STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

Shipment Date 12-18-80

EXHIBIT H

MANIFEST DOCUMENT NUMBER 001

TO:		FROM:	
T/S/D FACILITY	CHEMICAL RECOVERY SYSTEMS	Generator	BUCYRUS ERIE COMPANY
E.P.A. ID Code No.	MID 060975844	E.P.A. ID Code No.	PAD 005025733
Address	36345 VAN BORN ROAD	Address	1521 RASPBERRY ST.
Destination	ROMULUS, MICHIGAN	Origin	ERIE PENNA 16512
Phone	313-326-3100	Phone	4519-8000

Number Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	DOT Mat'l ID No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption)
1000 GALLON	DICHLOROMETHANE	ORM-A	UN 1593			NONE
		11.07 LBS/GAL				
		11070 LBS				

US EPA RECORDS CENTER REGION 5

463442

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $ .10 Per GALLON

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. BECO (Signature of Consignor)

FREIGHT CHARGES: PREPAID ☐ COLLECT ☒

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY
E.P.A. ID Code No.
Address
Destination

EMERGENCY RESPONSE INFORMATION

CONTACT Name
Phone

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

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

Generator Signature [signature] Date 12-18-80

TRANSPORTER #1 CHEMICAL RECOVERY SYSTEMS, INC E.P.A. ID No. MID 060975844
Address 36345 VAN BORN ROAD
City ROMULUS, [redacted] State MICH Zip 48174 Phone 313-326-3

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature [signature] Date 12/18/80

TRANSPORTER #2 E.P.A. ID No.
Address
City State Zip Phone

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature Date

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature [signature] Date 12/18/80

ORIGINAL - RETURN TO GENERATOR

7-BLS-C-(6) REV.

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

'OR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

ERATOR OF WASTE: FACILITY NUMBER PAD 005028733

E BUCYRUS-ERIE COMPANY

RESS 1521 RASPBERRY ST ERIE PA 16512

DUCER ORDER NO. _____ SHIPMENT DATE 12 18 80 (mo. da. yr.)

SON TO CONTACT D. R. WROBLEWSKI PHONE 814-459-8000

CRIPTION OF WASTE (Mandatory) HAZARD CLASS: ORM A, N.O.S.

PPING NAME: (DOT OR EPA) METHYLENE CHLORIDE, DICHLOROMETANE

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
3531	2	2	1000	2	2	0

ES:

SICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

TAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify) _____

1 = CU YDS. 2 = GALLONS 3 = POUNDS

TE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify) NON FLAMMABLE (CHLORINATED)

JOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

	CONCENTRATION Upper %	CONCENTRATION Lower %
1. METHYLENE DICHLORIDE, } CH_2Cl_2		
2. DICHLOROMETHANE }		
3.		
4.		
5.		
6.		

THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.	CONCENTRATION
___-___-___	
___-___-___	
___-___-___	
___-___-___	

ERGENCY SPILL INFORMATION LIMIT SPILL FROM SPREADING, PUMP UP ACCESS INTO DOT APPROVED CONTAINERS, REMOVE CONTAMINATED SURFACE SOILS IF NECY. AND DISPOSE OF PROPERLY

ME OF HAULER CHEMICAL RECOVERY SYSTEMS INC

SINESS ADDRESS 36345 VAN BORN ROAD, ROMULUS MICH. 48174

ME OF PROCESSOR SAME

E ADDRESS SAME

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B 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 AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
D.R. WROBLEWSKI SUPERINTENDENT	D.R. Wroblewski	12-18-80

Keep goldenrod copy for your records. Send pink copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME Chemical Recovery Systems

ADDRESS 36345 Van Born Rd Romulus Mich

TELEPHONE NUMBER (313) 326-3100 PICK-UP DATE 12 18 80 (mo. da. yr.)

B. HAULER JOB NUMBER 7645 FACILITY NUMBER MID 060925844

C. VEHICLE LICENSE NO. C56611 STATE Ohio

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
FRANK HART TRUCK DRIVER	Frank Hart	12/18/80

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

FACILITY NUMBER MID 060925844

A. NAME _____

ADDRESS Same

TELEPHONE NUMBER _____ ACCEPTANCE DATE ___ ___ ___ (mo. da. yr.)

B. PROCESS METHOD:

☐ INCINERATION ☒ RECLAMATION ☐ OTHER (Specify) _____

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. ~~I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.~~

NAME AND TITLE (please print)	SIGNATURE	DATE
J.A. Heimbuch	J.A. Heimbuch	12/18/80

Keep green copy for your records. Send white copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800-424-8802

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

№ 117314

GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

GENERATOR OF WASTE: FACILITY NUMBER PAD 005028733

NAME Buckeye Erie Co.

ADDRESS 152-1 Parkway St. Erie, Pa 16512

PRODUCER ORDER NO _____ SHIPMENT DATE 12 (mo.) 18 (da.) 80 (yr.)

PERSON TO CONTACT _____ PHONE _____

DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: ORM-A

SHIPPING NAME: (DOT OR EPA) _____

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
	2	3	1000	2	99	

CODES:

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify) _____

UNIT 1 = CU YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify) DICHLOROMETHANE

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

		CONCENTRATION Upper %	Lower %
1.			
2.			
3.			
4.			
5.			
6.			

F THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.	CONCENTRATION
___-___-___	
___-___-___	
___-___-___	
___-___-___	

MERGENCY SPILL INFORMATION _____

AME OF HAULER Chemical Recovery

USINESS ADDRESS Romulus, Mi.

AME OF PROCESSOR _____

TE ADDRESS Same

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
see attached manifest		# 001

Keep goldenrod copy for your records. Send pink copy to:

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II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME Chemical Recovery

ADDRESS 36345 Van Born Romulus, Mi.

TELEPHONE NUMBER 326-3100 PICK-UP DATE 12 (mo.) 18 (da.) 80 (yr.)

B. HAULER JOB NUMBER _____ FACILITY NUMBER H-101

C. VEHICLE LICENSE NO. _____ STATE _____

D. HAULER CERTIFICATION: MID 060975814

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
J.A. HEIMBUCH		12-18-80

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

FACILITY NUMBER MID 060975844

A. NAME _____

ADDRESS Same

TELEPHONE NUMBER _____ ACCEPTANCE DATE 12 (mo.) 18 (da.) 80 (yr.)

B. PROCESS METHOD:

☐ INCINERATION ☒ RECLAMATION ☐ OTHER (Specify) _____

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. ~~I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FORECOING IS TRUE AND CORRECT.~~

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J.A. HEIMBUCH		12-18-80

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