PORSF
11.3.214.1-2
6/16/08

WASH CABINET
WASTE

USEPA SF
1306553

CK#044436

METRO

Application to Dispose of Special Wastes

APPROVED

2000 S.W. First Avenue
Portland, OR 97201-5398
503/221-1646

INSTRUCTIONS: Please read important information on other side. Type, or print heavily in ink. The person responsible for accuracy of information must sign. Return all copies of completed application and any supporting information to Metro along with a check for the $25 application fee.

Office use only
Permit no. 1643
Expires 1/26/90

Applicant's Name PACIFIC DETROIT DIESEL

Address 5061 N LAGOON AVENUE City PORTLAND Zip Code 97217

Contact Person PIERCE MARVIN Phone 283-0505

Description of Special Waste (waste composition and physical, chemical, manufacturing process from which waste originated)
SLUDGE AND WATER FROM LOT SUMPS AND WASH PITS. SOLIDS, WATER, TRACE OF OIL, SOAPS, GREASE FROM STEAM CLEANING.

One time disposal? ____ yes X no Disposal frequency (if more than one time) AS NEEDED

Quantity (gallons, drums, lbs., cubic yards) 7600 gallons Quantity per year 9000 gallons

Hazardous ____ yes X no How did you determine whether hazardous or not? Material Safety Data Sheet ____ test results X other NORTHWEST TESTING LABORATORIES REPORT (enclose documents)

Handling and spill cleanup directions USE VACUUM TANK AND/OR WATER

Transporter TANK TRUCK (1500,,3000 OR 5000 GALLON TANK TRUCK)

Previous permit for this waste, if any. Number 1254

NO SEALED EMPTY CONTAINERS WILL BE ACCEPTED. If empty pesticide containers only: (a) Describe material originally in containers ____

(b) Describe method of cleansing, rinsing and preparation of containers ____

Certificate of Accuracy of Description: This is to certify that the above describe materials are properly classified, identified, packaged, marked, labeled, cleansed, rinsed and prepared as indicated above.

X – Signature MARVIN PIERCE Date 1-19-89

(also type or print name) MARVIN PIERCE

DEQ Review: The above described special waste or empty container(s) is approved ____ disapproved ____ for disposal at the St. Johns Landfill.

Signature ____ Date ____

(also type or print name) ____

Special Instructions ____

Metro Action: Disposal of the above described special waste or empty container(s) is approved ____ X disapproved ____ for disposal at the St. Johns Landfill at a disposal rate of $ 46.25 per ton; 15.00 per trip minimum charge.

Signature [illegible] Date 1/26/89

(also type or print name) Bob Simoff

GENERAL INSTRUCTIONS: Appointment required 24 HOURS prior to each disposal. Call 286-9614. Cash on disposal (NO CHECKS) or have prior account established. To establish an account, call Accounting at 221-1646.

SPECIAL INSTRUCTIONS: ____

8-86/85355

METRO

2000 S.W. First Avenue
Portland, OR 97201-5398
503/221-1646

Application to Dispose of Special Wastes

INSTRUCTIONS: Please read important information on other side. Type, or print heavily in ink. The person responsible for accuracy of information must sign. Return all copies of completed application and any supporting information to Metro along with a check for the $25 application fee.

Office use only
Permit no.
Expires

Applicant's Name PACIFIC DETROIT DIESEL

Address 5061 N LAGOON AVENUE City PORTLAND Zip Code 97217

Contact Person PIERCE MARVIN Phone 283-0505

Description of Special Waste (waste composition and physical, chemical, manufacturing process from which waste originated)

SLUDGE AND WATER FROM LOT SUMPS AND WASH PITS. SOLIDS, WATER, TRACE OF OIL, SOAPS, GREASE FROM STEAM CLEANING.

One time disposal? _____ yes X no Disposal frequency (if more than one time) AS NEEDED

Quantity; (gallons, drums, lbs., cubic yards) 7600 gallons Quantity per year 9000 gallons

Hazardous _____ yes X no How did you determine whether hazardous or not? Material Safety Data Sheet _____

test results X other NORTHWEST TESTING LABORATORIES REPORT (enclose documents)

Handling and spill cleanup directions USE VACUUM TANK AND/OR WATER

Transporter TANK TRUCK (1500, 3000 OR 5000 GALLON TANK TRUCK)

Previous permit for this waste, if any. Number 1254

NO SEALED EMPTY CONTAINERS WILL BE ACCEPTED. If empty pesticide containers only: (a) Describe material originally in containers _____

(b) Describe method of cleansing, rinsing and preparation of containers _____

Certificate of Accuracy of Description: This is to certify that the above describe materials are properly classified, identified, packaged, marked, labeled, cleansed, rinsed and prepared as indicated above.

