinton H Hoar

Operations

Date: 07/30/01

HAZARDOUS MATERIALS WASTE DISPOSAL

safety-kleen

SAFETY KLEEN (TS), INC.
3527 WHISKEY BOTTOM ROAD
LAUREL MD 20724-

Mail To: RAPID FORMS
301 GROVE RD
THOROFARE NJ 08086
Attention BOB BOYER

Pickup Address: RAPID FORMS
301 GROVE RD
THOROFARE NJ 08086

EPA ID: NJD982737777

Manifest No: LRYBB-50173

This is to certify that hazardous material removed from RAPID FORMS

has been disposed of in accordance with all applicable local, state and federal regulations in the following manner.

Container	Date	Location	Method
020109-LRYBB-001	01/26/02	SAFETY-KLEEN, NEW CASTLE RECYCLE CENTER	BTU Recovery
6YBB-006		SMITHFIELD KY	

Operations

Date: 04/26/02

FACSIMILE TRANSMITTAL

RAPIDFORMS, INC.
301 GROVE ROAD
THOROFARE, NJ 08086-9499
FAX (856) 537-6979

DATE 04-11-03
TIME 11:30 ☒ AM ☐ PM

TO	FROM
COMPANY NAME NCES	RAPIDFORMS INC.
ADDRESS	
ATTENTION ROB BERGER	
FAX NUMBER	

COMMENTS

IF YOU NEED ANY ADDITIONAL
INFO, LET ME KNOW.

SCOTT CARROLL
SCARROLL@RAPIDFORMS.COM

Number of pages transmitted 9 (including transmittal form).

If you do not receive the number of pages indicated above, please call the sender at _____

We are transmitting from the following FAX equipment: _____ MAKE _____ MODEL

Thank You

FORM 172, RAPIDFORMS, INC. TO REORDER CALL 800-537-6354, FAX 800-451-8113

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD982717777

Manifest Tracking No. 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: ROB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone: 856 384-1144

5. Transporter 1 Company Name 6. US EPA ID Number
SAFETY-KLEEN SYSTEMS, INC STR000078160

7. Transporter 2 Company Name 8. US EPA ID Number
NJ Transportation NJD 071 664 976

9. Designated Facility Name and Site Address 10. US EPA ID Number
000658
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SHIPPINGPORT KY 40068 KYD051346108

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number, and Packing Group)

	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.
a.	X RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(BR081126)	002	DM	00830	P
b.					
c.					
d.					

GENERATOR

15. Special Handling Instructions and Additional Information
NESF 8/TB1022SS37D 0002-0368-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
YOU ARE AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
09944L

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment described above are fully and accurately described above by proper shipping name 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: Scott H. Carroll Signature: Month 07 Day 18 Year 02

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Gentile Signature: Month 07 Day 18 Year 02

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joseph J O'Brien Signature: Month 07 Day 26 Year 02

FACILITY

19. Discrepancy Indication Space
Section 1 Manifest Doc # should read "0368".

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

EPA Form 8700-22

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD982737777 | Manifest Document No. 85121 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
CHERRY HILL NJ 08086

4. Transporter 1 Company Name 856 384-1144 | 6. US EPA ID Number
SAFETY-KLEEN SYSTEMS, INC | KDR000075150

5. Transporter 2 Company Name | 8. US EPA ID Number
THE TRANSPORTER TRANSIT MOD 9503899

9. Designated Facility Name and Site Address | 10. US EPA ID Number
000655
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068 | KYD053348106

	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	12. Containers No.	Type	13. Total Quantity	Unit Wt/Vol
a.	X RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DM	00400	P
b.					
c.					
d.					

[redacted]

15. Special Handling Instructions and Additional Information
NFST R/T#102413166 0009-0566-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR. SK CORP AUTHORIZED TO REMAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. GENERATOR'S CERTIFICATION: I hereby 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 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
X Earl H. Carroll	X [signature]	04	17	02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Carlos Felix	Carlos Felix	04	17	02

18. Transporter 2 Acknowledgement of Receipt of Materials

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

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
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777
Manifest Document No.: 76115
Page 1 of 1
Information in the shaded areas is not required by Federal law.

2. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

A. State Manifest Document Number: [redacted]

5. Transporter 1 Company Name: 856 384-1144
6. US EPA ID Number: SCR000075150

7. Transporter 2 Company Name: [illegible]
8. US EPA ID Number: [illegible]

9. Designated Facility Name and Site Address
000658
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD053348108

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)

	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	X RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) UN1993 PG III (D001)(ERG#128)	001	DM	00415	P
b.	COMBUSTIBLE LIQUID, N.O.S. (ALIPHATIC HYDROCARBONS) NA1993 PG III (ERG#128)(NOT USEPA HAZARDOUS WASTE)		DM		P
c.					
d.					

15. Special Handling Instructions and Additional Information
087123
MFST R/T#101951346 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR. BK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects [illegible] for transport [illegible] 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: [illegible] Signature: [illegible] Month Day Year: 04 02 02

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom Hamsk Signature: Tom Hamsk Month Day Year: 04 02 02

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICHARD THOMAS Signature: Richard Thomas Month Day Year: 04 11 02

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: Diane Edlin Signature: Diane Edlin Month Day Year: 04 18 02

NMA 4012288

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982137777 | Manifest Number: 28993 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
EDISON NJ 08860

4. Transporter 1 Company Name: 856 354-1144
5. US EPA ID Number: SCR000075150
SAFETY-KLEEN SYSTEMS, INC

6. Transporter 2 Company Name: Tri State Motor Transit Co
7. US EPA ID Number: MOD050388993

8. Designated Facility Name and Site Address: 000658
SAFETY-KLEEN SYSTEMS, INC.
3708 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD053148106

HM	11. US DOT Description (including Proper Shipping Name, Hazard Class or Division, ID Number, and Packing Group)	12. Containers No.	Type	Total Quantity	Unit Wt/Vol	13. Waste Codes
a. X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(F003)	001	DM	00450	P	
b.						
c.						
d.						

14. Special Handling Instructions and Additional Information
NEST 0.7810268A206 0002-0556-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBCONTRACTOR CARRIERS AS NECESSARY.

15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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.

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: X Kent H. Carroll | Signature: X [signature] | Month Day Year: 12 11 02

17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: Carlos Felix | Signature: [signature] | Month Day Year: 12 11 02

18. Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year: [illegible]

19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Victoria Brown | Signature: Victoria Brown | Month Day Year: 12 16

EPA Form 8700-22

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

In the event of an emergency or spill immediately call the state fire emergency, occurred in and the N.J. Dept. of Environmental Protection. (609) 292-7172

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

4060732

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJ0482737777

2. Page 1 of 1

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

3. Generator's Name and Mailing Address

RAPID FORMS
ATTN: BOB BOYER
THOROFARE NJ 08086
301 GROVE ROAD

A. State Manifest Document Number: NJA 4060732

B. State Generator's ID

4. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC

5. Transporter 1 Company Name: 384-1144

6. US EPA ID Number: TXR000050930

7. Transporter 2 Company Name

8. US EPA ID Number

C. State Trans. ID No.

D. Transporter's Phone

E. State Trans. ID No.

F. Transporter's Phone

G. State Facility ID

H. Facility's Phone

9. Designated Facility Name and Site Address

000658
SAFETY-KLEEN SYSTEMS, INC.
2700 LAGRANGE ROAD
SMITHFIELD KY 40068

10. US EPA ID Number: KYD053388108

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)

12. Containers: No. / Type

13. Total Quantity / Unit Wt./Vol.

14. Waste No.

	HM	Description	No.	Type	Total Quantity	Unit Wt./Vol.	Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DM	00500	P	[illegible]
b.	X	RQ WASTE MERCURY 8 UN2809 PG III (D009) (ERG#172)		DM		P	[illegible]
c.							
d.							

15. Special Handling Instructions and Additional Information

MFST R/T#103273225 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway, rail, or air, in 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: Robert Boyer
Signature: [signature]
Month Day Year: 09 03 03

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Matthew D (Rawford)
Signature: [signature]
Month Day Year: 09 03 03

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name
Signature
Month Day Year

EPA Form 8700-22

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) 292-7172

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-1?9-04

4052106

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD982711772 Manifest Tracking No. 73223
2. Page 1 of 1
Information in the shaded spaces is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086
Phone 856 384-1144

4. State Manifest Document Number NJA 4052106

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC.
6. US EPA ID Number TXD000060910

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

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC. 000658
1700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number KYD053360108

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. X RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 1 UN1993 PG III (D001)(ERG#128) 001 DM 004 50 P
b. X RQ WASTE MERCURY 8 UN2809 PG III (D009) (ERG#172) DM P
c.
d.

GENERATOR

15. Special Handling Instructions and Additional Information
MFST R/T#103093714 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR
SK CORP AUTHORIZED TO REBAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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.

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 X Signature X Month Day Year 03/04/03

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Month Day Year 03/04/03

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

NJA 4052106

TRANSPORTER 1

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

2. Transporter 1 Name A)1800100/1144582 B)2155081-1109040

HAZARDOUS MATERIALS WASTE DISPOSAL

Method

Operations

Date

HAZARDOUS MATERIALS WASTE DISPOSAL

Operations

Date

STATE OF NEW YORK

02/09/98 10:01 FAX PHILIP-CPC 004

PRESS HARD—You Are Writing Through Eight Copies (See Reverse Side) 0

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

NYG 0878004

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple. (Rev. 3/97)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NYD 9827 377777 Manifest Doc. No. 78004

2. Page 1 of 1

Information within heavy bold line is not required by Federal Law.

3. Generator's Name and Mailing Address
Rapid Forms Inc.
301 Grove Rd., Thorofare, NJ 08086

4. Generator's Telephone Number (609) 384-1144

5. Transporter 1 (Company Name): Chemical Pollution Control Inc

6. US EPA ID Number: NYD 002785429

7. Transporter 2 (Company Name):

8. US EPA ID Number:

9. Designated Facility Name and Site Address
Chemical Pollution Control Inc
120 South Fourth Street
Bay Shore, NY 11706

10. US EPA ID Number: NYD 002785429

A. NYG 0878004

B. Generator's ID: Same

C. State Transporter's ID: PW8913

D. Transporter's Telephone (516) 586-0333

E. State Transporter's ID:

F. Transporter's Telephone ( )

G. State Facility ID: Same

H. Facility Telephone (516) 586-0333

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS 2 UN 1993 PG II (METHANOL)	001	DF	00055	G	EPA F003 STATE
b.					EPA STATE
c.					EPA STATE
d.					EPA STATE

J. Additional Descriptions for Materials listed Above
a. 0001 1 00
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
Emergency Response 516-586-0333
A) 3104C1 ERG 128

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 state laws and regulations.
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Printed/Typed Name: Kevin Jester
Signature: [signature]
Mo. Day Year: 08 25 97

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Michael J Smith
Signature: [signature]
Mo. Day Year: 08 25 97

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Mo. 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: Frank Fold
Signature: [signature]
Mo. Day Year: 08 28 97

GENERATOR / TRANSPORTER / FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

COPY 6 — TSD Facility — Retained by TSD Facility

001

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

NYG 0829458

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple. (Rev. 3/97)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NJD982737777 Manifest Doc. No. 29456

2. Page 1 of 1

Information within heavy bold line is not required by Federal Law.

3. Generator's Name and Mailing Address
RAPID FORMS INC.
301 GROVE ROAD, THOROFARE, NJ 08086

4. Generator's Telephone Number (609) 384-1144

5. Transporter 1 (Company Name): Chemical Pollution Control Inc

6. US EPA ID Number: NYD042154

7. Transporter 2 (Company Name)

8. US EPA ID Number

9. Designated Facility Name and Site Address
Chemical Pollution Control Inc
120 South Fourth Street
Bay Shore, NY 11706

10. US EPA ID Number: NYD042154

A. NYG 0829458

B. Generator's ID: SAME

C. State Transporter's ID: PW8913

D. Transporter's Telephone (516) 566-0333

E. State Transporter's ID

F. Transporter's Telephone ( )

G. State Facility ID: SAME

H. Facility Telephone (516) 566-0333

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS 3 UN1993 PGII (MIXTURE)	001	DM	005 DF 001	G	EPA F003 / STATE
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a. D001 / 1006
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
A) 3104 CI ERG 128
Emergency Response 516-586-0333

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GENERATOR — Printed/Typed Name: WILLIAM WEITZEL — Signature: [signature] — Mo. 10 Day 23 Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL J SMITH — Signature: [signature] — Mo. 10 Day 23 Year 97

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

FACILITY

19. Discrepancy Indication Space
NA - 7 DRUMS - 385G

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK FAZIO — Signature: [signature] — Mo. 10 Day 28 Year 97

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

COPY 5 — Generator — Mail to ... TOP 5 ...

002

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

NYG0397062

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple. (Rev. 3/97)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NJD982773777 Manifest Doc. No. 9708 2

2. Page 1 of 1

Information within heavy bold line is not required by Federal Law.

A. NYG0397062

B. Generator's ID SAME

C. State Transporter's ID PA4913

D. Transporter's Telephone (516) 586-0333

E. State Transporter's ID

F. Transporter's Telephone ( )

G. State Facility ID SAME

H. Facility Telephone (516) 586-0333

3. Generator's Name and Mailing Address
Rapid Forms Inc.
301 Grove Road, Thorofare, NJ 08086

4. Generator's Telephone Number (609) 384-1144

5. Transporter 1 (Company Name) Chemical Pollution Control Inc

6. US EPA ID Number NYD082783429

7. Transporter 2 (Company Name)

8. US EPA ID Number

9. Designated Facility Name and Site Address
Chemical Pollution Control Inc
120 South Fourth Street
Bay Shore, NY 11706

10. US EPA ID Number NYD082783429

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS 3 (MEOH/ACETONE)	001	DF	00055	F	EPA F003 STATE
b.					EPA STATE
c.					EPA STATE
d.					EPA STATE

J. Additional Descriptions for Materials listed Above
a. D001 100
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
a) 3M/01 ERG 128
Emergency Response 516-586-0333

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GENERATOR — Printed/Typed Name: WILLIAM WENTZEL — Signature: William Wentzel — Mo. 11 Day 20 Year 97

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Michael J Gray — Signature: [signature] — Mo. 11 Day 20 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Mo. 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: FRANK FALLO — Signature: [signature] — Mo. 11 Day 20 Year 97

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

COPY 5 — Generator — Mailed by TSD Facility

003

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

NYG 0398439

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple. (Rev. 3/97)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NJD982737777 Manifest Doc. No. 964439

2. Page 1 of 1

Information within heavy bold line is not required by Federal Law.

3. Generator's Name and Mailing Address
RAPID FORMS INC.
301 GROVE ROAD, THOROFARE, NJ 08086

4. Generator's Telephone Number (609) 384-1144

A. NYG 0398439

B. Generator's ID SAME

5. Transporter 1 (Company Name) Chemical Pollution Control Inc

6. US EPA ID Number NYD082783429

C. State Transporter's ID PWESIT

D. Transporter's Telephone (516) 586-0333

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Telephone ( )

9. Designated Facility Name and Site Address
Chemical Pollution Control Inc
120 South Fourth Street
Bay Shore, NY 11706

10. US EPA ID Number NYD082783429

G. State Facility ID SAME

H. Facility Telephone (516) 586-0333

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. 2.1 UN1993 (METHANOL FLAMMABLE)	001	DM	001	G	EPA F003 / STATE
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a D001 1.00
b
c
d

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

15. Special Handling Instructions and Additional Information
A) 3101 CI ERG 128
Emergency Response 516-586-0333

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 state laws and regulations.
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Printed/Typed Name: RICHARD ESTER Signature: Mo. 12 Day 17 Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL J SMITH Signature: Mo. 12 Day 17 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Mo. 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: FRANK FAZIO Signature: Mo. 12 Day 17 Year 97

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

004

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

NYG 0360657

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple. (Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NJD982737777 — Manifest Doc. No.: 60657
2. Page 1 of 1

Information within heavy bold line is not required by Federal Law.

3. Generator's Name and Mailing Address
Rapid Forms Inc.
301 Grove Road, Thorofare, NJ 08086

4. Generator's Telephone Number (609) 384-1144

5. Transporter 1 (Company Name): Chemical Pollution Control Inc
6. US EPA ID Number: NY008778541

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

9. Designated Facility Name and Site Address
Chemical Pollution Control Inc
120 South Fourth Street
Bay Shore, NY 11706

10. US EPA ID Number: NY008778541

A. NYG 0360657
B. Generator's ID: SAME
C. State Transporter's ID: PW8917
D. Transporter's Telephone (516) 586-0333
E. State Transporter's ID:
F. Transporter's Telephone ( )
G. State Facility ID: same
H. Facility Telephone (516) 586-0333

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS 3 UN1993 PG II (METHANOL)	002	DF	00075	G	EPA F003 / STATE
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a. D001 100
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
A) 3104 CI ERG 171
Emergency Response 516-586-0333

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 state laws and regulations.
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Printed/Typed Name: William Wetzel — Signature: [signature] — Mo. 01 Day 15 Year 98

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Michael J Smith — Signature: [signature] — Mo. 01 Day 15 Year 98

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Mo. 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: FRANK FAZIO — Signature: [signature] — Mo. 01 Day 15 Year 98

GENERATOR / TRANSPORTER / FACILITY

COPY 5 — Generator — Mailed by TSD Facility

005

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

NYG0356724

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple. (Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NJD982737777 — Manifest Doc. No.: 56724
2. Page 1 of 1

Information within heavy bold line is not required by Federal Law.

3. Generator's Name and Mailing Address
Rapid Forms Inc.
301 Grove Road, Thorofare, NJ 08086

4. Generator's Telephone Number (609) 384-1144

5. Transporter 1 (Company Name): Chemical Pollution Control Inc
6. US EPA ID Number: NYD083785419

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

9. Designated Facility Name and Site Address
Chemical Pollution Control Inc
120 South Fourth Street
Bay Shore, NY 11706

10. US EPA ID Number: NYD083785419

A. NYG0356724
B. Generator's ID: SAME
C. State Transporter's ID: PWS913
D. Transporter's Telephone ( ) 516 586-0333
E. State Transporter's ID:
F. Transporter's Telephone ( )
G. State Facility ID:
H. Facility Telephone ( ) 516 586-0333

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS 3 UN 1993 PG II (METHANOL)	003	DF DM	00 N/O	G	EPA F003 / STATE
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a. D001 1.00
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
A) 3104 C1 ERG128 Emergency Response 516-586-0333

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 state laws and regulations.
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Printed/Typed Name: Dorsey Lane — Signature: Dorsey Lane — Mo. 02 Day 12 Year 98

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Michael J Smith — Signature: [signature] — Mo. 02 Day 12 Year 98

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Mo. 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: Frank Fazio — Signature: [signature] — Mo. 02 Day 12 Year 98

GENERATOR / TRANSPORTER / FACILITY

COPY 5 — Generator's Mailing Copy

006

STATE OF NEW YORK

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

NYG 0669825

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple. (Rev. 3/97)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NJD981737777 Manifest Doc. No.: 69825

2. Page 1 of 1

Information within heavy bold line is not required by Federal Law.

3. Generator's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD, THOROFARE, NJ 08086

4. Generator's Telephone Number (609) 384-1144

A. NYG 0669825

B. Generator's ID: SAME

C. State Transporter's ID: PWF913

D. Transporter's Telephone (516) 586-0333

E. State Transporter's ID

F. Transporter's Telephone ( )

G. State Facility ID: same

H. Facility Telephone (516) 586-0333

5. Transporter 1 (Company Name): Chemical Pollution Control Inc

6. US EPA ID Number: NYD062785429

7. Transporter 2 (Company Name)

8. US EPA ID Number

9. Designated Facility Name and Site Address
Chemical Pollution Control Inc
120 South Fourth Street
Bay Shore, NY 11706

10. US EPA ID Number: NYD062785429

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS 3 UN1993 PG II (METHANOL)	003	DF	001656		EPA F003 / STATE
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above

a. 0001 100 c.

b. d.

K. Handling Codes for Wastes Listed Above

a. ☒ c. ☐

b. ☐ d. ☐

15. Special Handling Instructions and Additional Information
A) 3104 C1 ERG128
Emergency Response 516-586-0333

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Printed/Typed Name: WILLIAM WETZEL Signature: William Wetzel Mo. 04 Day 23 Year 98

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL J Conte Signature: [signature] Mo. 04 Day 23 Year 98

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Mo. 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: FRANK FAZIO Signature: [signature] Mo. 04 Day 23 Year 98

GENERATOR / TRANSPORTER / FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

COPY 5 — Generator — Mailed by TSD Facility

007

STATE OF NEW YORK

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

NYG 0734265

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple. (Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NJD982737777 — Manifest Doc. No.: 34265
2. Page 1 of 1

Information within heavy bold line is not required by Federal Law.

3. Generator's Name and Mailing Address
Rapid Forms
301 Grove Road, Thorofare, NJ 08086

4. Generator's Telephone Number (609) 384-1144

A. NYG 0734265

B. Generator's ID: SAME

5. Transporter 1 (Company Name): Chemical Pollution Control Inc

6. US EPA ID Number: NYD082785429

C. State Transporter's ID: PW8913

D. Transporter's Telephone (516) 586-0333

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Telephone ( )

9. Designated Facility Name and Site Address
Chemical Pollution Control Inc
120 South Fourth Street
Bay Shore, NY 11706

10. US EPA ID Number: NYD082765429

G. State Facility ID: same

H. Facility Telephone (516) 586-0333

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS 3 UN 1993 PG II (METHANOL)	005	DF	00 ~~275~~ 5x5	G	EPA F003 / STATE
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a 0001 100
b
c
d

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

15. Special Handling Instructions and Additional Information
A) 310YC1 ERG 128
Emergency Response 516-586-0333

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 state laws and regulations.
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Printed/Typed Name: William Weitzel — Signature: William Weitzel — Mo. 05 Day 29 Year 98

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Michael J Smith — Signature: [signature] — Mo. 05 Day 29 Year 98

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Mo. 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: Frank Fazio — Signature: [signature] — Mo. 06 Day 01 Year 98

COPY 5 — Generator — Mailed by TSD Facility

008

NYG 1400373

Please type or print. Do not staple

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 1/28/98)

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777
Manifest Doc. No.: 00373
2. Page 1 of: 1
Information within heavy bold line is not required by Federal Law.