X – Signature MARVIN PIERCE Date 1-19-89

(also type or print name) MARVIN PIERCE

DEQ Review: The above described special waste or empty container(s) is approved _____ disapproved _____ for disposal at the St. Johns Landfill.

Signature _____ Date _____

(also type or print name) _____

Special Instructions _____

Metro Action: Disposal of the above described special waste or empty container(s) is approved _____ disapproved _____

for disposal at the St. Johns Landfill at a disposal rate of $_____ per ton; _____ per trip minimum charge.

Signature _____ Date _____

(also type or print name) _____

GENERAL INSTRUCTIONS: Appointment required 24 HOURS prior to each disposal. Call 286-9614. Cash on disposal (NO CHECKS) or have prior account established. To establish an account, call Accounting at 221-1646.

SPECIAL INSTRUCTIONS: _____

8-86/85355

NORTHWEST TESTING LABORATORIES, INC.

CONSTRUCTION INSPECTION
MATERIALS INSPECTION
CHEMICAL ANALYSIS
PHYSICAL TESTING

5405 N. Lagoon Avenue
P.O. Box 17126
Portland, Oregon 97217-0126
Phone: (503) 289-1778

NON-DESTRUCTIVE TESTING
WELDING CERTIFICATION
SOIL TESTING
ASSAYING

January 13, 1989

Pacific Detroit Diesel Allison, Inc.
5061 N. Lagoon Ave.
Portland, Oregon 97212

Attention: Marv

Subject: Analysis performed on one (1) sample received on 1/5/89, per your P.O. #29748

Item: One Sump Waste Sample, 1/4/89

REPORT:

Analysis:

Flashpoint, PMCC, °F.....	None up to 200
Oil and Grease, %.....	0.61
Suspended Solids, gm/100 ml.....	1.1
Benzene, ppm.....	<0.1
Toluene, ppm.....	<0.1
Xylenes, ppm.....	0.2
Total Volatile Hydrocarbons: Quantified as Stoddard Solvent, ppm.....	16

Respectfully,
NORTHWEST TESTING LABORATORIES, INC.

Donald P Marshall
Donald P. Marshall, Chemist

David Paulsen
David Paulsen, Chemist

Herbert L. Page
Herbert L. Page
Supervisor, Chemistry

Report Number: 320641

AS A MUTUAL PROTECTION TO CLIENTS, THE PUBLIC AND OURSELVES, ALL REPORTS ARE SUBMITTED AS THE CONFIDENTIAL PROPERTY OF CLIENTS AND ARE INTENDED FOR THE USE OF OUR CLIENTS ONLY. NO OTHER PERSON OR ENTITY MAY UTILIZE THE REPORT OR ANY PORTION THEREOF WITHOUT OUR WRITTEN AUTHORIZATION.

NORTHWEST TESTING LABORATORIES, INC

Inspecting Engineers - - Chemists

Phone: 503/289-1778
5405 N. Lagoon Avenue
Mailing Address: P.O. Box 17126
Portland, Oregon 97217-0126

INVOICE TO

DATE Jan. 13, 1989

Pacific Detroit Diesel Allison, Inc.
5061 N. Lagoon Ave.
Portland, Oregon 97212

INVOICE NO. 1144

JAN 18 1989

FED. I.D. No. 93-0588052

D.U.N.S. 04-829-0308

Attention: Mary

TERMS: INTEREST OF 1½% CHARGED ON PAST DUE ACCOUNTS. 1½% PER MONTH IS ANNUAL PERCENTAGE RATE OF 18%.

NET 30 DAYS.

Customer No.: 8

Please Remit Copy of Invoice With Payment

P.O. Number: 29748

PLEASE PAY FROM THIS INVOICE

Report No.	Date	Service	Cost
320641	1/5	Analysis performed on one sump waste sample submitted	$205.00

NORTHWEST TESTING LABORATORIES, INC.