3. Generator's Name and Mailing Address
RAPID FORMS, INC.
301 GROVE ROAD, THOROFARE, NJ 08086

4. Generator's Telephone Number (609) 384-1144

A. NYG 1400373
B. Generator's ID: SAME
C. State Transporter's ID: PW8913
D. Transporter's Telephone (516) 586-0333
E. State Transporter's ID
F. Transporter's Telephone ( )
G. State Facility ID: same
H. Facility Telephone (516) 586-0333

5. Transporter 1 (Company Name): Chemical Pollution Control Inc
6. US EPA ID Number: NYD082785429
7. Transporter 2 (Company Name)
8. US EPA ID Number

9. Designated Facility Name and Site Address
Chemical Pollution Control Inc
120 South Fourth Street
Bay Shore, NY 11706

10. US EPA ID Number: NYD082785429

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS 3 UN 1993 PG II (METHANOL)	001	DF	000556	G	EPA F003 STATE
b. WASTE FLAMMABLE LIQUID NOS 3 UN 1993 PG II (METHANOL)	001	DM	000556	G	EPA F003 STATE
c					EPA STATE
d.					EPA STATE

J. Additional Descriptions for Materials listed Above
a 0001 1.00
b 0001 1.00
c
d

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

15. Special Handling Instructions and Additional Information
Emergency Response 516-586-0333
A 3104C1 ERG 128
B 3104C1 ERG 128

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 state laws and 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: WILLIAM WEITZEL
Signature: William Weitzel
Mo. Day Year: 07 30 98

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL J SMITH
Signature: [signature]
Mo. Day Year: 07 30 98

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Mo. 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: FRANK FAZIO
Signature: [signature]
Mo. Day Year: 07 30 98

GENERATOR / TRANSPORTER / FACILITY

COPY 5—Generator—Mailed by TSD Facility

009

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

NYG 1061352

Please type or print. Do not staple

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 1/28/98)

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Doc. No.	2. Page 1 of	Information within heavy bold line is not required by Federal Law.
NJD982737777	61352	1	

3. Generator's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD, THOROFARE, NJ 08086

4. Generator's Telephone Number (609) 384-1144

A. NYG 1061352

B. Generator's ID: SAME

C. State Transporter's ID: PW8913

D. Transporter's Telephone (516) 586-0333

E. State Transporter's ID

F. Transporter's Telephone ( )

G. State Facility ID: same

H. Facility Telephone (516) 586-0333

5. Transporter 1 (Company Name): Chemical Pollution Control Inc
6. US EPA ID Number: NYD082785429

7. Transporter 2 (Company Name)
8. US EPA ID Number

9. Designated Facility Name and Site Address
Chemical Pollution Control Inc
120 South Fourth Street
Bay Shore, NY 11706

10. US EPA ID Number: NYD082785429

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS 3 UN1993 PG II METHANOL (Isopropyl Alcohol)	001	DF	00055	G	EPA F003 STATE
b. WASTE FLAMMABLE LIQUID NOS 3 UN1993 PG II (METHANOL ISOPROPYL Alcohol)	001	DM	00015	G	EPA F003 STATE
c					EPA STATE
d.					EPA STATE

J. Additional Descriptions for Materials listed Above

a D001	1.00	c	
b D001	1.00	d	

K. Handling Codes for Wastes Listed Above

a	☑	c	☐
b	☑	d	☐

15. Special Handling Instructions and Additional Information — Emergency Response 516-586-0333

a) 3104 C1 ERG128
b) 3104 C1 ERG128 - IN 55 GAL OVER PACK

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 state laws and regulations.
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Printed/Typed Name	Signature	Mo.	Day	Year
[illegible] Williams	[illegible]	09	17	98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Mo.	Day	Year
MICHAEL J SMITH	[illegible]	09	17	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Mo.	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	Mo.	Day	Year
FRANK FAZIO	[illegible]	09	17	98

010

AS-YB13

MARYLAND HAZARDOUS WASTE MANIFEST

Department of the Environment - Waste Management Administration
2500 Broening Highway Baltimore, MD 21224

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-97

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD982737777 Manifest Document No. 98300

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

3. Generator's Name and Mailing Address
Rapid Forms Attn. Bob Boyer
301 Grove Rd Thorofare, NJ 08086-9499

4. Generator's Phone (609 384-1144

A. State Manifest Document Number MDC 0773790

B. State Generator's ID Same

C. State Transporter's ID HWH 427 98A0944 DC

D. Transporter's Phone 610 429-1000

E. State Transporter's ID HWH 427 98A0218 DC

F. Transporter's Phone (732) 462-1001

G. State Facility ID A-207

H. Facility's Phone 301 939-6000

5. Transporter 1 Company Name: Safety-Kleen Corp
6. US EPA ID Number: ILD984908202

7. Transporter 2 Company Name: Freehold Cartage Inc.
8. US EPA ID Number: NJD054126164

9. Designated Facility Name and Site Address
Safety Kleen (TS), Inc
3527 Whiskey Bottom Rd
Laurel, Maryland 20724
10. US EPA ID Number: MDD980554653

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ Waste Flammable Liquids, N.O.S (Mineral Spirits, Ink) 3 UN 1993 PG II	001	DM	55	G	D001
b. RQ Waste Flammable Liquids, N.O.S. (Glycol Ether, Ink) 3 UN 1993 PG II	003	DM	165	G	D001
c. RQ Waste Methanol 3 UN1230 PG II	001	DM	55	G	U154 D001
d. Non DOT/EPA regulated solid (Empty Cans) XX XX	001	CF	1	Y	None

J. Additional Descriptions for Materials Listed Above

	Haz. Code	Physical State	Specific Gravity	Percentage		Haz. Code	Physical State	Specific Gravity	Percentage
a.	1	L	0.9	100	c.	1	L	0.9	100
b.	1	L	0.9	100	d.	–	S	1.1	100

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

15. Special Handling Instructions and Additional Information
11a) ERG # 128 11c) ERG # 131
11b) ERG # 128 11d) ERG # XX
Please Send Certificate of Disposal to Safety Kleen Emergency Name & Phone 800 468 1760 24hr

16. GENERATORS CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 Maryland Statutes or Regulation.

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: Dennis Sebelist Signature: Month Day Year 11 05 98

17. Transporter 1 Acknowledgement of Receipt of Materials Date
Printed/Typed Name: Todd Reidinger Signature: Todd Reidinger Month Day 11 05 98

18. Transporter 2 Acknowledgement of Receipt of Materials Date
Printed/Typed Name: Dennis Richardville Signature: [signature] Month Day 11 12 98

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: Timothy Kescar Signature: Timothy J. Kescar Month Day 11 17 98

GENERATOR

TRANSPORTER

FACILITY

In case of an emergency or spill, immediately call the National Response Center at (800) 424-8802 and the MDE at (410) 631-3400. Nights and Holidays at (410) 974-3551.

MDC 0773790

EPA Form 8700-22 (9-95)

COPY 3 – FACILITY: DETACH & RETURN THIS COPY TO GENERATOR

011

NYG 1411092

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple

(Hazardous Waste Manifest 1/28/98)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJ 0 9 8 2 7 3 7 7 7 7

Manifest Doc. No.: 1 1 0 9 2

2. Page 1 of 1

Information within heavy bold line is not required by Federal Law.

3. Generator's Name and Mailing Address
RAPID FORMS, INC.
301 GROVE ROAD, THOROFARE, NJ 08086

4. Generator's Telephone Number (609) 384-1144

A. NYG 1411092

B. Generator's ID: [illegible]

5. Transporter 1 (Company Name): Chemical Pollution Control Inc
6. US EPA ID Number: NYD 0 8 2 7 8 5 4 2 9

C. State Transporter's ID: [illegible]
D. Transporter's Telephone (516) 586-0333

7. Transporter 2 (Company Name)
8. US EPA ID Number

E. State Transporter's ID
F. Transporter's Telephone ( )

9. Designated Facility Name and Site Address
Chemical Pollution Control Inc
110 South Fourth Street
Bay Shore, NY 11706

10. US EPA ID Number: NYD 0 8 2 7 8 5 4 2 9

G. State Facility ID: same
H. Facility Telephone (516) 586-0333

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	EPA [illegible] STATE [illegible]
b.					EPA STATE
c					EPA STATE
d.					EPA STATE

J. Additional Descriptions for Materials listed Above
a [illegible]
b
c
d

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

15. Special Handling Instructions and Additional Information: Emergency Response 516-586-0333
3104 [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 state laws and 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] Mo. [illegible] Day [illegible] Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [illegible] Mo. [illegible] Day [illegible] Year [illegible]

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

GENERATOR
TRANSPORTER
FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

012

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Land Recycling and Waste Management
P.O. Box 8550
Harrisburg, PA 17105-8550
OFFICIAL PENNSYLVANIA MANIFEST FORM

0-000-00

SK-B
19739

Form approved.
OMB No. 2050-0039

2500-FM-LRWM0051 REV. 12/96

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: KES QG
Manifest Document No.: 35459
2. Page 1 of 1

Information within the blue border is not required by Federal law but may be required by State law.

3. Generator's Name and Mailing Address: Rapid Forms, 130 A Boniface Blvd, Bellmawr NJ 08031
4. Generator's Phone: (609) 933-0376

A. State Manifest Document Number: PAE 7671812
B. State Gen. ID: SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 984908202

C. State Trans. ID: PA-AH 0172

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCD 987574647

D. Transporter's Phone: (609) 859-2049

9. Designated Facility Name and Site Address: 050033 ADVANCED ENVIRON RECYCLIN, 2591 MITCHELL AVE, ALLENTOWN PA 18103
10. US EPA ID Number: PAD 987367216

E. State Trans. ID: PA-AH 0271
F. Transporter's Phone: (803) 798-2993
G. State Facility's ID:
H. Facility's Phone: (610) 797-7608

11. US DOT Description (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 MERCURY 8 UN2809 PG III CONTAINED IN MANUFACTURED ARTICLES (D009)(ERG#172) (CONTAINS <2500 MG/KG)(FL001965)	X2	CF	40	P	D009
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

	Lab Pack	Physical State		Lab Pack	Physical State
a.			E. S	c.	
b.				d.	

K. Handling Codes for Wastes Listed Above: a. T47-T18-T54 c. b. d.

15. Special Handling Instructions and Additional Information

MFST R/T# 00000000
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN THESE SUBSEQUENT CARRIERS: TSMT,HZEG,SHND,NAP
Decal# 85696.

SKDOT# A: 10090 B: C: D:
DECAL: 87737

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: GARY Roach [signature] Signature: [signature] MONTH 12 DAY 21 YEAR 98

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Matthew J. Nöthdurft Signature: [signature] MONTH 12 DAY 21 YEAR 98

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE BOYER Signature: Dave Boyer MONTH 12 DAY 23 YEAR 98

19. Discrepancy Indication Space
LINE 16 - GENERATOR'S SIGNATURE SHOULD APPEAR IN SIGNATURE BOX.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Patty Bowen Signature: [signature] MONTH 12 DAY 31 YEAR 98

GENERATOR / TRANSPORTER / FACILITY

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DEP (717) 787-4343

PAE 7671812

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete

Copy 5 - TSD Facility: Mail to Generator

5

013

Department of the Environment - Waste Management Administration
2500 Broening Highway Baltimore, MD 21224

AS-RRT

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

Form Approved. OMB No. 2050-0039. Expires 9-30-97

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: CESQG
Manifest Document No.: 98352
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Rapid Forms, 301 Grove Rd. Thorofare, NJ 08086 Attn: Bob Boyer
4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: MDC 0764350
B. State Generator's ID: 130 A Benigno Blvd Bellmawr, NJ 08031
C. State Transporter's ID: HWH 98A0944 DC
D. Transporter's Phone: 610 429-1000
E. State Transporter's ID: HWH 98A1916 DC
F. Transporter's Phone: (609) 769-2741
G. State Facility ID: A207
H. Facility's Phone: 301 939-6000

5. Transporter 1 Company Name: Safety-Kleen Corp
6. US EPA ID Number: ILD984908202
7. Transportert 2 Company Name: S-J TRANSPORTATION CO.
8. US EPA ID Number: NJD071629976
9. Designated Facility Name and Site Address: Safety Kleen (TS), Inc. 3527 Whiskey Bottom Rd Laurel, Maryland 20724
10. US EPA ID Number: MDD980554653

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. X	Waste, Charcoal, 4.2, NA 1361, PG III	001	DF	00065	P	D003 D001
b. X	Waste, Corrosive liquids, n.o.s., 8, UN 1760, PG II, (Lab Pack)	001	DM	00055	G	D002
c.	Nonregulated Material	001	DF	00055	G	NONE
d.						

J. Additional Descriptions for Materials Listed Above

	Haz. Code	Physical State	Specific Gravity	Percentage
a.	1	S	1.1	100
b.	C	L	0.9	100
c.	—	L	0.9	100
d.				

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

15. Special Handling Instructions and Additional Information
11.a. DOT E 11294
11.b. **Please Send Certificate of Disposal to Safety Kleen**
11.c.
11.d. **Emergency Name & Phone: 3E (800) 468 1760 24hr**

16. GENERATORS CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 Maryland Statutes or Regulation.

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Printed/Typed Name: GARY Roach Signature: [signature] Month Day Year: 12 23 98

17. Transporter 1 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: Todd Reidinger Signature: Todd Reidinger Month Day: 12 23 98

18. Transporter 2 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: FRANK E. SHARP Signature: [signature] Month Day: 12 23 98

19. Discrepancy Indication Space
SEC. 11 CORRECTED @ SAFETY-KLEEN (TS) INC. 12/29/98 (AK)

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: ANDREA ISPER Signature: [signature] Month Day: 12 29 98

GENERATOR / TRANSPORTER / FACILITY

In case of an emergency or spill, immediately call the National Response Center at (800) 424-8802 and the MDE at (410) 631-3400. Nights and Holidays at (410) 974-3551.

MDC 0764350

EPA Form 8700-22 (9-95)
Previous editions are obsolete.

COPY 3 – FACILITY: DETACH & RETURN THIS COPY TO GENERATOR

COPY 8 – GENERATOR: DETACH & RETAIN THIS COPY

014

2-139-04

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

Please type or print in block letters. (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. NJD 982737777 | Manifest Document No. 07639 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086
4. Generator's Phone (609) 384-1144

A. State Manifest Document Number **NJA 3084810**
B. State Generator's ID-(Gen. Site Address) SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC | 6. US EPA ID Number: ILD 984908202
C. State Trans. ID-NJDEP 08690
Decal No.- 8541

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC. | 8. US EPA ID Number: SCD 987574647
D. Transporter's Phone (609) 858-2049
E. State Trans. ID-NJDEP W10036 04
Decal No.- 8707371

9. Designated Facility Name and Site Address: 000658
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD 053348108
F. Transporter's Phone (609) 386-3464
G. State Facility's ID
H. Facility's Phone (502) 845-2453

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	X	001	DM	00400	P	D001
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above
a. D039 I,L,E
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
MFST R/T# 98000108 2-139-04-2425
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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. SKDOT# A: 3004 B: C: D:

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.

GENERATOR — Printed/Typed Name: DENNIS SEBEUST | Signature | Month Day Year: 12 16 99

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: TOM HOMER | Signature | Month Day Year: 12 16 99
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: DAVE BOYER | Signature | Month Day Year: 12 22 99

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 | 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 and Energy. (609) 292-7172

NJA 3084810

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete.
3 - TSD MAIL TO GENERATOR
SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

015

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

2-139-04

Please type or print in block letters. (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. NJD 982737777 Manifest Document No. 27188
2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone (609) 384-1144

A. State Manifest Document Number NJA 3045127

B. State Generator's ID-(Gen. Site Address) SAME

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number ILD 984908202

C. State Trans. ID-NJDEP 08690
Decal No.- 85411

7. Transporter 2 Company Name SAFETY-KLEEN (TG), INC.
8. US EPA ID Number SCD 98[illegible]

D. Transporter's Phone (609) 859-2049

E. State Trans. ID-NJDEP H10364
Decal No.- 87737

9. Designated Facility Name and Site Address 000658
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SMITHFIELD KY 40068

10. US EPA ID Number KYD 053348108

F. Transporter's Phone (609) 386-3404

G. State Facility's ID

H. Facility's Phone (502) 845-2453

	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group) HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	002	DF	00800	P	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039 E,I,L5
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
MFST R/T# 97542838 2-139-04-2425
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 3004 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Robert Boyer
Signature: [signature]
Month Day Year: 082399

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom Homer
Signature: Tom Homer
Month Day Year: 082399

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Boyer
Signature: Dave B
Month Day Year: 0812 4910

19. Discrepancy Indication Space

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

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 and Energy. (609) 292-7172

NJA 3045127

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete

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2-139-04

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

Please type or print in block letters. (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. NJD 982737777 — Manifest Document No. 27330 — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: NJA 3048476

B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC — 6. US EPA ID Number: ILD 984908202

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC. — 8. US EPA ID Number: SCD 987574647

C. State Trans. ID-NJDEP: 08690 — Decal No.- 85411

D. Transporter's Phone (609) 859-2049

E. State Trans. ID-NJDEP: H10364 — Decal No.- 08777

F. Transporter's Phone: 609 386-7401

G. State Facility's ID

H. Facility's Phone (502) 845-2453

9. Designated Facility Name and Site Address: 000658
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SMITHFIELD KY 40068

10. US EPA ID Number: KYD 053348108

	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group) HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DF	00450	P	D 0 0 1
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039 I,E,L
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. M261
b.
c.
d.

15. Special Handling Instructions and Additional Information
MFST R/T# 97276832 2-139-04-2425
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
M27330 SKDOT# A: 3004 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Scott H. Carroll — Signature: Scott H. Carroll — Month Day Year: 09 10 99

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom Homer — Signature: Tom Homer — Month Day Year: 09 10 99

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Art Shorel — Signature: [signature] — Month Day Year: 09 14 99

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: Rebecca Spencer — Signature: Rebecca Spencer — Month Day Year: 09 23 99

GENERATOR — TRANSPORTER — FACILITY

NJA 3048476

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete
2—TSD MAIL TO-GENERATOR A)1829190/1184552 SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

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State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

2-139-04

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD 982737777 — Manifest Document No. 40878
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number **NJA 3193381**

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
4. THOROFARE) NJ 08086 609 384-1144

B. State Generator's ID-(Gen. Site Address) SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC — 6. US EPA ID Number: SCR 000075150
C. State Trans. ID-NJDEP 08690 — Decal No.
7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC. — 8. US EPA ID Number: SCR 000074591
D. Transporter's Phone ( )
E. State Trans. ID-NJDEP 800 889-3840 H163364 — Decal No. 877769 H10364
9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC. 000658
3700 LAGRANGE ROAD
SMITHFIELD KY 40068 — 10. US EPA ID Number: KYD 053348108
F. Transporter's Phone (609 386 3404)
G. State Facility's ID
H. Facility's Phone (502 845-2453)

	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	X		DM		P	D001
b.	COMBUSTIBLE LIQUID, N.O.S. (ALIPHATIC HYDROCARBONS) NA1993 PG III (ERG#128)(NOT USEPA HAZARDOUS WASTE)		001	DM	004715	P	NONE
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039 c.
b. ID72 d.

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

15. Special Handling Instructions and Additional Information
MFST R/T#099690471 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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.
SKDOT# A: 3004 B: 5843 C: D:

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: X Anthony Gonzalez — Signature: X [signature] — Month Day Year 1 2 2 9 0 0

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: David Beyer — Signature: [signature] — Month Day Year 1 2 2 9 0 0

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: MATT AMEY — Signature: [signature] — Month Day Year 0 1 0 3 0 4

FACILITY

19. Discrepancy Indication Space
Line KB Should read SO2
Line 12A, 13A 14A, Should be crossed out, line C should read Decal # 086969

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: [illegible] — Month Day Year [illegible]

EPA Form 3700-22

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018

NJA 3193381

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection (609) 633-2918

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

2-139-04

3084810

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Form Approved. OMB No. 2050-0039.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD 982737777 — Manifest Document No. 01637
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone (609) 384-1144

A. State Manifest Document Number **NJA 3084810**

B. State Generator's ID-(Gen. Site Address) SAME

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number ILD 984908202

C. State Trans. ID-NJDEP 08690
Decal No.- 8541

7. Transporter 2 Company Name SAFETY-KLEEN (TG), INC.
8. US EPA ID Number SCD 907574647

D. Transporter's Phone (609 858-2049

E. State Trans. ID-NJDEP
Decal No.-

9. Designated Facility Name and Site Address 000658
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SMITHFIELD KY 40068

10. US EPA ID Number KYD 053348108

F. Transporter's Phone ( )
G. State Facility's ID
H. Facility's Phone ( ) 502 845-2453

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DM	00400	P	D 0 0 1
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039 I,L,E
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
MFST R/T# 98000108 2-139-04-2425
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 3004 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: DENNIS SEBLUST
Signature: [signature]
Month Day Year: 12 16 99

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [signature]
Signature: [signature]
Month Day Year: 12 16 99

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection and Energy. (609) 292-7172

NJA 3084810

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete.

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6—GENERATOR MAIL TO-TSD'S STATE

019

2-139-04

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD 982737777 — Manifest Document No. 03180
2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: NJA 3048516

B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 984908202

C. State Trans. ID-NJDEP: 08690
Decal No.- 85411

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCD 987574647

D. Transporter's Phone (609) 859-2049

E. State Trans. ID-NJDEP: H10364
Decal No.- 87737

9. Designated Facility Name and Site Address: 000658
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SMITHFIELD KY 40068

10. US EPA ID Number: KYD 053348108

F. Transporter's Phone (609) 386-3404

G. State Facility's ID

H. Facility's Phone (502) 845-2453

	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group) HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	AF	00450	P	D 0 0 1
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039 E,I,L
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. M061
b.
c.
d.

15. Special Handling Instructions and Additional Information
MFST R/T# 97411148 2-139-04-2425
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 3004 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Bob Boyer — Signature: [signature] — Month Day Year: 07 16 99

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom Hamek — Signature: Tom Hamek — Month Day Year: 07 16 99

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Boyer — Signature: Dave Boyer — Month Day Year: 07 12 99

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] — Signature: [signature] — Month Day Year: 11

GENERATOR — TRANSPORTER — FACILITY

In case of an emergency or spill immediately call the state the emergency occurred in and the state depot of environmental protection

3048516

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EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COP

2-139-04

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

Please type or print in block letters. (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.: NJD982737777 — Document No.: 99486
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone (609 384-1144

A. State Manifest Document Number: NJA 3006120

B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD984908202

C. State Trans. ID-NJDEP: 08690
Decal No.- 84400

7. Transporter 2 Company Name: Safety Kleen (T.G.) Inc.
8. US EPA ID Number: SCD987574647

D. Transporter's Phone (609 859-2049

E. State Trans. ID-NJDEP: 110364
Decal No.- 87737

9. Designated Facility Name and Site Address: SAFETY-KLEEN SYSTEMS, INC
~~123 RED LION ROAD~~ 3700 Lagrange Road
Smithfield KY 40068
~~SOUTHAMPTON~~ ~~NJ 08088~~
10. US EPA ID Number: KYD053348108 ~~NJD000768101~~

F. Transporter's Phone (609) 386-3404

G. State Facility's ID: (502) 845-2453

H. Facility's Phone (609) 859-2049

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.		~~HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION~~	~~0~~	~~DM~~	~~0~~	~~0~~	~~D 0 8 9~~
b.	X	RQ WASTE FLAMMABLE Liquids, NOS (Aliphatic And Aromatic Hydrocarbons 3 UN1993 PG111 (D001) ERG#128	001	DF	00400	P	D001
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. ~~E.L~~
b. D039 I, L, E
c.
d.

K. Handling Codes for Wastes Listed Above
a. ~~S02~~ N1061
b.
c.
d.

15. Special Handling Instructions and Additional Information A: ~~10070~~ B: 3004 C: D:

EMERGENCY RESP#800-468-1760 24HR

~~9919 97085975 0000114723 2139042425 05~~

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Robert Boyer — Signature: [signature] — Month Day Year: 05 07 99

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom Hamer — Signature: Tom Hamer — Month Day Year: 05 07 99

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Boyer — Signature: Dave Boyer — Month Day Year: 05 11 99

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 05 11 99

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 and Energy. (609) 292-7172

NJA 3006120

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete.

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

021

2-139-04

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

3017160

Please type or print in block letters. (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. NJD 982737777 — Manifest Document No. 91371
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone (609) 384-1144

A. State Manifest Document Number NJA 3017160

B. State Generator's ID-(Gen. Site Address) SAME

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC — 6. US EPA ID Number ILD 984908202

7. Transporter 2 Company Name SAFETY-KLEEN (TG), INC. — 8. US EPA ID Number SCD 9[illegible]

C. State Trans. ID-NJDEP 08690 — Decal No.- X85701

D. Transporter's Phone (609) 859-2049

E. State Trans. ID-NJDEP H10364 — Decal No.- 87737

F. Transporter's Phone (609) 386-3404

G. State Facility's ID

H. Facility's Phone (502) 845-2453

9. Designated Facility Name and Site Address 000658
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SMITHFIELD KY 40068

10. US EPA ID Number KYD 053348108

	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group) HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	XX2	DM	XX800	P	D001
b.		816					
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039 I,L,E
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. M061
b.
c.
d.

15. Special Handling Instructions and Additional Information
MFST R/T# 96465571 2-139-04-2425
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR. SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 3004 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Robert Boyer — Signature: [signature] — Month Day Year: X40819

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom Hammer — Signature: Tom Hammer — Month Day Year: X40899

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Boyer — Signature: Dave Boyer — Month Day Year: 04 13 99

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: Rebecca Spencer — Signature: Rebecca Spencer — Month Day Year: 04 20 99

GENERATOR / TRANSPORTER / FACILITY

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete. SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

NJA 3017160

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

2-139-04

Please type or print in block letters. (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. NJD 982737777 — Manifest Document No. 99520
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
THOROFARE NJ 08086
4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: NJA 3017161
B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 984908202
C. State Trans. ID-NJDEP: 08690
Decal No.- 85701

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCD 987574647
D. Transporter's Phone (609) 859-2049
E. State Trans. ID-NJDEP: 16135
Decal No.- 87737

9. Designated Facility Name and Site Address
000658
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD 053348108
F. Transporter's Phone (619) 3863404
G. State Facility's ID
H. Facility's Phone (502) 845 2453

	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
GENERATOR a.	HM X RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DF	00500	P	D001
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above
D039 I,L,E
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. M01 c.
b. d.

15. Special Handling Instructions and Additional Information
MFST R/T# 96465572 2-139-04-2425
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 3004 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Scott H. Carrie — Signature: Scott H. Carrie — Month Day Year: 02 10 99

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom Hamer — Signature: Tom Hamer — Month Day Year: 02 10 99

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Boyer — Signature: Dave Boyer — Month Day Year: 02 17 99

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

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection and Energy. (609) 292-7172

NJA 3017161

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete.
SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES
3—TSD MAIL TO-GENERATOR A)1829190/1184552

023

2-139-04

2500-FM-LRWM0051 REV. 12/96

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Land Recycling and Waste Management
P.O. Box 8550
Harrisburg, PA 17105-8550
OFFICIAL PENNSYLVANIA MANIFEST FORM

Form approved.
OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD 982737777
Manifest Document No.: 72599
2. Page 1 of 1

Information within the blue border is not required by Federal law but may be required by State law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER
THOROFARE NJ 08086
301 GROVE ROAD

4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: PAE 8115800
B. State Gen. ID: SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 984908202

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR 000074591

C. State Trans. ID: PA-AH 0172
D. Transporter's Phone: 609 859-2049
E. State Trans. ID: PA-AH 0271
F. Transporter's Phone: (609) 386-3404
G. State Facility's ID:
H. Facility's Phone: 610 797 7608

9. Designated Facility Name and Site Address
050033
ADVANCED ENVIRON RECYCLING
2591 MITCHELL AVE
ALLENTOWN PA 18103-6609
10. US EPA ID Number: PAD 987367216

11. US DOT Description (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 MERCURY 8 UN2809 PG III CONTAINED IN MANUFACTURED ARTICLES (D009)(ERG#172) (CONTAINS <2500 MG/KG)(FL001965)	001	CF	00150	P	D009
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

	Lab Pack	Physical State		Lab Pack	Physical State
a.		S	c.		
b.			d.		

K. Handling Codes for Wastes Listed Above
a. T47/T18/T54 c.
b. d.

15. Special Handling Instructions and Additional Information
MFST R/T# 98840448 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN THESE SUBSEQUENT CARRIERS: TSMT.HZEG,SHND,NAP
2056811
Decal # 085626
SKDOT# A: 10090 B: C: D:
87738

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Robert Boyer
Signature: [signature]
MONTH DAY YEAR: 04 13 00

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Charlie C. Thomas
Signature: [signature]
MONTH DAY YEAR: 04 13 00

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Matt Amey
Signature: [signature]
MONTH DAY YEAR: 4 18 00

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: K Yost
Signature: K Yost
MONTH DAY YEAR: 4 20 00

GENERATOR / TRANSPORTER / FACILITY

PAE 8115800

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete

Copy 5 - TSD Facility: Mail to Generator

024 5

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD 982737777	Document No. 7.07.6.1	2. Page 1 of 1	92160

3. Shipper's Name and Mailing Address RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086 37818

4. Shipper's Phone (609 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYSTEMS, INC	ILD 984908202	800 669-5740
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
SAFETY KLEEN TG INC	S.C.R 000074591	609 386 3404
9. Designated Facility Name and Site Address 050033	10. US EPA ID Number	C. Facility's Phone
ADVANCED ENVIRON RECYCLING 2591 MITCHELL AVE ALLENTOWN PA 18103-6609	PAD 987367216	610 797-7608

11. Shipping Name and Description	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		UNIVERSAL WASTE MERCURY-CONTAINING LAMPS (NOT USDOT REGULATED)	001	CF	00040	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T# 98840439 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN THESE SUBSEQUENT CARRIERS: TSMT,HZEG,SHND,NA
2056811

SKDOT# A: 11067 B: C: D:

Deal # 085626
87738

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: *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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Robert Boyer | Sign here if material is not DOT regulated | Month Day Year: 04 13 00

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Chante C Thomas | Signature | Month Day Year: 04 13 00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Matt Amey | Signature | Month Day Year: 4 15 00

19. Discrepancy Indication Space

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

Printed/Typed Name: K Yost | Signature | Month Day Year: 4 20 00

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION 2-139-04
P.O. Box 13087
Austin, Texas 78711-3087

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.: NJD982737777
Manifest Document No.: 33893
2. Page 1 of 2

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

3. Generator's Name and Mailing Address: RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: S 00189651
B. State Generator's ID: 99934

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 984908202
C. State Transporter's ID: 86119
D. Transporter's Phone: 609 859-2049

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR 000074591
E. State Transporter's ID: 41747
F. Transporter's Phone: 609 386 3404

9. Designated Facility Name and Site Address: 000618
SAFETY-KLEEN SYSTEMS, INC.
1722 COOPER CREEK ROAD
DENTON, TX 76208
10. US EPA ID Number: TXD 077603371
G. State Facility ID: 65124
H. Facility's Phone: 940 483-5200

11A. HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
X	a. RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	002	DM	00800	P	OUTS101H
	b.					
	c.					
	d.					

J. Additional Descriptions for Materials Listed Above: IA) D001 D039

K. Handling Codes for Wastes Listed Above: m 141

15. Special Handling Instructions and Additional Information: Decal # 085626 MFST R/T# 98632602 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTH'D TO USE SUBSEQUENT CARRIERS: 81300,40355,41015,40582,84815
1829190/1184552 87738 SKDOT# A: 3004 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packed, marked, and labelled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state 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: DENNIS SEBEUST
Signature: DENNIS SEBEUST
Month Day Year: 03 03 00

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Crante C Thomas
Signature: [signature]
Date: 03 03 00

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Boyer
Signature: [signature]
Date: 3 7 00

19. Discrepancy Indication Space: 1 of 2 BDC

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]
Signature: [signature]
Date: 3 15 00

TNRCC-0311 (Rev. 07/01/97) PROJ# A1C001829190-1 White - original Pink-TSD Facility Yellow-Transporter Green-Generator's first copy

026

MARYLAND HAZARDOUS WASTE MANIFEST

Department of the Environment - Waste Management Administration
2500 Broening Highway Baltimore, MD 21224

LR YBB

Please print or type (Form designed for use on elite (12-pitch) typewriter.) 2-139-04 SKDOT# A: 136282 B: C: D:

Form Approved. OMB No. 2050-0039. Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD 982737777
Manifest Document No.: 70762
2. Page 1 of 1

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

3. Generator's Name and Mailing Address: RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone ( ) 609 384-1144

A. State Manifest Document Number: MDC 0849050
B. State Generator's ID: SAME
C. State Transporter's ID: HWH 427 00 DC
D. Transporter's Phone: 609 859-2049
E. State Transporter's ID: 60A2765 (AS) HWH 323 00A2769 DC
F. Transporter's Phone: 6043863404
G. State Facility ID: A207 (AS)
H. Facility's Phone: 301 939-6000

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 984908202

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR 000074591

9. Designated Facility Name and Site Address: SAFETY-KLEEN (TS), INC.
3527 WHISKEY BOTTOM ROAD
LAUREL MD 20724

10. US EPA ID Number: 050145
MDD 980554653

11. US DOT Description (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 ACETIC ACID GLACIAL 8 UN2789 PGII	001	DM	00040	P	D002
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Decal # 085626

	Haz. Code	Physical State	Specific Gravity	Percentage		Haz. Code	Physical State	Specific Gravity	Percentage
a.	D001 C	L	1.0	100 (AS)	c.				
b.					d.				

K. Handling Codes for Wastes Listed Above: a. S c. (AS) b. d.

15. Special Handling Instructions and Additional Information: MFST R/T# 98839459 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
2056811 87738

16. GENERATORS CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 Maryland Statutes or Regulation.

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: Robert Boyer
Signature: [signature]
Month Day Year: 04 13 00

MDC 0849050

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Cherite C Thomas
Signature: [signature]
Date: Month Day 04 13 00

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Matt Amey
Signature: [signature]
Date: Month Day 04 18 00

19. Discrepancy Indication Space: Sections G, Ka, Ja, G, E, IIa completed @ S.K. Local 04/25/00 (AS)

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Adam E. Snyder
Signature: [signature]
Date: Month Day 04 26 00

GENERATOR / TRANSPORTER / FACILITY

In case of an emergency or spill, immediately call the National Response Center at (800) 424-8802 and the MDE at (410) 631-3400. Nights and Holidays at (410) 974-3551.

EPA Form 8700-22 (9-5)
Previous editions are obsolete.

COPY 3 - FACILITY: DETACH & RETURN THIS COPY TO GENERATOR

027

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

2-139-04

Please type or print in block letters. (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: NJD 982737777 — Manifest Document No: 117358
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: NJA 3158784

B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR 000075150

C. State Trans. ID-NJDEP: 08690
Decal No.: 086960

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR 000074591

D. Transporter's Phone (609 859-2049

E. State Trans. ID-NJDEP: H10354
Decal No.: 087580

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC. 000658
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD 053348108

F. Transporter's Phone (609) 386-3404

G. State Facility's ID

H. Facility's Phone (502) 845-2453

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No
a. RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	X	001	DM	00425	P	D001
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above
a. D039
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
MFST R/T#099117065 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
1829190/1184552
SKDOT# A: 3004 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: EDWARD McDONOUGH — Signature: [signature] — Month Day Year: 08 04 20

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dennis Pilletts — Signature: [signature] — Month Day Year: 08 04 20

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Boyer — Signature: [signature] — Month Day Year: 8 9 20

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: [illegible] — Signature: [illegible] — 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) 292-7172

NJA 3158784

EPA Form 8700-22

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

028

3—TSD MAIL TO-GENERATOR

A 1829190/1184552

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

2-139-04

CORRECTED COPY

Please type or print in block letters. (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.: NJD 982737777
Manifest Document No.: 93495
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER
THOROFARE NJ 08086
301 GROVE ROAD

4. Generator's Phone ( ) 609 384-1144

A. State Manifest Document Number: NJA 3056309
B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 984908202 SCR000074150
C. State Trans. ID-NJDEP: 08690
Decal No.- 086914

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR 000074591
D. Transporter's Phone ( ) 609 859-2049
E. State Trans. ID-NJDEP: 087580
Decal No.- H10364

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
000658
10. US EPA ID Number: KYD 053348108
F. Transporter's Phone ( ) 609 386 3404
G. State Facility's ID
H. Facility's Phone ( ) 502 845-2453

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	000	DM	00300	P	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
MFST R/T# 98728877 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
1829190/1184552
SKDOT# A 3004 B G D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Scott H. Carroll
Signature: Scott H. Carroll
Month Day Year: 08 30 00

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GERALD NEAVES
Signature: [signature]
Month Day Year: 08 30 00

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Boyer
Signature: Dave B
Month Day Year: 9 6 00

19. Discrepancy Indication Space
Section 1 added per Trace @ Brenda 10/19/00

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Brenda McGothin
Signature: [signature]
Month Day Year: 09 09 00

GENERATOR / TRANSPORTER / FACILITY

NJA 3056309

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete.
SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES
1—TSD MAIL TO-TSD'S STATE

029

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection and Energy. (609) 292-7172

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

1-30-D
1-30-R

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD 982737777
Manifest Document No.: 69388
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPIDFORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08066
4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: MA M 587620
B. State Gen. ID: SAME
C. State Trans. ID:
D. Transporter's Phone (609) 859-2049
E. State Trans. ID: T162VW NT
F. Transporter's Phone (609) 386-3404
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781) 828-5445

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR 000075150
7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR 000074591
9. Designated Facility Name and Site Address: 000647
SAFETY-KLEEN SYSTEMS, INC
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number: MAD 982755639

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	1 ~~002~~	DF	550 ~~00800~~	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. ~~S 0 1~~ T S T C
b.
c.
d.

15. Special Handling Instructions and Additional Information 0034 099372986 0003769388 0002055017 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
Dermo 086893 87580 A 630 B C D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Scott H. Carroll
Signature: [signature]
DATE: Month 09 Day 06 Year 00

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mike Stengus
Signature: [signature]
DATE: Month 09 Day 06 Year 00

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Matt Amey
Signature: [signature]
DATE: Month 9 Day 13 Year 00

19. Discrepancy Indication Space
Rejected 1 drums in boxes 12 and 13 to an alternate facility: 1200 Sylvan Street Linden, NJ 07036 NJD002182897--Unable to process at designated facility.

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Matt McLaughlin
Signature: Matt McLaughlin
DATE: Month 09 Day 19 Year 00

Approved. OMB No. 2050-0039.
Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY.
COPY>3: FACILITY MAILS TO GENERATOR

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

MA M 587620 COPY>3: FACILITY MAILS TO GENERATOR

030

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

2-55-D

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD 982737777
Manifest Document No.: 20714
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086
4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: MA M 564059
B. State Gen. ID: SAME
C. State Trans. ID:
D. Transporter's Phone (609) 859-2049
E. State Trans. ID: T16LVWNJ
F. Transporter's Phone (609) 3863404
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781) 828-5445

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR 000075150
7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR 000074591
9. Designated Facility Name and Site Address: 000647
SAFETY-KLEEN SYSTEMS, INC
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number: MAD 982755639

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	002	DF	00860	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. S 0 1 T 5 6
b.
c.
d.

15. Special Handling Instructions and Additional Information
0040 099574066 0004220714 0002056811 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
A 630 B C D
DeCal# 086893 087580

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: X Scott H. Carroll
Signature: [signature]
DATE Month Day Year: 10 02 00

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mike Steigus
Signature: [signature]
DATE Month Day Year: 10 02 00

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Boyer
Signature: [signature]
DATE Month Day Year: 10 4 00

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: MATT McCAUGHLIN
Signature: [signature]
DATE Month Day Year: 10 10 00

GENERATOR / TRANSPORTER / FACILITY

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

MA M 564059 COPY>3: FACILITY MAILS TO GENERATOR

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY.
COPY>3: FACILITY MAILS TO GENERATOR

031

Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

2-139-04

Please type or print in block letters. (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. NJD 981727727 — Manifest Document No. 00794
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law
A. State Manifest Document Number: **NJA 3193379**

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER
301 GROVE ROAD
NJ 08086
4. Generator's Phone 609 384-1134

B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC — 6. US EPA ID Number: SCR 000015150
C. State Trans. ID-NJDEP — Decal No.: 008793

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC. — 8. US EPA ID Number: SCR 000074591
D. Transporter's Phone ( )
E. State Trans. ID-NJDEP: 800 663-5840 — Decal No.: H10364

9. Designated Facility Name and Site Address
000658
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD 053348108
F. Transporter's Phone ( )
G. State Facility's ID
H. Facility's Phone ( ) 502 845-2453

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)

	HM	12. Containers No	Type	13. Total Quantity	Unit Wt/Vol	Waste No.
a.	X RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) ~~UN1993 PG III (D001)(ERG#128)~~	001	DM	00300	P	D001
b.	~~COMBUSTIBLE LIQUID, N.OS. (ALIPHATIC HYDROCARBONS) NA1993 PG III (ERG#128) (NOT USEDA HAZARDOUS WASTE)~~		DM		P	NONE
c.						
d.						

J. Additional Descriptions for Materials Listed Above: a. D039 ; c. ; d.
K. Handling Codes for Wastes Listed Above: a. H061 ; b. ; c. ; d.

15. Special Handling Instructions and Additional Information
MFST R/T#099690469 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR. SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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.
SPDOT# A- 1004 R- 3347
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: Edward A. McDonough — Signature: — Month Day Year: 100600

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GERALD NEAVES — Signature: — Month Day Year: 100600

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

FACILITY

19. Discrepancy Indication Space
Manifest was accidentally destroyed. Copy 3 is being used to ship out the waste.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Victoria Baker — Signature: Victoria Baker — Month Day Year: 102300

EPA Form 8700-22

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

3—TSD MAIL TO-GENERATOR

In case of an emergency or spill immediately call the state fire emergency occurred in and the U.S. Dept. of Transportation Response Center, ...