CONSTRUCTION INSPECTION
MATERIALS INSPECTION
CHEMICAL ANALYSIS
PHYSICAL TESTING

5405 N. Lagoon Avenue
P.O. Box 17126
Portland, Oregon 97217-0126
Phone: (503) 289-1778

NON-DESTRUCTIVE TESTING
WELDING CERTIFICATION
SOIL TESTING
ASSAYING

January 13, 1989

Pacific Detroit Diesel Allison, Inc.
5061 N. Lagoon Ave.
Portland, Oregon 97212

Attention: Marv

Subject: Analysis performed on one (1) sample received on 1/5/89, per your P.O. #29748

Item: One Sump Waste Sample, 1/4/89

REPORT:

Analysis:

Flashpoint, PMCC, °F.....	None up to 200
Oil and Grease, %.....	0.61
Suspended Solids, gm/100 ml.....	1.1
Benzene, ppm.....	<0.1
Toluene, ppm.....	<0.1
Xylenes, ppm.....	0.2
Total Volatile Hydrocarbons: Quantified as Stoddard Solvent, ppm.....	16

Respectfully,
NORTHWEST TESTING LABORATORIES, INC.

Donald P Marshall
Donald P. Marshall, Chemist

David Paulsen
David Paulsen, Chemist

Herbert L. Page
Herbert L. Page
Supervisor, Chemistry

Report Number: 320641

AS A MUTUAL PROTECTION TO CLIENTS, THE PUBLIC AND OURSELVES, ALL REPORTS ARE SUBMITTED AS THE CONFIDENTIAL PROPERTY OF CLIENTS AND ARE INTENDED FOR THE USE OF OUR CLIENTS ONLY. NO OTHER PERSON OR ENTITY MAY UTILIZE THE REPORT OR ANY PORTION THEREOF WITHOUT OUR WRITTEN AUTHORIZATION.

EXPIRES 10/10/85

Application to Dispose of Special Waste

APPROVED

METRO

METROPOLITAN SERVICE DISTRICT
527 S.W. Hall St., Portland, OR 97201 • 503/221-1646

Former Permit #133

#455

PLEASE READ IMPORTANT INSTRUCTIONS ON OTHER SIDE

1. Applicant's Name Pacific Diesel Power Allison 972-0
   Address 5061 N. Lagoon, Port., Ore. Telephone number 283-0505
   Contact Person Mary Pierce
2. Description of Special Waste (physical, chemical, manufacturing process from which waste originated) Sludge & water from lot sumps & wash pits. Solids, water, trace of oil, soaps, grease from steam cleaning, ~~aluminum sulfate (water purifier)~~. Service repair shop.
   • QTY Gal 96.00 gals yearly
   Container Tanker LB Cu. Ft. (1500, 3000, or 5000 gal. tanker)
   • Physical State (circle): solid liquid sludge other
   • Hazardous (circle): yes no
   If hazardous, what is major hazard (circle): toxic corrosive ignitable infectious reactive other
   • Handling and Spill cleanup directions
   • Special Information Multiple pumping during year
   • Method of Transportation
   • NO SEALED EMPTY CONTAINERS WILL BE ACCEPTED. If empty containers only: a. Describe material originally in containers
   b. Describe method of cleansing, rinsing and preparation of containers
3. Certificate of Accuracy of Description: This is to certify that the above described materials are properly classified, identified, packaged, marked, labeled, cleansed, rinsed and prepared as indicated above.
   SIGNATURE [signature] DATE 10-4-84
   TYPE OR PRINT NAME MARY PIERCE
4. DEQ Review: The above described special waste or empty container(s) is approved disapproved for disposal at the Landfill/Facility
   SIGNATURE DATE
   Type or print name
   Special Instructions
   Via permit #133
5. METRO Action: Disposal of the above described special waste or empty container(s) is approved X disapproved for disposal at the ST JOHN Landfill/Facility at the disposal fee described below:
   Disposal Fee $
   Testing Fee $
   TOTAL $ 13.48/ton at present
   Signature [signature] Date 10/10/84
   Type or Print Name
   Special Instructions:
   - CASH ON DISPOSAL OR PRIOR ACCOUNT ESTABLISHED.
   - 24 hour prior appointment required before disposal. CALL 286-9614
   - NO wastes with flash point below 140°F

Application to Dispose of Special Wastes

METROPOLITAN SERVICE DISTRICT
527 S.W. Hall St., Portland, OR 97201 • 503/221-1646

Permit # 177
Expires Oct. 12, 1986

APPROVED

INSTRUCTIONS: Please read important information on other side. Type, or print heavily in ink. The person responsible for accuracy of information must sign. Return all copies of completed application and any supporting information to Metro.