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD 982737777	Document No. 94587	2. Page 1 of 1	45002

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (609 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYSTEMS, INC	SCR 000075150	800 669-5840
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
SAFETY-KLEEN (TG), INC.	SCR 000074591	669-3343
9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
050033 ADVANCED ENVIRON RECYCLING 2591 MITCHELL AVE ALLENTOWN PA 18103-6609	PAD 987367216	610 797-7608

11. Shipping Name and Description	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		UNIVERSAL WASTE - LAMPS NOT USDOT REGULATED	002	CF	0060	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#099885858 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN THESE SUBSEQUENT CARRIERS: TSMT,HZEG,SHND,NA

SKDOT# A: 11130 B: C: D:

08750

SHIPPER

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal

Printed/Typed Name: Scott H. Carroll | Sign here if material is not DOT regulated | Month 11 Day 22 Year 00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Dennis DiPietro | Signature | Month 11 Day 22 Year 00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Scott Shore | Signature | Month 11 Day 22 Year 00

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature 038 | Month 12 Day 1 Year 00

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

Please type or print in block letters. (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: NJD982777775 Manifest Document No: 03211
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address: R&H Forms 301 Fairground Rd. NJ 08086
4. Generator's Phone (609) 384-1144
5. Transporter 1 Company Name: Safety Kleen Systems Inc
6. US EPA ID Number: ILD984108282
7. Transporter 2 Company Name: Safety Kleen TG, Inc
8. US EPA ID Number: SC2000075150
9. Designated Facility Name and Site Address: Safety Kleen Systems Inc 458 Strang Rd Smithfield Ky 40068
10. US EPA ID Number: KYD053348108

A. State Manifest Document Number: **NJA 3158922**
B. State Generator's ID-(Gen. Site Address): SimE
C. State Trans. ID-NJDEP: 08653
Decal No.: 086961
D. Transporter's Phone (609) 859-2091
E. State Trans. ID-NJDEP: H1036
Decal No.: 018772
F. Transporter's Phone (609) 386-3404
G. State Facility's ID
H. Facility's Phone (502) 845-2453

	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No
a.	RQ Waste Flammable Liquids, N.O.S. (Methanol, Halogenated Solvents) 3 UN1993 PG III (D001) (ERG 128)	X	001	DF	0042	P	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039-ILE
b.
c.
d.

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

15. Special Handling Instructions and Additional Information: (800) 468-1760 (24HRS). If unclaimable return to Generator. Sim Corp Attorney to obtain consent of subsequent carrier. 40 CFR 262.20 & 263.20 3008 31668

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Scott H. Parker | Signature | Month 1 Day 1 Year 2

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dennis DiPietro | Signature | Month 1 Day 1 Year 2

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Art Shover | Signature | Month 1 Day 1 Year 2

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-7172

NJA 3158922

EPA Form 8700-22 Contract 18291907 SIGNATURE AND INFORMATION ALL COPIES
3—TSD MAIL TO-GENERATOR

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD 982737777
Manifest Document No.: 18369
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086
4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: MA M623572
B. State Gen. ID: SAME
C. State Trans. ID: [illegible]
D. Transporter's Phone (609) 859-2049
E. State Trans. ID: T16LVW US
F. Transporter's Phone (609) 386 3404
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781) 828-5445

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR 000075150
7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR 000074591
9. Designated Facility Name and Site Address: 000647
SAFETY-KLEEN SYSTEMS, INC
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number: MAD 982755639

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	3	DF	1212	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. S O T 7 5 6
b.
c.
d.

15. Special Handling Instructions and Additional Information 0048 099841231 0004818369 0002056811 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
SK Deal # 086943 087580 A 630 B C D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Edward McDonough
Signature: [signature]
DATE: Month 12 Day 11 Year 00

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: David Boyer
Signature: [signature]
DATE: Month 12 Day 11 Year 00

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Boyer
Signature: [signature]
DATE: Month 12 Day 13 Year 00

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: Matt McLaughlin
Signature: [signature]
DATE: Month 12 Day 19 Year 00

GENERATOR / TRANSPORTER / FACILITY

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

MA M 623572 COPY>3: FACILITY MAILS TO GENERATOR

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY

COPY>3: FACILITY MAILS TO GENERATOR

035

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

1-5<D

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD982737777 | Manifest Document No. 69298 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPIDFORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08066
4. Generator's Phone (609)384-1144

A. State Manifest Document Number **MA M627058**
B. State Gen. ID SAME
C. State Trans. ID

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC | 6. US EPA ID Number: SCR000075150
7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC. | 8. US EPA ID Number: SCR000074591
D. Transporter's Phone (609) 859-2049
E. State Trans. ID T422NXNJ
F. Transporter's Phone (609) 3863404

9. Designated Facility Name and Site Address 000647
SAFETY-KLEEN SYSTEMS, INC
960 TURNPIKE STREET
CANTON MA 02021 | 10. US EPA ID Number: MAD982755639
G. State Facility's ID NOT REQUIRED
H. Facility's Phone (781) 828-5445

11. US DOT 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. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	001	DF	00440	P	MA99
b.					
c.					
d.					

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

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

15. Special Handling Instructions and Additional Information 0050 099908671 0004969298 0002055017 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
SK Decal #086901 87769 A 630 B C D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Robert Boyer | Signature | DATE Month Day Year: 12 27 00

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Scott Love | Signature | DATE Month Day Year: 12 27 00
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Matt Amfly | Signature | DATE Month Day Year: 01 03 01

FACILITY
19. Discrepancy Indication Space

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

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER AS NECESSARY
COPY>3: FACILITY MAILS TO GENERATOR

036

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

MA M627058 COPY>3: FACILITY MAILS TO GENERATOR

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 68956	2. Page 1 of 1	45052

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone 609 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYSTEMS, INC	SCR000075150	800 669-5840
7. Transporter 2 Company Name	**8. US EPA ID Number**	**B. Transporter's Phone**
SAFETY-KLEEN (TG), INC.	SCR000074591	
9. Designated Facility Name and Site Address	**10. US EPA ID Number**	**C. Facility's Phone**
050033 ADVANCED ENVIRON RECYCLING 2591 MITCHELL AVE ALLENTOWN PA 18103-6609	PAD987367216	610 797-7608

	11. Shipping Name and Description	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	UNIVERSAL WASTE - LAMPS NOT USDOT REGULATED		001	CF	00025	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#100073715 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN THESE SUBSEQUENT CARRIERS: TSMT,HZEG,SHND,NA

SKDOT# A: 11130 B: C: D:

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name: Anthony Gana | Signature required here if US DOT regulated | Month 12 Day 29 Year 00

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: MARK C. YOOS | Sign here if material is not DOT regulated | Month 12 Day 29 Year 00

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. Discrepancy Indication Space

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

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

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

GENERATOR'S COPY

037

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 68956	2. Page 1 of	45052

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone 609 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYSTEMS, INC	SCR000075150	800 669-5840
7. Transporter 2 Company Name	**8. US EPA ID Number**	**B. Transporter's Phone**
SAFETY-KLEEN (TG), INC.	SCR000074591	609 386 3404
9. Designated Facility Name and Site Address	**10. US EPA ID Number**	**C. Facility's Phone**
050033 ADVANCED ENVIRON RECYCLING 2591 MITCHELL AVE ALLENTOWN PA 18103-6609	PAD987367216	610 797-7608

	HM	11. Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		UNIVERSAL WASTE - LAMPS NOT USDOT REGULATED	001	CF	00025	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#100073715 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN THESE SUBSEQUENT CARRIERS: TSMT,HZEG,SHND,NA

87769 SKDOT# A: 11130 B: D:

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "This is to certify that the above-named materials are ...ed, described, packaged, marked and labeled and are in proper condition for transportation according to the applicat... of the Department of Transportation.

Printed/Typed Name: Anthony Gianci | Signature required here if US DOT regulated | Month 12 Day 29 Year 00

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: MARK C. YOOS | Sign here if material is not DOT regulated | Month 12 Day 29 Year 00

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: MATT AMEY | Signature | Month 01 Day 03 Year 01

19. Discrepancy Indication Space
MARK C YOOS SIGNED IN BLOCK 16b. SHOULD OF SIGNED ON LINE 17 AB

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

Printed/Typed Name | Signature | Month 1 Day 1 Year 01

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL -RETURN TO GENERATOR

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 08286	2. Page 1 of 1	10066

3. Shipper's Name and Mailing Address RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone 609 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYSTEMS, INC	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
SAFETY-KLEEN (TG), INC.	SCR000074591	
9. Designated Facility Name and Site Address 050033	10. US EPA ID Number	C. Facility's Phone
ADVANCED ENVIRON RECYCLING 2591 MITCHELL AVE ALLENTOWN PA 18103-6609	PAD987367216	610 797-7608

	11. Shipping Name and Description	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	UNIVERSAL WASTE - LAMPS NOT USDOT REGULATED		001	CF	00015	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#100358641 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN THESE SUBSEQUENT CARRIERS: TSMT,HZEG,SHND,NA

SKDOT# A: 11130 B: C: D:

TRUCK DECAL #086784

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: *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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: EDWARD McDONOVEN | Sign here if material is not DOT regulated | 3-14-01 | Month Day Year 03 13 01

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MATTHEW D CRAWFORD | Signature: Matthew D Crawford | Month Day Year 03 13 01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: K Yost | Signature: K Yost | Month Day Year 3 23 01

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL-RETURN TO GENERATOR

039

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 04539	2. Page 1 of 1	10144

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (609 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYSTEMS, INC	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
050033 ADVANCED ENVIRON RECYCLING 2591 MITCHELL AVE ALLENTOWN PA 18103-6609	PAD987367216	610 797-7608

	HM	11. Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		UNIVERSAL WASTE - LAMPS NOT USDOT REGULATED	002	CF	00080	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#100607499 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 11130 B: C: D:

SK Decal # 086901
090344 PAAH0172

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Robert Boyer | Sign here if material is not DOT regulated | Month Day Year: 04 26 01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Scott Love | Signature | Month Day Year: 04 26 01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | 040 | Month Day Year: 5 4 01

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 74511	2. Page 1 of 1	74511

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (609 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYSTEMS, INC	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address 050033 ADVANCED ENVIRON RECYCLING 2591 MITCHELL AVE ALLENTOWN PA 18103-6609	10. US EPA ID Number PAD987367216	C. Facility's Phone 610 797-7608

	11. Shipping Name and Description	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	UNIVERSAL WASTE - LAMPS NOT USDOT REGULATED		003	CF	00075	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#100890456 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

087752 SKDOT# A: 11130 B: C: D:

Decal # 87820

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: *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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Scott H. Carrow | Sign here if material is not DOT regulated: Scott H. Carrow | Month Day Year: 10 30 01

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JOE GENTILE | Signature: Joe Gentile | Month Day Year: 10 30 01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: KGost | Signature: KGost | Month Day Year: 9 7 01

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

041

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 57544	2. Page 1 of 1	57544

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYSTEMS, INC	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address 050033 AERC.COM INC. 2591 MITCHELL AVE ALLENTOWN PA 18103-6609	10. US EPA ID Number PAD987367216	C. Facility's Phone 610 797-7608

11. Shipping Name and Description	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		UNIVERSAL WASTE - LAMPS NOT USDOT REGULATED	002	CF	00040	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#101334801 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 11130 B: C: D:

087823 PAAH0172

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: X Matthew D (RA Scott Carroll | Sign here if material is not DOT regulated | Month Day Year 10 16 01

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Matthew D (RAUFORD) | Signature: Matthew D Lafer | Month Day Year 10 16 01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: K Yost | Signature: K Yost | Month Day Year 10 29 01

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

042

Receipt Number:

MR 281678

IMAGING SERVICES
METALS RECEIPT TICKET (MRT)

safety-kleen.

SK BRANCH NUMBER	SALES REP NUMBER	BRANCH MANAGER NUMBER	DATE
2-139-04	0460	8114	11/12/01

SERVICE LOCATION | **PAYMENT LOCATION**

Customer Number 2-0550-17 Chain Code Number

Customer Name RAPID FORMS

Attention BOB BOYER

Street Address 301 GROVE RD

City, State, & Zip THOROFARE NJ 08066

Special Instructions

MUST BE COMPLETED
Payment Terms: ☒ Apply on Account ☐ Payment by Check

Product Number	Description	Exception Pricing Please (✓)	No. of Containers	Gross * Weight (lbs.)	Price (per lb.)	MUST BE COMPLETED BY BRANCH MANAGER: Confirmed* Weight (lbs.)	Diff. (lbs.)	BM Initial	DC/RC Verified Weight	Please Initial
85259	Single Use Cameras									
85149	Aluminum Litho									
85146	Aluminum Plate W/-Interleaf									
85147	Aluminum Flexo Sheet									
85148	Steel Flexo Sheet									
85196	Medical Darkroom Scrap									
85197	Medical File Film									
85198	Medical in Envelopes									
85126	Litho Film Clean > 50% Black		2	1500	.14					
85125	Litho Film Clean < 50% Black									
85256	Virgin Film									
85266	Black Microfilm/Microfiche									
85268	Industrial X-Ray									
85257	Litho W/Goldenrod									
85136	Misc. Photo Paper									
85267	Clear Microfilm and Diazo									
85218	Iron Mesh Core									
85287	Silver Bearing Sludge									
85289 Silver Flake	Machine Number / Svc. Doc Number									
85289 Silver Flake	Machine Number / Svc. Doc Number									
85289 Silver Flake	Machine Number / Svc. Doc Number									

* INSTRUCTIONS: Enter the gross (wet) weight of the Flake, Metal, Film or Material. Do not include container weight. Weight shown for silver flake is the gross (wet) weight of such flake and will be adjusted downward after the material is dried to reflect the actual weight.

Customer hereby certifies that (i) the description(s) of the materials collected by Safety-Kleen Corp. hereunder are true and correct, (ii) it holds true and lawful title to such materials, and (iii) is hereby releasing the materials to Safety-Kleen for reclamation. Customer has read and agrees to the additional terms and conditions set forth on the reverse of this receipt.

CUSTOMER

RAPID FORMS
Print Customer's Name

By: Scott H. Carroll
Customer's Authorized Representative's Signature

SCOTT H. CARROLL
Print Name and Title of Customer Representative

SAFETY-KLEEN SERVICES, INC

Mathew D Crawford
Authorized Representative's Signature

MATHEW D CRAWFORD 7901
Print Representative's Name and Number

Branch Manager's Signature

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 93836	2. Page 1 of 1	93836

3. Shipper's Name and Mailing Address RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086 08690

4. Shipper's Phone (856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYSTEMS, INC	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address 000635 SAFETY-KLEEN SYSTEMS, INC. 1200 SYLVAN STREET LINDEN, NJ 07036	10. US EPA ID Number NJD002182897	C. Facility's Phone 908 862-2000

11. Shipping Name and Description	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	03	DM	0960	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

L.ID72 TOU Blending

MFST R/T#101562972 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
DEVELOPER

SKDOT# A: 630 B: C: D:

087823 087820

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: X Robert Boyer | Sign here if material is not DOT regulated | Month Day Year: 1 21 10

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Matthew D (Rawford) | Signature: Matthew D (Rawford) | Month Day Year: 1 21 10

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: Shula Denson | Signature: Shula Denson | Month Day Year: 1 22 10

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

MARYLAND DEPARTMENT OF THE ENVIRONMENT

2500 Broening Highway, Baltimore, Maryland 21224
(410) 631-3344 1-800-633-6101 (within Maryland) http://www.mde.state.md.us

LRYBB

HAZARDOUS WASTE PROGRAM

2-139-04 SKDOT# A: 31758 B: C: D:

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **HAZARDOUS WASTE MANIFEST** Form Approved. OMB No. 2050-0039.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777 — Manifest Document No.: 50173
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone: 609 384 1144

A. State Manifest Document Number: MDC 0959426
B. State Generator's ID: SAME
C. State Transporter's ID: HWH DC
D. Transporter's Phone: 609 859 2049
E. State Transporter's ID: HWH 142 000 632 DC
F. Transporter's Phone: 856 769 2741
G. State Facility ID: A207
H. Facility's Phone: 301 939 6000

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
7. Transporter 2 Company Name: SJ Transportation
8. US EPA ID Number: NTD071624976
9. Designated Facility Name and Site Address: 050145
SAFETY-KLEEN (TS), INC.
3527 WHISKEY BOTTOM ROAD
LAUREL MD 20724
10. US EPA ID Number: MDD980554653

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON REGULATED MATERIAL (SOLID)	001	DM	00275	P	NONE
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

	Haz. Code	Physical State	Specific Gravity	Percentage
a.	-	S	1.0	100
b.				
c.				
d.				

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

15. Special Handling Instructions and Additional Information
MFST R/T#101008583 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
087823 002322

16. GENERATORS CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 Maryland Statutes or Regulation.

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: Scott H. Carroll — Signature: [signature] — Month Day Year: 01 09 02

17. Transporter 1 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: Matthew D (RAWFORD — Signature: [signature] — Month Day: 01 09 02

18. Transporter 2 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: JIM BATES — Signature: [signature] — Month Day: 01 18 02

19. Discrepancy Indication Space
SECTION Ja, Ka corrected @ SK Laurel 1/21/02

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: Steven Smith — Signature: [signature] 045 — Month Day: 01 21 02

GENERATOR — TRANSPORTER — FACILITY

In case of an emergency or spill, immediately call the National Response Center at (800) 424-8802 and the MDE at (410) 631-3400. Nights and Holidays at (410) 974-3551.

MDC 0959426

FEB 26 2002 07:22 FR TO 16098591740 P.02

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

4018208

Please type or print in block letters. (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. NJD982737777 Manifest Document No. 43023 2. Page 1 of 1 Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

A. State Manifest Document Number NJA 4018208

B. State Generator's ID-(Gen. Site Address) SAME

4. Generator's Phone (856 384-1144)

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC 6. US EPA ID Number SGR000075150

C. State Trans. ID-NJDEP Decal No. - 089036

7. Transporter 2 Company Name SJ Transportation 8. US EPA ID Number NJD071629976

D. Transporter's Phone ( )

E. State Trans. ID-NJDEP 609 [illegible] Decal No. - 083387

9. Designated Facility Name and Site Address 000658
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068 10. US EPA ID Number KYD053348108

F. Transporter's Phone (856) 792 [illegible]

G. State Facility's ID

H. Facility's Phone ( )

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)

	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DM	00850	P	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039 LIQUIDS
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. M061
b.
c.
d.

15. Special Handling Instructions and Additional Information
037823
MFST R/T#101562968 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
HAZ FOUNTAIN SOLUTION SKDOT# A. 3004 B. C. D.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Robert Boyer Signature: [signature] Month Day Year: 12 12 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Matthew D Crawford Signature: [signature] Month Day Year: 12 12 01

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jason Wilson Signature: [signature] Month Day Year: 12 21 01

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: Courtney Norton Signature: Courtney Norton Month Day Year: 12 27 01

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

096

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-7172

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 23065	2. Page 1 of 1	23065

3. Shipper's Name and Mailing Address RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

08690

4. Shipper's Phone (856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYSTEMS, INC	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address 000635 SAFETY-KLEEN SYSTEMS, INC. 1200 SYLVAN STREET LINDEN, NJ 07036	10. US EPA ID Number NJD002182897	C. Facility's Phone 908 862-2000

	11. Shipping Name and Description	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)		001	DF	00400	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information DECAL NO. 087752 Tot Blending

L, ID72

MFST R/T#101457968 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

87818

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: *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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Scott Carroll | Sign here if material is not DOT regulated: Scott H. Carroll | Month Day Year: 10 29 01

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Dave Lurty | Signature: Dave Lurty | Month Day Year: 10 29 01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: Rocio Mendez | Signature: Rocio Mendez | Month Day Year: 11 14 01

SHIPPER

USE 16A OR 16B

TRANSPORTER

FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777
Manifest Document No.: 57543
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPIDFORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08066

4. Generator's Phone (~~609~~ 856 384-1144

A. State Manifest Document Number: MA M 018424
B. State Gen. ID: SAME
C. State Trans. ID: 087752
D. Transporter's Phone (609 859-2049
E. State Trans. ID: 3217
F. Transporter's Phone (856) 769 2741
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781 828-5445

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
7. Transporter 2 Company Name: SJ Transportation
8. US EPA ID Number: NJD071624976
9. Designated Facility Name and Site Address: 000647
SAFETY-KLEEN SYSTEMS, INC.
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number: MAD982755639

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	2	DM	440	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. T S 6
b.
c.
d.

15. Special Handling Instructions and Additional Information
MFST R/T#101334760 0002-0550-17
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY
087823 T162UWNJ SKDOT# A: 630 B: C: D:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Scott Carroll
Signature: Scott Carroll
DATE: Month 10 Day 16 Year 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Matthew D Crawford
Signature: Matthew D Crawford
DATE: Month 10 Day 16 Year 01

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Bruce S Pearl
Signature: Bruce S Pearl
DATE: Month 10 Day 25 Year 01

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: Matt McLaughlin
Signature: Matt McLaughlin
DATE: Month 10 Day 25 Year 01

GENERATOR
TRANSPORTER
FACILITY

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

MA M 018424 COPY>3: FACILITY MAILS TO GENERATOR

Form Approved OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

048

COPY>3: FACILITY MAILS TO GENERATOR

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 01367	2. Page 1 of 1	01367

3. Shipper's Name and Mailing Address RAPIDFORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08066

08690

4. Shipper's Phone (609 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS. INC.	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address 000635 SAFETY-KLEEN SYSTEMS, INC. 1200 SYLVAN STREET LINDEN, NJ 07036	10. US EPA ID Number NJD002182897	C. Facility's Phone 908 862-2000

	11. Shipping Name and Description	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)		002	DF	00660	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

L, ID72 104 Blending

MFST R/T#101687062 0002-0550-17
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

087823

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: *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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Scott H. Carroll | Sign here if material is not DOT regulated | Month Day Year: 10 10 9 07

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Matthew D (RAWFORD) | Signature: Matthew D Rawford | Month Day Year: 10 10 9 07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

049

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

Printed/Typed Name: Shelly Dennison | Signature: Shelly Dennison | Month Day Year: 10 10 8 07

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

2-139-04

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

Please type or print in block letters. (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: NJD982737777 | Manifest Document No: 32017 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086
856
4. Generator's Phone (~~609~~) 384-1144

A. State Manifest Document Number: **NJA 3278518**
B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS INC.
6. US EPA ID Number: SCR000075150
C. State Trans. ID-NJDEP: 08690
Decal No. - 087735
7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (609) 859-2049
E. State Trans. ID-NJDEP:
Decal No. -
9. Designated Facility Name and Site Address: 213904
SAFETY-KLEEN SYSTEMS, INC
123 RED LION ROAD
SOUTHAMPTON NJ 08088
10. US EPA ID Number: NJD000768101
F. Transporter's Phone ( )
G. State Facility's ID:
H. Facility's Phone (609 859-2049

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)	002	DM	00035	G	D039
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. E.L
c.
b.
d.

K. Handling Codes for Wastes Listed Above
a. S02
c.
b.
d.

15. Special Handling Instructions and Additional Information
EMERGENCY RESP#800-468-1760 24HR A 10070 B C D
0138 101148861 0018732017 0002056811 90

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: X [signature] | Signature: [signature] for Rapid Forms | Month Day Year: 09 20 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Matthew D Crawford | Signature: [signature] | Month Day Year: 09 20 01

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

19. Discrepancy Indication Space
050

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Deirdre Ford | Signature: [signature] | Month Day Year: 09 20 01

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) 292-7172

NJA 3278518

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

2-139-04

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

Please type or print in block letters. (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.: NJD982737777
Manifest Document No.: 95420
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER, 301 GROVE ROAD
THOROFARE NJ 08086
4. Generator's Phone (856 384-1144

A. State Manifest Document Number: NJA 3281528
B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS INC.
6. US EPA ID Number: SCR000075150
C. State Trans. ID-NJDEP: 08680
Decal No. - 087752
D. Transporter's Phone (609 859-2049

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Trans. ID-NJDEP:
Decal No. -
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address: 213904
SAFETY-KLEEN SYSTEMS, INC
123 RED LION ROAD
SOUTHAMPTON NJ 08088
10. US EPA ID Number: NJD000768101
G. State Facility's ID:
H. Facility's Phone (609 859-2049

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)	X	002	DM	00035	G	D039
b. COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (NOT USEPA HAZARDOUS WASTE)(ERG#128)	X	001	DM	00007	G	ID72
c.						
d.						

J. Additional Descriptions for Materials Listed Above
a. E, L
b. L
c.
d.

K. Handling Codes for Wastes Listed Above
a. S02
b. S02
c.
d.

15. Special Handling Instructions and Additional Information
EMERGENCY RESP#800-468-1760 24HR A 10070 B 557 C D
0142 101266678 0018995420 0002056811 90

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Scott Carrell for Rapidforms
Signature: [signature]
Month Day Year: 10 16 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Matthew D Crawford
Signature: [signature]
Month Day Year: 10 16 01

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

19. Discrepancy Indication Space
051

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19
Printed/Typed Name: Diana Charles
Signature: [signature]
Month Day Year: 10 16 01

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) 292-7172

NJA 3281528

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

FEB 26 2002 07:22 PR TO 18059594240 P.03

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

2-139-04

3209807

Please type or print in block letters. (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. NJD982737777 (Designated Facility) 98138

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

A. State Manifest Document Number
NJA 3209807

B. State Generator's ID-(Gen. Site Address)
SAME

4. Generator's Phone (856) 609 384-1144

5. Transporter 1 Company Name
SAFETY-KLEEN SYSTEMS, INC

6. US EPA ID Number
SCR000075150

C. State Trans. ID-NJDEP

Decal No. - 087235

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (609 859-2049

E. State Trans. ID-NJDEP

Decal No. -

9. Designated Facility Name and Site Address
000658
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068

10. US EPA ID Number
KYD053348108

F. Transporter's Phone ( )

G. State Facility's ID

H. Facility's Phone (502) 845-2453

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number, and Packing Group)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) UN1993 PG III (D001)(ERG#128)	X	002	DM	0700	P	D001
b. COMBUSTIBLE LIQUID, N.O.S. (ALIPHATIC HYDROCARBONS) NA1993 PG III (ERG#128)(NOT USEPA HAZARDOUS WASTE)			DM		P	NONE
c.						
d.						

GENERATOR

J. Additional Descriptions for Materials Listed Above
a. D039
b. ID72

K. Handling Codes for Wastes Listed Above
a. M01
b.
c.
d.

15. Special Handling Instructions and Additional Information 57812
MFST R/T#100890448 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
087823

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Scott H. Carroll
Signature: for Rapid Forms
Month Day Year: 09 20 01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Matthew D Crawford
Signature:
Month Day Year: 09 20 01

18. Transporter 2 Acknowledgement of Receipt of Materials
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 the manifest except as noted in Item 19.
Printed/Typed Name: Lucinda Wright
Signature: Lucinda Wright
Month Day Year:

Rev. Feb. 1990

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL OF THE

052

1. TSD MAIL TO TSD'S STATE

TOTAL PAGE 02

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-7172

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777
Manifest Document No.: 32015
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPIDFORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08066
4. Generator's Phone (856) 384-1144

A. State Manifest Document Number: MA M984536
B. State Gen. ID: SAME
C. State Trans. ID:
D. Transporter's Phone (609) 859-2049
E. State Trans. ID: T365-DH-NJ
F. Transporter's Phone (856) 769 3741
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781) 828-5445

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
7. Transporter 2 Company Name: JH Transportation
8. US EPA ID Number: NJD071629976
9. Designated Facility Name and Site Address: 000647
SAFETY-KLEEN SYSTEMS, INC
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number: MAD982755639

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	001	DF	0420	P	MA99
b.					
c.					
d.					

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

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

15. Special Handling Instructions and Additional Information
0138 101147408 0018732015 0002055017 90
FOR RECYCLE. EMERGENCY RESP#1-800-468-1760 24HR
087823 T162VWDJ A 630 B C D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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.

GENERATOR — Printed/Typed Name: X Scott H. Carran — Signature: [signature] — DATE Month Day Year: 09 20 01

17. Transporter 1 Acknowledgement of Receipt of Materials
TRANSPORTER — Printed/Typed Name: Matthew D Crawford — Signature: [signature] — DATE Month Day Year: 09 20 01

18. Transporter 2 Acknowledgement of Receipt of Materials
TRANSPORTER — Printed/Typed Name: DANIEL WADE — Signature: [signature] — DATE Month Day Year: 09 27 01

19. Discrepancy Indication Space
line C should read 08690 Decal # 087735

FACILITY

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Joe Barbara — Signature: [signature] — DATE Month Day Year: 10 05 01

Form Approved. OMB No. 2050-0039
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY
COPY>3: FACILITY MAILS TO GENERATOR

053

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

MA M 984536 COPY>3: FACILITY MAILS TO GENERATOR

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

2-139-04

Please type or print in block letters. (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.: NJD982737777 — Manifest Document No.: 74512
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone (856) 384-1144

A. State Manifest Document Number: **NJA 3209806**

B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150

C. State Trans. ID-NJDEP: 08690
Decal No. - 087932

7. Transporter 2 Company Name: ST Transportation
8. US EPA ID Number: NTD0716[illegible]

D. Transporter's Phone (609 859-2049

E. State Trans. ID-NJDEP: 503217
Decal No. - 083392

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC. 000658
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD053348108

F. Transporter's Phone (856) 769-[illegible]

G. State Facility's ID

H. Facility's Phone (502) 845-2453

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	002	DM	00900	P	D001
b.		~~COMBUSTIBLE LIQUID, N.O.S. (ALIPHATIC HYDROCARBONS) NA1993 PG III (ERG#128)(NOT USEPA HAZARDOUS WASTE)~~		DM		P	NONE
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039
b. ~~ID72~~
c.
d.

K. Handling Codes for Wastes Listed Above
a. M061
b.
c.
d.

15. Special Handling Instructions and Additional Information
MFST R/T#100890447 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
Decal #87820
SKDOT# A: 3004 B: 5841 C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: R. Scott H. Carroll — Signature: [signature] — Month Day Year: 08 30 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Gentile — Signature: Joe Gentile — Month Day Year: 08 30 01

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jason Wilson — Signature: Jason Wilson — Month Day Year: 09 06 01

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: Diane Edlin — Signature: Diane Edlin — Month Day Year: [illegible]

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) 292-7172

NJA 3209806

EPA Form 8700-22

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

054

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777
Manifest Document No.: 54631
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPIDFORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08066

4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: MA M989889
B. State Gen. ID: SAME
C. State Trans. ID:
D. Transporter's Phone (859-2049
E. State Trans. ID:
F. Transporter's Phone (800) 234 8768
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781) 828-5445

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150

7. Transporter 2 Company Name: Tristate Motor Transit Co.
8. US EPA ID Number: MOD095038498

9. Designated Facility Name and Site Address: 000647
SAFETY-KLEEN SYSTEMS, INC
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number: MAD982755639

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	03	DF	1350	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. ~~S 0 1~~ 7 5 6
b.
c.
d.

15. Special Handling Instructions and Additional Information 0134 101028470 0018454631 0002055017 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
087752 Decal #87820 A 630 B C D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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
Scott H. Carroll	Scott H. Carroll	08 30 01

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	DATE Month Day Year
JOE GENTILE	Joe Gentile	08 30 01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	DATE Month Day Year
Floyd Williams	Floyd Williams	09 10 01

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
Matt McLaughlin	Matt McLaughlin	09 11 01

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY.
COPY>3: FACILITY MAILS TO GENERATOR

055

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

MA M 989889 COPY>3: FACILITY MAILS TO GENERATOR

2-139-04

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

Please type or print in block letters. (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: NJD982737777
Manifest Document No.: 54632
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086
4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: **NJA 3265890**
B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS INC.
6. US EPA ID Number: SCR000075150
C. State Trans. ID-NJDEP: 08690
Decal No. - 087752

7. Transporter 2 Company Name
8. US EPA ID Number
D. Transporter's Phone (609) 859-2049
E. State Trans. ID-NJDEP
Decal No. -
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address 213904
SAFETY-KLEEN SYSTEMS, INC
123 RED LION ROAD
SOUTHAMPTON NJ 08088
10. US EPA ID Number: NJD007468101
G. State Facility's ID
H. Facility's Phone (609 859-2049

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)	X	001	DM	00040	G	D039
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above
a. E.L
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. S02
b.
c.
d.

15. Special Handling Instructions and Additional Information
EMERGENCY RESP#800-468-1760 24HR A 10070 B C D
0134 101029890 0019454632 0002056811 90

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: LENNIS SEBELIST
Signature: Lennis Sebelist
Month Day Year: 08 22 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOE GENTILE
Signature: Joe Gentile
Month Day Year: 08 22 01

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Gary Marks
Signature: Gary Marks
Month Day Year: 08 22 01

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) 292-7172

NJA 3265890

EPA Form 8700-22

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

056

MARYLAND DEPARTMENT OF THE ENVIRONMENT

2500 Broening Highway Baltimore, Maryland 21224

(410) 631-3344 1-800-633-6101 (within Maryland) http://www.mde.state.md.us

LRYBB

HAZARDOUS WASTE PROGRAM

2-139-04 SKDOT# A: 31758 B: C: D:

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **HAZARDOUS WASTE MANIFEST** Form Approved. OMB No. 2050-0039.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777

Manifest Document No.: 45304

2. Page 1 of 1

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

3. Generator's Name and Mailing Address: RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone ( ) 609 384 1144

A. State Manifest Document Number: MDC0959425

B. State Generator's ID: SAME

C. State Transporter's ID: HWH [ ] [ ] DC [ ]

5. Transporter 1 Company Name: SAFETY KLEEN SYSTEMS, INC

6. US EPA ID Number: SCR000075150

D. Transporter's Phone: 609 859 2049

7. Transporter 2 Company Name: NJ Transportation

8. US EPA ID Number: NJD071634976

E. State Transporter's ID: 03211/083341
HWH 142 1000642 DC [ ]

9. Designated Facility Name and Site Address: 050145
SAFETY-KLEEN (TS), INC.
3527 WHISKEY BOTTOM ROAD
LAUREL MD 20724

10. US EPA ID Number: MDD980554653

F. Transporter's Phone: 856-769-2741

G. State Facility ID: A207

H. Facility's Phone: 301 939 6000

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON REGULATED MATERIAL (SOLID)	001	DM	60400	P	NONE
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

	Haz. Code	Physical State	Specific Gravity	Percentage	
a.	T	S	1.0	100	(A)
b.					
c.					
d.					

K. Handling Codes for Wastes Listed Above: a. 5 (A) b. c. d.

15. Special Handling Instructions and Additional Information

MFST R/T#101008582 0002-0568-11

EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
087823 002322

16. GENERATORS CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 Maryland Statutes or Regulation.

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.

GENERATOR — Printed/Typed Name: Robert Boyer — Signature: [signature] — Month Day Year: 08 06 01

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Joe Gentile — Signature: Joe Gentile — Date Month Day: 08 06 01

18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: Frank Mollet — Signature: [signature] — Date Month Day: 08 10 01

FACILITY — 19. Discrepancy Indication Space: Section 3a, km completed @ S-K Laurel 08/13/01 (A)

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

Printed/Typed Name: Tom Fafman — Signature: [signature] — Date Month Day: 08 14 01

MDC 0959425

057

In case of an emergency or spill, immediately call the National Response Center at (800) 424-8802 and the MDE at (410) 631-3400. Nights and Holidays at (410) 974-3551.

EPA Form 8700-22 (9-99)

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777
Manifest Document No.: 77075
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPIDFORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08066

4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: MA M981278
B. State Gen. ID: SAME
C. State Trans. ID:
D. Transporter's Phone (609 859-2049
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781 828-5445

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC 000647
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number: MAD982755639

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	001	DF	00400	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. S 0 1 (T 3 6)
b.
c.
d.

15. Special Handling Instructions and Additional Information
T39706 IL 0130 100908339 0018177075 0002055017 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
SK Decl # 087665 087823 T162VW 4A 630 B C D

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Printed/Typed Name: Scott H. Carroll
Signature: [signature]
DATE: Month 07 Day 24 Year 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Scott Love
Signature: [signature]
DATE: Month 07 Day 24 Year 01

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: Amy Rosenfeld
Signature: [signature]
DATE: Month 08 Day 06 Year 01

GENERATOR / TRANSPORTER / FACILITY

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

MA M 981278 COPY>3: FACILITY MAILS TO GENERATOR

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY.
COPY>3: FACILITY MAILS TO GENERATOR

058

2-139-04

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

Please type or print in block letters. (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.: NJD982737777
Manifest Document No.: 77078
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone (609 384-1144

A. State Manifest Document Number: NJA 4001527

B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS INC.
6. US EPA ID Number: SCR000075150

C. State Trans. ID-NJDEP: 08690
Decal No. - 087752

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

D. Transporter's Phone (609 859-2049

E. State Trans. ID-NJDEP:
Decal No. -

9. Designated Facility Name and Site Address: 213904
SAFETY-KLEEN SYSTEMS, INC
123 RED LION ROAD
SOUTHAMPTON NJ 08088

10. US EPA ID Number: NJD000768101

F. Transporter's Phone ( )

G. State Facility's ID

H. Facility's Phone (609 859-2049

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)	002	DM	00050	G	D039
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. E.L
c.
b.
d.

K. Handling Codes for Wastes Listed Above
a. S02
c.
b.
d.

15. Special Handling Instructions and Additional Information

EMERGENCY RESP#800-468-1760 24HR A 10070 B C D

0130 100909745 0018177078 0002056811 90

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Scott H. Carroll
Signature: [signature]
Month Day Year: 07 23 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Gentile
Signature: Joe Gentile
Month Day Year: 07 23 01

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Deirdre Ford
Signature: [signature]
Month Day Year: 07 23 01

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) 292-7172

EPA Form 8700-22

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

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3—TSD MAIL TO-GENERATOR

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777
Manifest Document No.: 32222
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086
4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: MA M 968426
B. State Gen. ID: SAME
C. State Trans. ID:
D. Transporter's Phone (609) 859-2049
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781) 828-5445

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: 000647
SAFETY-KLEEN SYSTEMS, INC
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number: MAD982755639

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	001	DF	00400	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. S 0 1
b.
c.
d.

15. Special Handling Instructions and Additional Information 0128 100844545 0018032222 0002056811 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
A 630 B C D
SK Decal #087752 087823 T162VWNJ

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: DENNIS SEBELIST
Signature: Dennis Sebelist
DATE: Month 07 Day 10 Year 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: SCOTT LOVE
Signature: Scott Love
DATE: Month 07 Day 10 Year 01

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: [illegible]
Signature: [illegible]
DATE: Month 07 Day 23 Year 01

GENERATOR
TRANSPORTER
FACILITY

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

MA M 968426 COPY>3: FACILITY MAILS TO GENERATOR

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. 060
COPY>3: FACILITY MAILS TO GENERATOR

2-139-04

Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

Please type or print in block letters. (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.: NJD982737777 | Manifest Document No.: 41000 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086
4. Generator's Phone (609 384-1144

A. State Manifest Document Number: NJA 4000561
B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS INC.
6. US EPA ID Number: SCR000075150
C. State Trans. ID-NJDEP: 08580
Decal No.: 087753
7. Transporter 2 Company Name
8. US EPA ID Number
D. Transporters Phone (609 859-2049
E. State Trans. ID-NJDEP
Decal No.:

9. Designated Facility Name and Site Address 213904
SAFETY-KLEEN SYSTEMS, INC
123 RED LION ROAD
SOUTHAMPTON NJ 08088
10. US EPA ID Number: NJD000768101
F. Transporter's Phone (
G. State Facility's ID
H. Facility's Phone (609 859-2049

HM	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
X	HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)	002	DM	00040	G	D039

J. Additional Descriptions for Materials Listed Above
E.L
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
S02
a. c.
b. d.

15. Special Handling Instructions and Additional Information
EMERGENCY RESP#800-468-1760 24HR A 10070 B C D
9126 100783129 0017891000 0002056811 9C

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Scott H. Carroll | Signature: Scott Carroll | Month Day Year: 07 05 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOE GENTILE | Signature: Joe Gentile | Month Day Year: 07 05 01

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

19. Discrepancy Indication Space

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

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

5—TRANSPORTER 1 COPY

061

NJA 4000561

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD982737777 | Manifest Document No. 90999 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPIDFORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08066
4. Generator's Phone (609)384-1144

A. State Manifest Document Number: MA M 964764
B. State Gen. ID: SAME
C. State Trans. ID: 087752089 0MA
D. Transporter's Phone (609) 859-2049
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781) 828-5445

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC | 6. US EPA ID Number: SCR000075150
7. Transporter 2 Company Name | 8. US EPA ID Number

9. Designated Facility Name and Site Address 000647
SAFETY-KLEEN SYSTEMS, INC
960 TURNPIKE STREET
CANTON MA 02021 | 10. US EPA ID Number: MAD982755639

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	002	DF	00800	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. S 0 1
b.
c.
d.

15. Special Handling Instructions and Additional Information 0126 100781593 0017890999 0002055017 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
Dwolf 087752 087823 M62VWU4 630 B C D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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.

GENERATOR — Printed/Typed Name: Robert Boyer | Signature | DATE Month Day Year: 06 25 01

17. Transporter 1 Acknowledgement of Receipt of Materials
TRANSPORTER — Printed/Typed Name: Scott Love | Signature | DATE Month Day Year: 06 25 01

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

19. Discrepancy Indication Space

FACILITY

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Robert Boyer | Signature | DATE Month Day Year: 06 25 01

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY
COPY>3: FACILITY MAILS TO GENERATOR

062

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

MA M 964764 COPY>3: FACILITY MAILS TO GENERATOR

MARYLAND DEPARTMENT OF THE ENVIRONMENT

2500 Broening Highway Baltimore, Maryland 21224

(410) 631-3344 1-800-633-6101 (within Maryland) http://www.mde.state.md.us

LRYBB

HAZARDOUS WASTE PROGRAM

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 2-139-04 SKDOT# A: 31758 B: C: D: HAZARDOUS WASTE MANIFEST Form Approved. OMB No. 2050-0039.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777 — Manifest Document No.: 17857593

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

3. Generator's Name and Mailing Address: RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone ( ) 609 384-1144

A. State Manifest Document Number: MDC 0874988

B. State Generator's ID: SAME

C. State Transporter's ID: HWH DC

D. Transporter's Phone: 609 859-2049

E. State Transporter's ID: 000629 HWH 142 3219 DC 83391

F. Transporter's Phone: 856 769 2741

G. State Facility ID: A207

H. Facility's Phone: 301 939-6000

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC

6. US EPA ID Number: SCR000075150

7. Transporter 2 Company Name: SJ Transportation

8. US EPA ID Number: NJD071624976

9. Designated Facility Name and Site Address: 050145
SAFETY-KLEEN (TS), INC.
3527 WHISKEY BOTTOM ROAD
LAUREL MD 20724

10. US EPA ID Number: MDD980554653

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON REGULATED MATERIAL (SOLID)	002	DM	00300	P	NONE
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

	Haz. Code	Physical State	Specific Gravity	Percentage
a.	-	S	1.1	100
b.				
c.				
d.				

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

15. Special Handling Instructions and Additional Information

MFST R/T#100767202 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
090344 002322

16. GENERATORS CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 Maryland Statutes or Regulation.

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: Robert Boyer — Signature: [signature] — Month Day Year: 06 06 01

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Joe Gentile — Signature: Joe Gentile — Month Day: 06 06 01

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Bruce S Pecu — Signature: [signature] — Month Day: 06 15 01

19. Discrepancy Indication Space

SECTIONS E, Ja, Ka corrected @ SK Laurel 6/18/01

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: Steven Smith — Signature: [signature] — Month Day: 06 18 01

GENERATOR — TRANSPORTER — FACILITY

In case of an emergency or spill, immediately call the National Response Center at (800) 424-8802 and the MDE at (410) 631-3400. Nights and Holidays at (410) 974-3551.

MDC 0874988

063

EPA Form 8700-22 (9-99)

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD982737777
Manifest Document No. 11266
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
RAPIDFORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08066
4. Generator's Phone (609) 384-1144

A. State Manifest Document Number MA M959004
B. State Gen. ID SAME
C. State Trans. ID 086943 308690 MA
D. Transporter's Phone (609 859-2049
E. State Trans. ID
F. Transporter's Phone ( )
G. State Facility's ID NOT REQUIRED
H. Facility's Phone (781 828-5445

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number SCR000075150
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address 000647
SAFETY-KLEEN SYSTEMS, INC
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number MAD982755639

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	002	DF	00880	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. S 0 1
b.
c.
d.

15. Special Handling Instructions and Additional Information 0122 100658753 0017611266 0002055017 90
FOR RECYCLE. EMERGENCY RESP#1-800-468-1760 24HR
SK Decal # 086943 090344 T162VW WS 630 B C D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Robert Boyer
Signature:
DATE Month Day Year: 06 05 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Scott Love
Signature:
DATE Month Day Year: 06 05 01

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

19. Discrepancy Indication Space
Rejected 1 drums in boxes A12 and to an alternate facility: 1200 Sylvan Street Linden, NJ 07036 NJD002182897-Unable to process at designated facility

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

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-81) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY
COPY>3: FACILITY MAILS TO GENERATOR

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

MA M 959004 COPY>3: FACILITY MAILS TO GENERATOR

068

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD 982737777
Manifest Document No.: 41747
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Radio Forms, 301 Grove Rd, Thorofare, NJ 08086, Attn: Bob Boyer
4. Generator's Phone (856) 384-1144
A. State Manifest Document Number: MA M 373029
B. State Gen. ID: SAME
5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
7. Transporter 2 Company Name: ~~SAFETY-KLEEN (TG), INC.~~
8. US EPA ID Number: ~~SCR000074591~~
Transporter's Phone (800) 669-5840
9. Designated Facility Name and Site Address: 000647 SAFETY-KLEEN SYSTEMS, INC. 960 TURNPIKE STREET CANTON MA 02021
10. US EPA ID Number: MAD982755639
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781) 828-5445

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. ~~RQ HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D011)(ERG#171) PHOTO FIXER SILVER SOLUTION (9#/GAL)~~		DF		P	D011
b. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	002	DF	00880	P	MA99
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
~~L SG-1.1 1X WATER~~

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
MFST B/T#000000000 0-000-00
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SK Recd #056568 SKDOT# A: ~~629~~ B: 630 C: D:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Robert Boyer — Signature: [signature] — Date: 05/14/01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Scott Love — Signature: [signature] — Date: 05/14/01

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: Amy Rosenfeld — Signature: Amy Rosenfeld — Date: 05/24/01

Approved. OMB No. 2050-0039.
Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY>1: FACILITY MAILS TO DESTINATION STATE

MA M 373029 COPY>1: FACILITY MAILS TO DESTINATION STATE

065

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777
Manifest Document No.: 19351
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPIDFORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08066

4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: MA M951254
B. State Gen. ID: SAME
C. State Trans. ID:
D. Transporter's Phone (609) 859-2049
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781) 828-5445

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: 000647
SAFETY-KLEEN SYSTEMS, INC
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number: MAD982755639

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	001	DF	00440	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. S 0 1
b.
c.
d.

15. Special Handling Instructions and Additional Information 0118 100532512 0017319351 0002055017 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
Jk Dual #086901 090344 T162VWNJ 630 B C D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Robert Boyer
Signature: [signature]
DATE: Month 04 Day 25 Year 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Scott Love
Signature: [signature]
DATE: Month 04 Day 25 Year 01

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: Amy Rosenfeld
Signature: Amy Rosenfield
DATE: Month 05 Day 08 Year 01

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

MA M 951254 COPY>3: FACILITY MAILS TO GENERATOR

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY.
COPY>3: FACILITY MAILS TO GENERATOR

066

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777
Manifest Document No.: 80051
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086
4. Generator's Phone (609)384-1144

A. State Manifest Document Number: MA M 926109
B. State Gen. ID: SAME
C. State Trans. ID:
D. Transporter's Phone (609) 859-2049
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781) 828-5445

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR000074591
9. Designated Facility Name and Site Address: 000647
SAFETY-KLEEN SYSTEMS, INC
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number: MAD982755639

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	001	DF	00440	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. ~~S 0 1~~ 7 5 6
b.
c.
d.

15. Special Handling Instructions and Additional Information 0112 100341213 0005980051 0002056811 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
SK Decal # 086901 090344 T162VWNJ A 630 B C D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Scott H. Carroll
Signature: Scott H. Carroll
DATE: Month 04 Day 18 Year 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Scott Love
Signature: Scott Love
DATE: Month 04 Day 18 Year 01

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: Matt McLaughlin
Signature: Matt McLaughlin
DATE: Month 05 Day 02 Year 01

GENERATOR
TRANSPORTER
FACILITY

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

MA M 926109 COPY>3: FACILITY MAILS TO GENERATOR

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY.
COPY>3: FACILITY MAILS TO GENERATOR

067

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

1-55-D

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD982737777
Manifest Document No. 32999
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPIDFORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086
4. Generator's Phone (609) 384-1144

A. State Manifest Document Number MA M 932773
B. State Gen. ID SAME
C. State Trans. ID

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number SCR000075150
7. Transporter 2 Company Name
8. US EPA ID Number
D. Transporter's Phone (609) 859-2049
E. State Trans. ID

9. Designated Facility Name and Site Address 000647
SAFETY-KLEEN SYSTEMS, INC
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number MAD982755639
F. Transporter's Phone ( )
G. State Facility's ID NOT REQUIRED
H. Facility's Phone (781) 828-5445

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	001	DF	00440	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. ~~S 0 1~~ 7 5 6
b.
c.
d.

15. Special Handling Instructions and Additional Information 0114 100404425 0017032999 0002055017 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
SK Decal #086901 090344 T162VWWJ A 630 B C D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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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GENERATOR — Printed/Typed Name: SCOTT H. CARREW — Signature: Scott H. Carrew — DATE Month Day Year: 04 02 01

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: SCOTT LOVE — Signature: [signature] — DATE Month Day Year: 04 02 01

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

FACILITY — 19. Discrepancy Indication Space

FACILITY — 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: MATT MCLAUGHLIN — Signature: Matt McLaughlin — DATE Month Day Year: 04 11 01

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

MA M 932773 COPY>3: FACILITY MAILS TO GENERATOR

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 5-88) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY.
COPY>3: FACILITY MAILS TO GENERATOR

068

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

2-139-04

Please type or print in block letters. (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: NJD982737777 | Manifest Document No.: 272211
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086
4. Generator's Phone (609)384-1144

A. State Manifest Document Number: NJA 3229421
B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
C. State Trans. ID-NJDEP: 008690
Decal No. - : 0261943
7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR000074591
D. Transporter's Phone (609) 859-2049
E. State Trans. ID-NJDEP: H10364
Decal No. - :

9. Designated Facility Name and Site Address
000658
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD053348108
F. Transporter's Phone ( )
G. State Facility's ID
H. Facility's Phone (502 845-2453

GENERATOR

	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	X	001	DM	00300	P	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
D039
a. c.
b. d

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

15. Special Handling Instructions and Additional Information
MFST R/T#100480055 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
096344 SKDOT# A: 3004 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: EDWARD McDONOUGH | Signature | Month Day Year: 10 31 01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MATTHEW D CRAWFORD | Signature | Month Day Year: 10 31 01

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Judy Isenhower | Signature | Month Day Year: 11 01

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 | Month Day Year

EPA Form 8700-22 SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

3—TSD MAIL TO GENERATOR A 1182918 0 1184552

069

NJA 3229421

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-7172

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-SS-D
1-SS-REJECT
[illegible]

2-139-04

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777
Manifest Document No.: 37290
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPIDFORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08066

4. Generator's Phone (~~609~~ 856) 384-1144

A. State Manifest Document Number: MA M918328
B. State Gen. ID: SAME
C. State Trans. ID:

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR000074591

D. Transporter's Phone (609) 859-2049
E. State Trans. ID: T162VW LJ

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC 000647
960 TURNPIKE STREET
CANTON MA 02021

10. US EPA ID Number: MAD982755639

F. Transporter's Phone (609) 3863404
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781) 828-5445

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	003	DF	01320	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. ~~S 0 1~~ 7 5 6
b.
c.
d.

15. Special Handling Instructions and Additional Information 0110 100279261 0005837290 0002055017 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
SK Deal #086969 087586 A 630 B C D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Robert Boyer
Signature: [signature]
DATE: Month 03 Day 16 Year 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Scott Love
Signature: [signature]
DATE: Month 03 Day 16 Year 01

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Boyer
Signature: [signature]
DATE: Month 3 Day 21 Year 01

19. Discrepancy Indication Space
Rejected 1 drums in boxes 12A and 13A to an alternate facility: 1200 Sylvan Street Linden, NJ 07036 NJD002132897-Unable to process at designated facility.

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Matt McCaughlin
Signature: [signature]
DATE: Month 03 Day 28 Year 01

GENERATOR / TRANSPORTER / FACILITY

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

MA M 918328 COPY>3: FACILITY MAILS TO GENERATOR

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY.
COPY>3: FACILITY MAILS TO GENERATOR

070

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

1-55-D

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777
Manifest Document No.: 51963
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPIDFORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08066
4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: MA M911094
B. State Gen. ID: SAME
C. State Trans. ID:
D. Transporter's Phone (609) 859-2049
E. State Trans. ID: T162VWLJ
F. Transporter's Phone (609) 3863404
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781) 828-5445

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR000074591
9. Designated Facility Name and Site Address: 000647
SAFETY-KLEEN SYSTEMS, INC
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number: MAD982755639

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	001	DF	00440	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. ~~S 0 1~~ T 5 6
b.
c.
d.

15. Special Handling Instructions and Additional Information 0106 100150753 0005551963 0002055017 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
SK Decal # 086901 087580 A 630 B C D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: DENNIS SEBELIST
Signature: Dennis Sebelist
DATE: Month 02 Day 13 Year 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: SCOTT LOVE
Signature: [signature]
DATE: Month 02 Day 13 Year 01

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE BOYER
Signature: [signature]
DATE: Month 2 Day 14 Year 01

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: MATT McLAUGHLIN
Signature: Matt McLaughlin
DATE: Month 02 Day 21 Year 01

GENERATOR / TRANSPORTER / FACILITY

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

MA M 911094 COPY>3: FACILITY MAILS TO GENERATOR

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY.

071

COPY>3: FACILITY MAILS TO GENERATOR

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS MATERIALS
One Winter Street Boston, Massachusetts 02108

2-139-04

4-55-D

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD982737777
Manifest Document No.: 62278
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
RAPIDFORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08066

4. Generator's Phone (609) 384-1144

A. State Manifest Document Number: MA M 905989
B. State Gen. ID: SAME
C. State Trans. ID

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR000074591

D. Transporter's Phone (609 859-2049
E. State Trans. ID: T162VWNS

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC 000647
960 TURNPIKE STREET
CANTON MA 02021
10. US EPA ID Number: MAD982755639

F. Transporter's Phone (609) 386 3404
G. State Facility's ID: NOT REQUIRED
H. Facility's Phone (781) 828-5445

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (B#/GAL)	004	DF	01760	P	MA99
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above
a. 5 0 1 / 5 1 6
b.
c.
d.

15. Special Handling Instructions and Additional Information 0102 100031260 0005262278 0002055017 90
FOR RECYCLE, EMERGENCY RESP#1-800-468-1760 24HR
SK Decal# 086901 087580 A 630 B C D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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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GENERATOR — Printed/Typed Name: SCOTT H. CARROLL — Signature: Scott H. Carroll — DATE Month Day Year: 01 30 01

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: SCOTT LOVE — Signature: Scott Love — DATE Month Day Year: 01 30 01

18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: DAVE BOYER — Signature: Dave B — DATE Month Day Year: 11 30 01

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: MATT MCGAUGHEY — Signature: Matt McGaughey — DATE Month Day Year: 02 02 01

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

MA M 905989 COPY>3: FACILITY MAILS TO GENERATOR

Form Approved. OMB No. 2050-0039.
EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY.

072

COPY>3: FACILITY MAILS TO GENERATOR

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 01370	2. Page 1 of 1	01370

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYSTEMS, INC	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address 050033 AERC.COM INC. 2591 MITCHELL AVE ALLENTOWN PA 18103-6609	10. US EPA ID Number PAD987367216	C. Facility's Phone 610 797-7608

11. Shipping Name and Description	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		UNIVERSAL WASTE - LAMPS NOT USDOT REGULATED	003	CF	00060	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#101395095 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 11130 B: C: D:

087823 PAAH0172

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Scott H. Carroll | Sign here if materials not DOT regulated: Scott H. Carroll | Month 01 Day 09 Year 02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Matthew D (RAWFORD | Signature: Matthew D Rawford | Month 01 Day 09 Year 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

073

Printed/Typed Name: K Yost | Signature: K Yost | Month 1 Day 18 Year 02

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

2520851S

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

Tr-1548026

Please type or print in block letters. (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. NJD982737777 — Manifest Document No. 3350
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER
THOROFARE NJ 08086
301 GROVE ROAD

4. Generator's Phone (856 384-1144)

A. State Manifest Document Number: NJA 4014848

B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150

C. State Trans. ID-NJDEP: 08690
Decal No. - 89042

7. Transporter 2 Company Name: Trifleet Motor Transit Co
8. US EPA ID Number: MOD096698998

D. Transporter's Phone (609 859-2049)
E. State Trans. ID-NJDEP: 500831
Decal No. - 082649

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
000658
10. US EPA ID Number: KYD053348108

F. Transporter's Phone (609 [illegible])
G. State Facility's ID
H. Facility's Phone (502 845-2453)

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DM	00400	P	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
087823
MFST R/T#101761156 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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.
SKDOT# A 3004 B C D

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: Scott Carroll
Signature: Scott H. Carroll
Month Day Year: 012302

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom Hamon
Signature: Tom Hamon
Month Day Year: 012302

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: John A. Maddox
Signature: J. A. Maddox
Month Day Year: 020202

19. Discrepancy Indication Space
074

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

GENERATOR / TRANSPORTER / FACILITY

NJA4014848

EPA Form 8700-22

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): NJD982737777
Document No. 33578
2. Page 1 of 1

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS, INC.	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
TriState Motor Transit Co	MOD095031998	800 234 8768
9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
000658 SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068	KYD053348108	502 845-2453

11. Shipping Name and Description	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	002	DF	00800	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#101761165 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

087023

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Scott Carson | Sign here if material is not DOT regulated | Month Day Year 01 02 02

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Tom Nomer | Signature: Tom Nomer | Month Day Year 01 02 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: John A. Maddox | Signature: J.A. Maddox | Month Day Year 10 20 02

FACILITY

19. Discrepancy Indication Space

075

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

Printed/Typed Name: Lucinda Wright | Signature: Lucinda Wright | Month Day Year 02 05 02

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

BIL _ OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): NJD982737777 | Document No. 50875 | 2. Page 1 of 1 | 50875

3. Shipper's Name and Mailing Address: RAPIDFORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08066

4. Shipper's Phone: (609 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS. INC.	SCR000075150	609 859-2049
7. Transporter 2 Company Name	**8. US EPA ID Number**	**B. Transporter's Phone**
TriState Motor Transit Co	MOD095031998	800 234 1767 / 50083
9. Designated Facility Name and Site Address	**10. US EPA ID Number**	**C. Facility's Phone**
000658 SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068	KYD053348108	502 845-2453

11. Shipping Name and Description	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)		001	DF	0400	P
b.					
c.					
d.					

15. Special Handling Instruction and Additional Information

MFST R/T#101792594 0002-0550-17
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

087823

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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."

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Scott H. Carrier | Sign here if material is not DOT regulated: Scott H. Carrier | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Tom Hamm | Signature: Tom Hamm | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year 02 15 02

19. Discrepancy Indication Space

076

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

Printed/Typed Name: Courtney Norton | Signature: Courtney Norton | Month Day Year

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 421, Trenton, NJ 08625-0421

2-139-04

Please type or print in block letters. (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: NJD982737777 — Manifest Document No. 27132
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086
4. Generator's Phone ( ) 856 384-1144

A. State Manifest Document Number: NJA 3217540
B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SOR000075150
C. State Trans. ID-NJDEP: 08690
Decal No.: 83250
D. Transporter's Phone: 503277
E. State Trans. ID-NJDEP: 609 859-2049
Decal No.: 83386

7. Transporter 2 Company Name: [illegible]
8. US EPA ID Number: [illegible]
F. Transporter's Phone ( ) [illegible]
G. State Facility's ID
H. Facility's Phone ( )

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC. 000658
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD053348108

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)

	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DM	00400	P	D001
b.							
c.							
d.							

502 845-2453

J. Additional Descriptions for Materials Listed Above
a. D039
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
087923
MFST R/T#101395101 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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. SKDOT# A 3004 B C D

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: Scott H. Carroll — Signature: [signature] — Month Day Year: 030502

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom Hamer — Signature: Tom Hamer — Month Day Year: 030502

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Clarence Dunn — Signature: Clarence Dunn — Month Day Year: 031402

19. Discrepancy Indication Space
077

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

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) 292-7172

NJA 3217540

EPA Form 8700-22

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): NJD982737777
Document No. 63114
2. Page 1 of 1
63114

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (856)384-1144

5. Transporter 1 Company Name: SAFETY-KLEEN SYS, INC.
6. US EPA ID Number: SCR000075150
A. Transporter's Phone: 609 859-2049

7. Transporter 2 Company Name:
8. US EPA ID Number:
B. Transporter's Phone:

9. Designated Facility Name and Site Address: 050033
AERC.COM INC.
2591 MITCHELL AVE
ALLENTOWN PA 18103-6609
10. US EPA ID Number: PAD987367216
C. Facility's Phone: 610 797-7608

	HM	11. Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		UNIVERSAL WASTE - LAMPS NOT USDOT REGULATED	001	CF	00020	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#101881163 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 11130 B: C: D:

07 RS 1AA H017 2

SHIPPER

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal

Printed/Typed Name: SCOTT H. CARROW | Sign here if material is not DOT regulated | Month Day Year 03 30 02

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TOM NOWAK | Signature: TOM NOWAK | Month Day Year 03 30 02

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

FACILITY

19. Discrepancy Indication Space

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

078

Printed/Typed Name: K WOOD | Signature: K WOOD | Month Day Year 3 15 02

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): NJD982737777
Document No.: 01063
2. Page 1 of 1: 01063

3. Shipper's Name and Mailing Address: RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone: (856 384-1144

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
A. Transporter's Phone: 800 669-5840

7. Transporter 2 Company Name:
8. US EPA ID Number:
B. Transporter's Phone:

9. Designated Facility Name and Site Address: 000658
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD053348108
C. Facility's Phone: 502 845-2453

	HM	11. Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	001	DF	00400	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#101976002 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

087823

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: *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.

Printed/Typed Name: | Signature required here if US DOT regulated: | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Scott H. Carroll | Sign here if material is not DOT regulated: Scott H. Carroll | Month Day Year 03 18 02

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Tom Nomos | Signature: Tom Nomos | Month Day Year 03 18 02

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

079

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

Printed/Typed Name: Victoria Brown | Signature: Victoria Brown | Month Day Year 03 23 02

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable) NJD982737777 Document No. 72371
2. Page 1 of 1

72371

3. Shipper's Name and Mailing Address
RAPIDFORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08066

4. Shipper's Phone (609 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS, INC.	SCR000075150	609 859-2049
7. Transporter 2 Company Name	**8. US EPA ID Number**	**B. Transporter's Phone**
JJ Transportation	NJD071629976	856 769 2741
9. Designated Facility Name and Site Address	**10. US EPA ID Number**	**C. Facility's Phone**
000658 SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068	KYD053348108	502 845-2453

11. Shipping Name and Description	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	001	DF	0400	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#101792593 0002-0550-17
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

087823

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: *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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Robert Boyer | Sign here if material is not DOT regulated | Month Day Year 03 13 02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Tom Homon | Signature: Tom Homon | Month Day Year 03 13 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Nicholas Reyes | Signature: Nicholas Reyes | Month Day Year 03 07 02

19. Discrepancy Indication Space

080

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

Printed/Typed Name: Diane Edlin | Signature: Diane Edlin | Month Day Year 03 13 02

SHIPPER — USE 16A OR 16B

TRANSPORTER

FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

Please type or print in block letters. (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.: NJD982737777
Manifest Document No.: 76115
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086
856 384-1144

A. State Manifest Document Number: NJA 4012288
B. State Generator's ID-(Gen. Site Address): SAME

4. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
C. State Trans. ID-NJDEP: 08690
Decal No. - 98 0215
D. Transporter's Phone (800) 334-5785

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Trans. ID-NJDEP: 609 859-2049
Decal No. - 56685 823139
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC. 000658
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD053348108
G. State Facility's ID
H. Facility's Phone ( ) 502 845-2453

GENERATOR

	11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group) HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DM	00415	P	D001
b.	COMBUSTIBLE LIQUID, N.O.S. (ALIPHATIC HYDROCARBONS) NA1993 PG III (ERG#128)(NOT USEPA HAZARDOUS WASTE)		DM		P	NONE
c.						
d.						

J. Additional Descriptions for Materials Listed Above
a. D039
b. ~~D072~~
c.
d.

K. Handling Codes for Wastes Listed Above
a. M061
b.
c.
d.

15. Special Handling Instructions and Additional Information
087123
MFST R/T#101951346 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR) IF UNDELIVERABLE RETURN TO GENERATOR
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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.
SKDOT# A 3004 B- 3 C- 3

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
Scott H. Carver	Scott H. Carver	04 02 02

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
TOM KAMBK	TOM KAMBK	04 02 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
RICHARD THOMAS	Richard Thomas	04 1 1 02

FACILITY

19. Discrepancy Indication Space
081

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
Diane Eddy	Diane Eddy	

EPA Form 8700-22

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

3—TSD MAIL TO-GENERATOR

A)1829190/1184552 B)3601797/8203

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-7172

NJA 4012288

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 20922	2. Page 1 of 1	20922

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (856)84-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS. INC.	SCR000075150	609 859-2049
7. Transporter 2 Company Name	**8. US EPA ID Number**	**B. Transporter's Phone**
Inflecto Motor Transit Co	MOD095031998	800 234 1768
9. Designated Facility Name and Site Address	**10. US EPA ID Number**	**C. Facility's Phone**
000658 SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068	KYD053348108	502 845-2453

	11. Shipping Name and Description	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)		001	DM	00425	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information Decal No. 089035

MFST R/T#101881162 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

087823

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Scott H. Carson | Sign here if materials is not DOT regulated | Month 04 Day 02 Year 02

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom Hanson | Signature: Tom Hanson | Month 04 Day 02 Year 02

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICHARD THOMAS | Signature: Richard Thomas | Month 04 Day 11 Year 02

19. Discrepancy Indication Space
082

20. Facility Owner or Operator: Certification of receipt of materials covered by this form except as noted in Item 19.
Printed/Typed Name: Diani Edlin | Signature: Diani Edlin | Month 04 Day 12 Year 02

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 75421	2. Page 1 of 1	75421

3. Shipper's Name and Mailing Address RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS, INC	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address 050033	10. US EPA ID Number	C. Facility's Phone
AERC.COM INC. 2591 MITCHELL AVE ALLENTOWN PA 18103-6609	PAD987367216	610 797-7608

11. Shipping Name and Description	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		UNIVERSAL WASTE - LAMPS NOT USDOT REGULATED	001	CF	00025	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

Decal No 089035

MFST R/T#101982327 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 11130 B: C: D:

097823 PAAH1172

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: SCOTT H. CARROLL | Sign here if material is not DOT regulated | Month Day Year: 04 02 02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year: 04 02 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

083

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

Printed/Typed Name | Signature | Month Day Year

SHIPPER

USE 16A OR 16B

TRANSPORTER

FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

safety-kleen

Receipt Number:

IMAGING SERVICES
METALS RECEIPT TICKET (MRT)

MR 245991

SK BRANCH NUMBER	SALES REP NUMBER	BRANCH MANAGER NUMBER	DATE
213504	5773		3/18/02

SERVICE LOCATION | **PAYMENT LOCATION**

Customer Number: 20568811 Chain Code Number:

Customer Name: Rapid Forms

Attention: BOB BOYER

Street Address: 301 Grove Rd.

City, State, & Zip: Thorofare NJ 08086

Special Instructions:

MUST BE COMPLETED Payment Terms: ☐ Apply on Account ☑ Payment by Check

Product Number	Description	Exception Pricing Please (✓)	No. of Containers	Gross * Weight (lbs.)	Price (per lb.)	Confirmed* Weight (lbs.)	Diff. (lbs.)	BM Initial	DC/RC Verified Weight	Please Initial
85259	Single Use Cameras									
85149	Aluminum Litho									
85146	Aluminum Plate W/-Interleaf									
85147	Aluminum Flexo Sheet									
85148	Steel Flexo Sheet									
85196	Medical Darkroom Scrap									
85197	Medical File Film									
85198	Medical in Envelopes									
85126	Litho Film Clean		2	700	.15					
85256	Virgin Film									
85266	Black Microfilm/Microfiche									
85268	Industrial X-Ray									
85257	Litho W/Goldenrod									
85136	Misc. Photo Paper									
85267	Clear Microfilm and Diazo									
85218	Iron Mesh Core									
85287	Silver Bearing Sludge									
85289 Silver Flake	Machine Number / Svc. Doc Number									
85289 Silver Flake	Machine Number / Svc. Doc Number									
85289 Silver Flake	Machine Number / Svc. Doc Number									

MUST BE COMPLETED BY BRANCH MANAGER

* INSTRUCTIONS: Enter the gross (wet) weight of the Flake, Metal, Film or Material. Do not include container weight. Weight shown for silver flake is the gross (wet) weight of such flake and will be adjusted downward after the material is dried to reflect the actual weight.

Customer hereby certifies that (i) the description(s) of the materials collected by Safety-Kleen Corp. hereunder are true and correct (ii) it holds true and lawful title to such materials, and (iii) is hereby releasing the materials to Safety-Kleen for reclamation. Customer has read and agrees to the additional terms and conditions set forth on the reverse of this receipt.

CUSTOMER

Rapid Forms
Print Customer's Name

By: Scott Carroll
Customer's Authorized Representative's Signature

Scott Carroll
Print Name and Title of Customer Representative

SAFETY-KLEEN SERVICES, INC

Tom Kramer
Authorized Representative's Signature

Tom Kramer 5773
Print Representative's Name and Number

084

Branch Manager's Signature

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): NJD982737777 — Document No. 35470 — 2. Page 1 of

3. Shipper's Name and Mailing Address: RAPIDFORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08066

4. Shipper's Phone: 609 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS, INC.	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
ST Transportation	NJD 0716 29976	856 769 2741
9. Designated Facility Name and Site Address 000658	10. US EPA ID Number	C. Facility's Phone
SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068	KYD053348108	502 845-2453

	HM	11. Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	001	DF	00400	P
b.						
c.						
d.						

15 Special Handling Instruction and Additional Information

MFST R/T#102108935 0002-0550-17
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

089036
087823

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name — Signature required here if US DOT regulated — Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Robert Boyer — Sign here if material is not DOT regulated — Month Day Year: 04 30 02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Tom Hamer — Signature: Tom Hamer — Month Day Year: 04 30 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Wayne Leadbeater — Signature: Wayne L — Month Day Year: 05 10 02

19. Discrepancy Indication Space

085

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

Printed/Typed Name: Brenda McGlothin — Signature: Brenda M — Month Day Year: 05 30 02

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

FORM NO. 00201 (11/96)

HAZARDOUS MATERIALS WASTE DISPOSAL

safety-kleen

SAFETY KLEEN (TS), INC.
3527 WHISKEY BOTTOM ROAD
LAUREL MD 20724-

Mail To: RAPID FORMS
301 GROVE RD
THOROFARE NJ 08086
Attention: BOB BOYER

Pickup Address: RAPID FORMS
301 GROVE RD
THOROFARE NJ 08086

EPA ID: NJD981737777

Manifest No: LRYBB-17857593

This is to certify that hazardous material removed from RAPID FORMS

has been disposed of in accordance with all applicable local, state and federal regulations in the following manner.

Container	Date	Location	Method
010808-LRYBB-012	06/21/01	SAFETY-KLEEN, NEW CASTLE RECYCLE CENTER	BTU Recovery
SYEL-006		SMITHFIELD KY	
010806-LRYBB-012	06/21/01	SAFETY-KLEEN, NEW CASTLE RECYCLE CENTER	BTU Recovery
SYEL-006		SMITHFIELD KY	

Brinton H Hoar

Operations

Date: 07/30/01

036

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): NJD982233777
Document No. 27588
2. Page 1 of 1
27588

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS, INC.	SCR000075150	803 933-4200
7. Transporter 2 Company Name	**8. US EPA ID Number**	**B. Transporter's Phone**
JT Transportation Co.	NJD 076 29926	856 769 2741
9. Designated Facility Name and Site Address	**10. US EPA ID Number**	**C. Facility's Phone**
000658 SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068	KYD053348108	502 845-2453

	11. Shipping Name and Description	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)		002	DF	0800	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#102028134 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

408782

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Scott H. Carroll | Sign here if material is not DOT regulated | Month Day Year: 05 17 02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Tom Hamor | Signature: Tom Hamor | Month Day Year: 05 17 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Walter D Loveland Jr | Signature | Month Day Year: 05 23 02

19. Discrepancy Indication Space

087

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

Printed/Typed Name: Diane Edlin | Signature: Diane Edlin | Month Day Year: 05 30 02

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

FORM NO. 90291 (11/96)

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): NJD982737777 — Document No. 72125 — 2. Page 1 of 1 — 72125

3. Shipper's Name and Mailing Address: RAPID FORMS, 301 GROVE ROAD, ATTN: BOB BOYER, THOROFARE NJ 08086 — 53715

4. Shipper's Phone: (856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS. INC.	SCR000075150	803 933-4200
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
~~SAFETY-KLEEN SYSTEMS, INC~~ ~~000656~~ 50033 AERC. COM INC. 2591 mitchell AVE. ~~3700 LAGRANGE ROAD~~ ~~SMITHFIELD KY 40068~~ ALLENtown PA. 18103-6609	~~KYD053348108~~ PA0987367216	(610) 797-7608 ~~502 845-2453~~

	HM	11. Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		~~USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)~~		~~DM~~		P
b.		Universal WASTE-LAMPS Not USDOT Regulated	002	CF	00030	P
c.						
d.						

15 Special Handling Instruction and Additional Information

MFST R/T#102028133 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: ~~630~~ B: 11130 C: D:

087823 PAAN0172 ~~089033~~ 087769 08690

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: *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.

Printed/Typed Name — Signature required here if US DOT regulated — Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Scott H. Carroll — Sign here if material is not DOT regulated — Scott H. Carroll — Month Day Year 05 29 02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Tom Hamer — Signature: Tom Hamer — Month Day Year 05 29 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

088

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

Printed/Typed Name: Barb Lewis — Signature: Barb Lewis — Month Day Year 06 07 02

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable)	Document No. 51071	2. Page 1 of

51071

3. Shipper's Name and Mailing Address RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone 656 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS, INC.	[illegible]	[illegible]
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
Tri State Motor Transit Co.	MOD 095038998	(800) 234 8768
9. Designated Facility Name and Site Address 000658 SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068	10. US EPA ID Number KYD053348108	C. Facility's Phone 502 845-2453

11. Shipping Name and Description	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	002		00500	
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#10210[illegible] 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

086461
truck Decal 086504

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Scott Carroll | Sign here if material is not DOT regulated: [signature] | Month Day Year: 06 28 02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Matthew D Crawford | Signature: [signature] | Month Day Year: 06 28 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: ARTHUR H GRAVES | Signature: [signature] | Month Day Year: 07 11 02

19. Discrepancy Indication Space

089

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

Printed/Typed Name: [signature] | Signature: [signature] | Month Day Year: 07 12 02

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

FORM NO. 90291 (11/96)

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): NJD982737777

Document No.: 98982

2. Page 1 of 1

3. Shipper's Name and Mailing Address:
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone: 856 384-1144

5. Transporter 1 Company Name: SAFETY-KLEEN SYS, INC.

6. US EPA ID Number: SCR000075150

A. Transporter's Phone: 609 859-2049

7. Transporter 2 Company Name: JJ Transportation

8. US EPA ID Number: NJD 07.162.9.976

B. Transporter's Phone: 856 769 2741

9. Designated Facility Name and Site Address: 000658
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068

10. US EPA ID Number: KYD053348108

C. Facility's Phone: 502 845-2453

	11. Shipping Name and Description	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)		009	DF	00400	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#102355263 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

086456

SHIPPER

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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."

Printed/Typed Name: | Signature required here if US DOT regulated: | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: Scott H. Cameron | Sign here if material is not DOT regulated: | Month Day Year: 07 18 02

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JOE GENTILE | Signature: Joe Gentile | Month Day Year: 07 18 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: JOSEPH J O'BRIEN | Signature: Joseph J O'Brien | Month Day Year: 07 26 02

FACILITY

19. Discrepancy Indication Space
RECAL# 08974 Section 1 Manifest Doc# should read 98982.

090

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

Printed/Typed Name: Victoria Brown | Signature: Victoria Brown | Month Day Year: 07 29 02

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

Please type or print in block letters. (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.: NJD982737777 | 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
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

A. State Manifest Document Number: NJA 4028561

B. State Generator's ID-(Gen. Site Address): SAME

4. Generator's Phone (856 384-1144

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: STR000075150

C. State Trans. ID-NJDEP: 08690
Decal No. - 08974

7. Transporter 2 Company Name: JT Transportation
8. US EPA ID Number: NJD071029976

D. Transporter's Phone: 609 859-2049

E. State Trans. ID-NJDEP: 03217
Decal No. - 085394

9. Designated Facility Name and Site Address
000658
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD053848108

F. Transporter's Phone (856) 769 2741

G. State Facility's ID

H. Facility's Phone: 502 845-2453

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. X RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	002	DM	00830	P	001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
D039
a. c.
b. d.

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

15. Special Handling Instructions and Additional Information
MFST R/T#102355270 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
086456
SKDOT# A: 3004 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: Scott H. Carroll | Signature: [signature] | Month 07 Day 18 Year 02

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Gentile | Signature: Joe Gentile | Month 07 Day 18 Year 02

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joseph J O'Brien | Signature: Joseph J O'Brien | Month 07 Day 26 Year 02

19. Discrepancy Indication Space
Section 1 Manifest Doc # should read "98982".
091

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: [illegible] | Month Day Year

NJA 4028561

EPA Form 8700-22

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) 292-7172

MARYLAND DEPARTMENT OF THE ENVIRONMENT

2500 Broening Highway Baltimore, Maryland 21224

(410) 631-3344 1-800-633-6101 (within Maryland) http://www.mde.state.md.us

HAZARDOUS WASTE PROGRAM

Please print or type: (Form designed for use on elite (12-pitch) typewriter.) 2-139-04 SKDOT# A: 31758 B: C: D:

HAZARDOUS WASTE MANIFEST Form Approved. OMB No. 2050-0039.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJD982737777 Manifest Document No. 98982

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER 301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone ( ) 856 384-1144

A. State Manifest Document Number MDC 0884308

B. State Generator's ID SAME

C. State Transporter's ID HWH 427 004476 DC 427 00

D. Transporter's Phone 609 859-2049

E. State Transporter's ID HWH DC

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC

6. US EPA ID Number SCR000075150

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address 050145
SAFETY-KLEEN (TS), INC.
3527 WHISKEY BOTTOM ROAD
LAUREL MD 20724

10. US EPA ID Number MDD980554653

F. Transporter's Phone

G. State Facility ID A207

H. Facility's Phone 301 939-6000

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON REGULATED MATERIAL (SOLID)	001	DM	00275	P	NONE
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (SS)

	Haz. Code	Physical State	Specific Gravity	Percentage
a.	-	S	1.1	100
b.				
c.				
d.				

K. Handling Codes for Wastes Listed Above (SS)

a. S c.
b. d.

15. Special Handling Instructions and Additional Information
086456 004514 08090-056420 MFST R/T#102036069 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.

16. GENERATORS CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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 Maryland Statutes or Regulation.

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: Scott H. Carroll Signature: [signature] Month Day Year: 07 18 02

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Joe Gentile Signature: Joe Gentile Month Day: 07 18 02

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name Signature Month Day

19. Discrepancy Indication Space
DeCAL # 08974 Section 1 Manifest Doc # should read "98982."
SECTION Ja, Ka corrected @ SK Laurel @ 8/1/02
092

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

Printed/Typed Name: Steven Smith Signature: [signature] Date Month Day: 08 01 02

GENERATOR

TRANSPORTER

FACILITY

In case of an emergency or spill, immediately call the National Response Center at (800) 424-8802 and the MDE at (410) 631-3400. Nights and Holidays at (410) 974-3551.

MDC 0884308

EPA Form 8700-22 (9-99)

COPY 2 - FACILITY - DETACH & RETURN THIS COPY TO GENERATOR

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 57623	2. Page 1 of 1

57623

3. Shipper's Name and Mailing Address: RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone: 856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS, INC.	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
SAFETY-KLEEN SYSTEMS, INC. ~~000658~~ ~~647~~ 658 ~~3700 LAGRANGE ROAD~~ ~~960 TURNPIKE ST.~~ 2700 LAGRANGE RD. TOM ~~SMITHFIELD~~ ~~KY 40068~~ Smithfield ~~KYD053348108~~ ~~CANTON~~ ~~MA 02021~~ KY MAD982755639		502 845 2453 ~~502 845-2453~~ 781 828 5445

11. Shipping Name and Description	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	~~DF~~ 001	DF	~~P~~ 00300	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#102475783 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

truck Decal 086508

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: X James C Shagman Jr | Sign here if material is not DOT regulated: X [signature] | Month Day Year: 08 22 02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Matthew D CRAWFORD | Signature: [signature] | Month Day Year: 08 22 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space: Designated Facility Changed customer notified TOM

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

Printed/Typed Name: Victoria Brown | Signature: Victoria Brown | Month Day Year: 08 05 02

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR 093 FORM NO. 90291 (11/96)

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

Please type or print in block letters. (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.: NJD982737777 — Manifest Document No.: 88721
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER
THOROFARE NJ 08086
301 GROVE ROAD

4. Generator's Phone (856 384-1144)

A. State Manifest Document Number: NJA 4028628

B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150

C. State Trans. ID-NJDEP: 08690
Decal No. - 08 8504

7. Transporter 2 Company Name: TRISTATE MOTOR TRANSIT
8. US EPA ID Number: MOD095038998

D. Transporter's Phone ( )

E. State Trans. ID-NJDEP: 609 859-2049
Decal No. - 083303

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
000658
10. US EPA ID Number: KYD053348108

F. Transporter's Phone (800 2348767)

G. State Facility's ID

H. Facility's Phone ( )

11. US DOT Description (*Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group*)

	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DM	00440	P	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. D039
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. M041
b.
c.
d.

15. Special Handling Instructions and Additional Information
MFST R/T#102413166 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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.
SKDOT# A: 3004 B: C: D:

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: X Scott H. Carroll — Signature: X [signature] — Month Day Year: 09 17 02

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carlos Felix — Signature: Carlos Felix — Month Day Year: 09 17 02

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Archie Miller — Signature: [signature] — Month Day Year: 09 18 02

19. Discrepancy Indication Space
094

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] — Signature: [signature] — Month Day Year:

NJA4028628

EPA Form 8700-22

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): NJD982737777
Document No.: 8.8.9.20
2. Page 1 of 1
M001388920

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (856) 384-1144

5. Transporter 1 Company Name: SAFETY-KLEEN SYS, INC
6. US EPA ID Number: SCR000075150
A. Transporter's Phone: 803 933-4200

7. Transporter 2 Company Name:
8. US EPA ID Number:
B. Transporter's Phone:

9. Designated Facility Name and Site Address: 050033
AERC.COM INC.
2591 MITCHELL AVE
ALLENTOWN PA 18103-6609
10. US EPA ID Number: PAD987367216
C. Facility's Phone: 610 797-7608

	HM	11. Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		UNIVERSAL WASTE - LAMPS NOT USDOT REGULATED	001	CF	00050	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#102036060 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 11130 B: C: D:

086570 086579 086578

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: *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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: X Scott Harrow | Sign here if material is not DOT regulated: X | Month 09 Day 17 Year 02

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carlos Felix | Signature | Month 09 Day 17 Year 02

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

19. Discrepancy Indication Space

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

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

095

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): NJD982737777

Document No.: 16552

2. Page 1 of 1

21716552

3. Shipper's Name and Mailing Address:
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone: 856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS, INC.	SCR000075150	609 859-2049
7. Transporter 2 Company Name	**8. US EPA ID Number**	**B. Transporter's Phone**
Tri State Motor Transit	MOD095038998	417-624-3131
9. Designated Facility Name and Site Address	**10. US EPA ID Number**	**C. Facility's Phone**
000658 SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068	KYD053348108	502 845-2453

11. Shipping Name and Description	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	002	DF	00900	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#102355267 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

SHIPPER

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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."

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: X Scott H Carroll | Sign here if material is not DOT regulated: X | Month Day Year: 09 17 02

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Carlos Felix | Signature | Month Day Year: 09 17 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Merle Miller | Signature | Month Day Year: 09 18 02

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: J. Sparkman | Signature: J. Sparkman | Month Day Year: 10 1 2002

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

096

FORM NO. 90291 (11/96)

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): NJD982737777

Document No. 72824

2. Page 1 of 1

21872824

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS, INC.	SCR000075150	609 859-2049
7. Transporter 2 Company Name	**8. US EPA ID Number**	**B. Transporter's Phone**
Tristate Motor Transit	MOD095038998	417-624-3131
9. Designated Facility Name and Site Address	**10. US EPA ID Number**	**C. Facility's Phone**
000658 SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068	KYD053348108	502 845-2453

	11. Shipping Name and Description	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)		002	DF	008.00	P
b.						
c.						
d.						

SHIPPER

15. Special Handling Instruction and Additional Information

MFST R/T#102677578 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

DECAL # 086415

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: X Robert Boyer | Sign here if material is not DOT regulated | Month Day Year 1 01 5 02

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Carlos Felix | Signature | Month Day Year 1 01 5 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Stephen Miller | Signature | Month Day Year 10 16 02

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: Dani Edlin | Signature | Month Day Year 10 18 02

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

097

FORM NO. 90291 (11/96)

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 233.96	2. Page 1 of 1

M001423396

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone 856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS, INC.	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
Tri State Motor Transit Co	MOD095039998	417-624-3131
9. Designated Facility Name and Site Address 000658	10. US EPA ID Number	C. Facility's Phone
SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068	KYD053348108	502 845-2453

11. Shipping Name and Description	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	001 DF	DF	00375 P	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#102355266 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

DECAL # 086504

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: X Scott H. Carroll | Sign here if material is not DOT regulated: X | Month Day Year: 1 1 01 02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Carlos Felix | Signature | Month Day Year: 1 1 1 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year: 1 1 13 02

19. Discrepancy Indication Space

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

Printed/Typed Name: J. Spearman | Signature: J. Spearman | Month Day Year: 1 1 1 502

SHIPPER — USE 16A OR 16B — TRANSPORTER — FACILITY

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

098

FORM NO. 90291 (11/96)

BILL OF LADING/MANIFEST	1. Shipper's US EPA ID No. (If Applicable) NJD982737777	Document No. 78271	2. Page 1 of 1

22278271

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS, INC.	SCR000075150	609 859-2049
7. Transporter 2 Company Name	**8. US EPA ID Number**	**B. Transporter's Phone**
Tri State Motor Transit Co	MOD095038958	417-624-3131
9. Designated Facility Name and Site Address	**10. US EPA ID Number**	**C. Facility's Phone**
000658 SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068	KYD053348108	502 845-2453

	HM	11. Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.		USED PHOTOGRAPHIC SOLUTION (NOT USDOT OR USEPA REGULATED) (8#/GAL)	003	DF	01200	P
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T#102877591 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 630 B: C: D:

DECAL # 086504

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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.

Printed/Typed Name | Signature required here if US DOT regulated | Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name: X Scott Carman | Sign here if material is not DOT regulated: X | Month 12 Day 11 Year 02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Carlos Felix | Signature | Month 12 Day 11 Year 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Walter Millan | Signature | Month 12 Day 18 Year 02

19. Discrepancy Indication Space

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

Printed/Typed Name: Victoria Brown | Signature: Victoria Brown | Month 12 Day 18 Year 02

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

ORIGINAL - RETURN TO GENERATOR

FORM NO. 90291 (11/96)

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
P.O. Box 414, Trenton, NJ 08625-0414

2-139-04

Please type or print in block letters. (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.: NJD982737777 — Manifest Document No.: 28983
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
RAPID FORMS
ATTN: BOB BOYER
301 GROVE ROAD
THOROFARE NJ 08086

4. Generator's Phone (856 384-1144)

A. State Manifest Document Number: NJA 4027844

B. State Generator's ID-(Gen. Site Address): SAME

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150

C. State Trans. ID-NJDEP: 08690
Decal No. - 000504

7. Transporter 2 Company Name: Tri State Motor Transit Co
8. US EPA ID Number: MOD095038998

D. Transporter's Phone ( )

E. State Trans. ID-NJDEP: 609 859-2049
Decal No. - 083124

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
000658
10. US EPA ID Number: KYD053348108

F. Transporter's Phone (417) 624-3131

G. State Facility's ID

H. Facility's Phone ( )

11. US DOT Description (*Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group*)

	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (ALIPHATIC AND AROMATIC HYDROCARBONS) 3 UN1993 PG III (D001)(ERG#128)	001	DM	00450	P	D001
b.							
c.							
d.							

502 845-2453

J. Additional Descriptions for Materials Listed Above
a. D039
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. M041
b.
c.
d.

15. Special Handling Instructions and Additional Information
MFST R/T#102685206 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name 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: X Scott H. Carroll — Signature: X [signature] — Month 12 Day 11 Year 02

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carlos Felix — Signature: [signature] — Month 12 Day 11 Year 02

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Michie Miller — Signature: [signature] — Month 12 Day 18 Year 02

19. Discrepancy Indication Space
[illegible]

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

GENERATOR / TRANSPORTER / FACILITY

NJA 4027844

EPA Form 8700-22

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

100

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): NJD982737777

Document No. 41353

2. Page 1 of 1

22547353

3. Shipper's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD
ATTN: BOB BOYER
THOROFARE NJ 08086

4. Shipper's Phone (856 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN SYS. INC.	SCR000075150	609 859-2049
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address 050033 AERC.COM INC. 2591 MITCHELL AVE ALLENTOWN PA 18103-6609	10. US EPA ID Number PAD987367216	C. Facility's Phone 610 797-7608

	11. Shipping Name and Description	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	UNIVERSAL WASTE - LAMPS NOT USDOT REGULATED	X	001	CF	00030	P
b.						
c.						
d.						

SHIPPER

15. Special Handling Instruction and Additional Information

MFST R/T#102685202 0002-0568-11
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

SKDOT# A: 11130 B: C: D:

DECAL # 086504

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: "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."

Printed/Typed Name: X [illegible] | Signature required here if US DOT regulated: X [signature] | Month Day Year: 12 18 02

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name | Sign here if material is not DOT regulated | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Carlos Felix | Signature: [signature] | Month Day Year: 12 18 02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

101

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

Printed/Typed Name | Signature | Month Day Year

IN EVENT OF EMERGENCY CALL

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. N J D 9 8 2 7 3 7 7 7 7
Manifest Document No.
2. Page 1 of 1

3. Generator's Name and Mailing Address
Rapid Forms Inc.
301 Grove Rd., Thorofare, NJ 08086
4. Generator's Phone (609 384-1144
Same

5. Transporter 1 Company Name: Chemical Pollution Control Inc.
6. US EPA ID Number: N Y D 0 8 2 7 8 5 4 2 9

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

9. Designated Facility Name and Site Address
Chemical Pollution Control Inc.
120 South Fourth Street
Bay Shore, NY 11706
10. US EPA ID Number: N Y D 0 8 2 7 8 5 4 2 9

A. Transporter's Phone (516) 586-0333
B. Transporter's Phone
C. Facility's Phone (516) 586-0333

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. EMPTY INK CANS	001	DM	00075	P
b. EMPTY 55 GAL DRUMS	008	DM	00060	P
c. PHOTO WASTE	005	DF	00275	G
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Emergency RFsponse (516) 586-0333
A) 3104 B
B) 3104-
C) 3104 A 1

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Printed/Typed Name: RICHARD JESTER
Signature
Month Day Year: 08 28 97

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL J SMITH
Signature
Month Day Year: 08 28 97

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: HANK FAZIO
Signature
Month Day Year: 08 28 97

GENERATOR
TRANSPORTER
FACILITY

TRANSPORTER #1

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. N J D 9 8 2 7 3 7 7 7 7

Manifest Document No.

2. Page 1 of 1

3. Generator's Name and Mailing Address
RAPID FORMS INC.
301 GROVE ROAD, THOROFARE, NJ 08086

4. Generator's Phone (609) 384-1144

5. Transporter 1 Company Name
CHEMICAL POLLUTION CONTROL, INC.

6. US EPA ID Number N Y D 0 8 2 7 8 5 4 2 9

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
CHEMICAL POLLUTION CONTROL INC.
120 SOUTH FOURTH STREET
BAY SHORE, NY 11706

10. US EPA ID Number N Y D 0 8 2 7 8 5 4 2 9

A. Transporter's Phone 516-586-0333

B. Transporter's Phone

C. Facility's Phone 516-586-0333

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. PHOTO WASTE (DEVELOPER)	003	DF	00055	G
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above
A3104A1

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name [illegible] Signature [illegible] Month 09 Day 25 Year 97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name MICHAEL J SMITH Signature [illegible] Month 09 Day 25 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name FRANCIS FARIO Signature [illegible] Month 09 Day 25 Year 97

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL-RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. N.J.D.9.8.2.7.3.7.7.7.7

Manifest Document No.

2. Page 1 of 1

3. Generator's Name and Mailing Address
RAPID FORMS INC.
301 GROVE ROAD, THOROFARE, NJ 08086

4. Generator's Phone (609) 384-1144

5. Transporter 1 Company Name
CHEMICAL POLLUTION CONTROL INC.

6. US EPA ID Number N.Y.D.0.8.2.7.8.5.4.2.9

A. Transporter's Phone 516-586-0333

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL POLLUTION CONTROL INC.
120 SOUTH FOURTH STREET
BAY SHORE, NY 11706

10. US EPA ID Number N.Y.D.0.8.2.7.8.5.4.2.9

C. Facility's Phone 516-586-0333

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. PHOTO WASTE	003	DF	165	G
b. EMPTY INK CANS	001	DM	100	P
c. EMPTY DRUM	001	DM	030	P
d.				

D. Additional Descriptions for Materials Listed Above
A 3104 A1
B 3104B

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: WILLIAM WEITZEL
Signature: William Weitzel
Month Day Year: 10 23 97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MICHAEL J SMITH
Signature: [signature]
Month Day Year: 10 23 97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FAZIO
Signature: [signature]
Month Day Year: 10 23 97

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL – RETURN TO GENERATOR

104

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. N.J.D.9.8.2.7.3.7.7.7.7
Manifest Document No.
2. Page 1 of 1

3. Generator's Name and Mailing Address
Rapid Forms Inc.
301 Grove Road, Thorofare, NJ 08086
4. Generator's Phone (609) 384-1144

5. Transporter 1 Company Name: Chemical Pollution Control, Inc.
6. US EPA ID Number: N Y D 0 8 2 7 8 5 4 2 9

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

A. Transporter's Phone: 516-586-0333
B. Transporter's Phone

9. Designated Facility Name and Site Address: Chemical Pollution Control, Inc.
120 South Fourth Street
Bay Shore, NY 11706
10. US EPA ID Number: N Y D 0 8 2 7 8 5 4 2 9
C. Facility's Phone: 516-586-0333

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. PHOTO WASTE	004	DF	00220	G
b. EMPTY INK CANS	001	DM	00075	P
c. EMPTY INK CANS - BOTTLES PLASTIC.	002	CF	00002	Y
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

Emergency Response #516-586-0333

15. Special Handling Instructions and Additional Information
A) 3104 A1
B) 3104-B
C) 3104 D

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
WILLIAM WEITZEL	William Weitzel	1	20	97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
MICHAEL J SMITH	M J Smith	1	20	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
FRANK FAZIO	Frank Fazio	1	20	97

GENERATOR — TRANSPORTER — FACILITY

ORIGINAL-RETURN TO GENERATOR

105

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. N J D 9 8 2 7 3 7 7 7 7

Manifest Document No.

2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
RAPID FORMS INC.
301 GROVE ROAD, THOROFARE, NJ 08086

4. Generator's Phone (609) 384-1144

5. Transporter 1 Company Name
CHEMICAL POLLUTION CONTROL INC.

6. US EPA ID Number N Y D 0 8 2 7 8 5 4 2 9

A. Transporter's Phone 516-586-0333

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL POLLUTION CONTROL INC.
120 SOUTH FOURTH STREET
BAY SHORE, NY 11706

10. US EPA ID Number N Y D 0 8 2 7 8 5 4 2 9

C. Facility's Phone 516-586-0333

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. PHOTO WASTE	005	DM DF	00240	G
b. EMPTY CANS-	001	CF	00001	Y
c. EMPTY 55 GAL DRUMS	~~004~~ 14	DM DF	00450	P
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
A) 3104 A
B) 3104 D

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name RICHARD VESTER | Signature | Month 12 Day 17 Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name MICHAEL J SMITH | Signature | Month 12 Day 17 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name FRANK FAZIO | Signature | Month 12 Day 17 Year 97

ORIGINAL – RETURN TO GENERATOR

106

NON-HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. N J D 9 8 2 7 3 7 7 7 7	Manifest Document No.	2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
Rapid Forms Inc.
301 Grove Road, Thorofare, NJ 08086

4. Generator's Phone (609) 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
Chemical Pollution COntrol Inc.	N Y D 0 8 2 7 8 5 4 2 9	516-586-0333
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
Chemical Pollution COntrol INc. 120 South FOurth STreet BaySHore, NY 11706	N Y D 0 8 2 7 8 5 4 2 9	516-586-0333

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. PHOTO WASTE	003	DF	00165	G
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
A) 3104A1

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month Day Year
WILLIAM WEITZEL	William Weitzel	01 15 98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
MICHAEL J Smith	M J Smith	01 15 98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month Day Year
FRANK FAZIO	Frank Fazio	01 15 98

ORIGINAL – RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. N. J. D. 9. 8. 2. 7. 3. 7. 7. 7. 7

Manifest Document No.

2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
Rapid Forms Inc.
301 grove Road, Thorofare, NJ 08086

4. Generator's Phone (609) 384-1144

5. Transporter 1 Company Name
Chemical Pollution COntrol Inc.

6. US EPA ID Number N. Y. D. 0. 8. 2. 7. 8. 5. 4. 2. 9

A. Transporter's Phone 516-586-0333

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
Chemical Pollution Control INc.
120 SOuth FOurth STreet
Bay SHore, Ny 11706

10. US EPA ID Number N. Y. D. 0. 8. 2. 7. 8. 5. 4. 2. 9

C. Facility's Phone 516-586-0333

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. DEVELOPER	004	DF	00220	G
b. EMPTY CANS PAPER PLASTIC (WITHIN)	001	CF	00001	Y
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
A) 3104 A1
B) 3104 D

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: Dorsey LANE
Signature: Dorsey Lane
Month Day Year: 02 12 98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MICHAEL J SMITH
Signature: [illegible]
Month Day Year: 02 12 98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FAZIO
Signature: [illegible]
Month Day Year: 02 12 98

ORIGINAL – RETURN TO GENERATOR

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NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. N J D 9 8 2 7 3 7 7 7 7

Manifest Document No.

2. Page 1 of 1

3. Generator's Name and Mailing Address
RAPID FORMS
301 GROVE ROAD, THOROFARE, NJ 08086

4. Generator's Phone (609) 384-1144

5. Transporter 1 Company Name: Chemical Pollution Control, Inc.

6. US EPA ID Number: N Y D 0 8 2 7 8 5 4 2 9

A. Transporter's Phone: 516-586-0333

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
Chemical Pollution Control, Inc.
120 South Fourth Street
Bay Shore, NY 11706

10. US EPA ID Number: N Y D 0 8 2 7 8 5 4 2 9

C. Facility's Phone: 516-586-0333

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. DEVELOPER	007	DF	00385	G
b. EMPTY FILL CANS	003	DM	00450	P
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information Emergency Response#516-586-0333
A) 3104 A1
B) 3104B

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: WILLIAM WEITZEL
Signature: William Weitzel
Month Day Year: 04 23 98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MICHAEL J SMITH
Signature: [illegible]
Month Day Year: 04 23 98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FAZIO
Signature: Frank Fazio
Month Day Year: 04 23 98

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL – RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. N J D 9 8 2 7 3 7 7 7 7	Manifest Document No.	2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
Rapid Forms
301 Grove Road, Thorofare, NJ 08086

4. Generator's Phone (609) 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
Chemical Pollution COntrol iNc.	N Y D 0 8 2 7 8 5 4 2 9	516-586-0333
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
Chemical Pollution COntrol iNc. 120 SOuth FOurth Street Bay SHore, nY 11706	N Y D 0 8 2 7 8 5 4 2 9	516-586-0333

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. ~~PHOTO WASTE~~	~~002~~	~~DF~~	~~001~~	~~106~~
b. EMPTY CANS, PLASTIC, PAPER	002	CF	00002	Y
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
A) ~~3104A~~
B) 3104D

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month Day Year
WILLIAM WEITZEL	William Weitzel	05 29 98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
MICHAEL J SMITH	M J Smith	05 29 98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month Day Year
FRANK FAZIO	Frank Fazio	06 01 98

ORIGINAL – RETURN TO GENERATOR

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NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. N J D 9 8 2 7 3 7 7 7 7

Manifest Document No.

2. Page 1 of 1

3. Generator's Name and Mailing Address
RAPID FORMS, INC.
~~XXX~~ 301 GROVE ROAD, THOROFARE, NJ 08086

4. Generator's Phone ( ) 609-384-1144

5. Transporter 1 Company Name
Chemical Pollution Control, Inc.

6. US EPA ID Number N Y D 0 8 2 7 8 5 4 2 9

A. Transporter's Phone 516-586-0333

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
Chemical Pollution Control, Inc.
120 South Fourth Street
Bay Shore, NY 11706

10. US EPA ID Number N Y D 0 8 2 7 8 5 4 2 9

C. Facility's Phone 516-586-0333

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. DEVELOPER (PHOTO WASTE)	006	DF	00330	G
b. EMPTY IRC CANS	001	DM	00050	P
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information Emergency Response#516-586-0333
A) 3104 P1
B) 3104 P

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name WILLIAM WEITZEL Signature William Weitzel Month Day Year 07 28 98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name MICHAEL J SMITH Signature Mj Smith Month Day Year 07 28 98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name FRANK FAZIO Signature Frank Fazio Month Day Year 07 30 98

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL – RETURN TO GENERATOR

14

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. N J D 9 8 2 7 3 7 7 7 7

Manifest Document No.

2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
RAPID FORMS, INC.
301 GROVE ROAD, THOROFARE,NJ 08086

4. Generator's Phone (609) 384-1144

5. Transporter 1 Company Name: Chemical Pollution Control, Inc.
6. US EPA ID Number: N Y D 0 8 2 7 8 5 4 2 9
A. Transporter's Phone: 516-586-0333

7. Transporter 2 Company Name
8. US EPA ID Number
B. Transporter's Phone

9. Designated Facility Name and Site Address
Chemical Pollution Control, Inc.
120 South Fourth Street
Bay Shore, NY 11706
10. US EPA ID Number: N Y D 0 8 2 7 8 5 4 2 9
C. Facility's Phone: 516-586-0333

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. PHOTO WASTE	005	DF	00275	G
b. EMPTY FILL CANS	001	DM	00030	P
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information Emergency Response#516-586-0333

A) 3104 A1
B) 3104B

TRANSPORTER

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: Robert Williams
Signature: Robert Williams
Month Day Year: 09 17 98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MICHAEL J SMITH
Signature: [signature]
Month Day Year: 09 17 98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK FARO
Signature: Frank Faro
Month Day Year: 09 17 98

ORIGINAL – RETURN TO GENERATOR

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NON-HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. N J D 9 8 2 7 3 7 7 7 7	Manifest Document No.	2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
RAPID FORMS, INC.
301 GROVE ROAD, THOROFARE, NJ 08086

4. Generator's Phone (609) 384-1144

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
Chemical Pollution Control, Inc.	N Y D 0 8 2 7 8 5 4	2 9 516-586-0333
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
Chemical Pollution Control, Inc. 120 South Fourth Street Bay Shore, NY 11706	N Y D 0 8 2 7 8 5 4	2 9 516-586-0333

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. PHOTO WASTE	00 1	DF	00220	G
b. EMPTY DRUMS (55GAL)	010	DM	00300	P
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Emergency Response #516-586-0333
A) 310491

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
WILLIAM WEITZEL	William Weitzel	10	20	89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
MICHAEL J SMITH	M J Smith	10	20	89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

76

FedEx Express *US Airbill*

FedEx Tracking Number 8507 5210 6302

NO POUCH NEEDED.
See back for peel and stick application instructions.

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records.

Date

FedEx Tracking Number 850752106302

Sender's Name

Phone 17 [illegible] - 3050

Company

Address

Dept./Floor/Suite/Room

City

State

ZIP 02109-5407

2 Your Internal Billing Reference 14-34

3 To

Recipient's Name Mike [illegible]

Phone

Company [illegible] Equipment & Supply Co. 03-15

Recipient's Address U [illegible]

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address 77 W Jackson Blvd

To request a package be held at a specific FedEx location, print FedEx address here.

City Chicago State IL ZIP 60604-3190

0297575803

4a Express Package Service — *Packages up to 150 lbs.* * To most locations

- [ ] FedEx Priority Overnight — Next business morning*
- [ ] FedEx Standard Overnight — Next business afternoon*
- [x] FedEx First Overnight — Earliest next business morning delivery to select locations*
- [ ] FedEx 2Day — Second business day*
- [ ] FedEx Express Saver — Third business day*

FedEx Envelope rate not available. Minimum charge: One-pound rate

4b Express Freight Service — *Packages over 150 lbs.* ** To most locations

- [ ] FedEx 1Day Freight* — Next business day**
- [ ] FedEx 2Day Freight — Second business day**
- [ ] FedEx 3Day Freight — Third business day**

* Call for Confirmation:

5 Packaging — * Declared value limit $500

- [x] FedEx Envelope*
- [ ] FedEx Pak* — Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak
- [ ] FedEx Box
- [ ] FedEx Tube
- [ ] Other

6 Special Handling — Include FedEx address in Section 3.

- [ ] **SATURDAY Delivery** — Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes
- [ ] **HOLD Weekday** at FedEx Location — Not available for FedEx First Overnight
- [ ] **HOLD Saturday** at FedEx Location — Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods? One box must be checked.

- [x] No
- [ ] Yes — As per attached Shipper's Declaration
- [ ] Yes — Shipper's Declaration not required
- [ ] Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg
- [ ] Cargo Aircraft Only

Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging.

7 Payment *Bill to:* Enter FedEx Acct. No. or Credit Card No. below.

- [x] Sender — Acct. No. in Section 1 will be billed
- [ ] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

Obtain Recip Acct. No. [ ]

Total Packages	Total Weight	Total Charges
	1	Credit Card Auth.

†Our liability is limited to $100 unless you declare a higher value. See the *FedEx Service Guide* for details.

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.
Questions? Visit our Web site at fedex.com or call 1.800.GoFedEx 1.800.463.3339.
SRS* Rev. Date 11/03 • Part #158278 • ©1994–2003 FedEx • PRINTED IN U.S.A.

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RECEIVED
APR 15 2005
EMERGENCY SUPPORT SECTION

For FedEx Express sh

5055

FedEx. FIRST OVERNIGHT

emp: 480394 15APR05

TRK# 8507 5210 6302 FORM 0215

MON

Deliver By: 18APR05 A1

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