Applicant's Name Pacific Detroit Diesel Allison, Inc
Address 5061 N. Lagoon City Portland Zip Code 97210
Contact Person Pete Melhuish Phone Number 240-4660
Description of Special Waste Sludge & water from lot sumps and wash pits.
(waste composition and physical, chemical, manufacturing process from which waste originated)
Solids, water, trace of oil, soaps, grease from steam cleaning (repair shop) and hot tank.
Quantity (gallons, drums, lbs., cubic yards) _____ One time disposal? _____
Disposal Frequency (if more than one time) _____ Quantity per year: _____
Hazardous (circle) Yes No If Hazardous, what is major hazard? (Circle):
toxic corrosive ignitable infectious reactive other _____
Handling and spill cleanup directions: Use vacuum truck and/or water.
Method of Transportation Tank truck (1500, 3000 or 5000 gallon tank truck)
Previous permit for this waste, if any. Number 455
NO SEALED EMPTY CONTAINERS WILL BE ACCEPTED. If empty contains only: (a) Describe material originally in containers. _____
(b) Describe method of cleansing, rinsing and preparation of containers. _____

Certificate of Accuracy of Description: This is to certify that the above described materials are properly classified, identified, packaged, marked, labeled, cleansed, rinsed and prepared as indicated above.

X-- Signature: _____ Date _____
(also type or print name) _____

DEQ Review: The above described special waste or empty container(s) is approved X disapproved _____ for disposal at the St. Johns Landfill.
Signature: _____ Date 12/11/85
(also type or print name) PETER K. [illegible]
Special Instructions _____

METRO Action: Disposal of the above described special waste or empty container(s) is approved X disapproved _____ for disposal at the St. Johns Landfill at a disposal rate of $ 13.48 per ton. AT DISCRET 1986 rate attached!
Signature _____ Date 12-11-1985
(also type or print name) LEANNE OHE

GENERAL INSTRUCTIONS: Appointment required 24 HOURS prior to each disposal. Call 286-9614. Cash on disposal (NO CHECKS) or have prior account established. To establish an account, call Accounting at 221-1646.

SPECIAL INSTRUCTIONS: _____

METRO

2000 S.W. First Avenue
Portland, OR 97201-5398
503/221-1646

Application to Dispose of Special Wastes

INSTRUCTIONS: Please read important information on other side. Type, or print heavily in ink. The person responsible for accuracy of information must sign. Return all copies of completed application and any supporting information to Metro along with a check for the $25 application fee.

Office use only
Permit no. _____
Expires _____

Applicant's Name Pacific Detroit Diesel Allison, Inc.

Address 5061 N. Lagoon City Portland Zip Code 97217

Contact Person Pete Melhuish Phone 240-4660

Description of Special Waste (waste composition and physical, chemical, manufacturing process from which waste originated)

Sludge & water from let sumps and wash pits. Solids, water, trace of oil, soaps, grease from steam cleaning (repair shop) and hot tank

One time disposal? _____ yes X no Disposal frequency (if more than one time) As needed

Quantity; (gallons, drums, lbs., cubic yards) 7600 gals Quantity per year 9000 gals

Hazardous _____ yes X no How did you determine whether hazardous or not? Material Safety Data Sheet _____

test results _____ other N.W. Testing Lab Report (enclose results)

Handling and spill cleanup directions Use vacuum truck and/or water

Transporter Tank truck (1500, 3000 or 5000 gallon tank truck)

Previous permit for this waste, if any. Number ~~MMM~~ 744

SEALED EMPTY CONTAINERS WILL BE ACCEPTED. If empty pesticide containers only: (a) Describe material originally in containers _____

(b) Describe method of cleansing, rinsing and preparation of containers _____

Certificate of Accuracy of Description: This is to certify that the above describe materials are properly classified, identified, packaged, marked, labeled, cleansed, rinsed and prepared as indicated above.

X – Signature _____ Date ~~11/21/86~~

(also type or print name) P.W. Melhuish

DEQ Review: The above described special waste or empty container(s) is approved _____ disapproved _____ for disposal at the St. Johns Landfill.

Signature _____ Date _____

(also type or print name) _____

Special Instructions _____

Metro Action: Disposal of the above described special waste or empty container(s) is approved _____ disapproved _____

for disposal at the St. Johns Landfill at a disposal rate of $ _____ per ton; _____ per trip minimum charge.

Signature _____ Date _____

(also type or print name) _____

GENERAL INSTRUCTIONS: Appointment required 24 HOURS prior to each disposal. Call 286-9614. Cash on disposal (NO CHECKS) or have prior account established. To establish an account, call Accounting at 221-1646.

SPECIAL INSTRUCTIONS: _____

Permit # 744

Expires Dec 12, 1986

Application to Dispose of Special Wastes

METROPOLITAN SERVICE DISTRICT
527 S.W. Hall St., Portland, OR 97201 • 503/221-1646

APPROVED

INSTRUCTIONS: Please read important information on other side. Type, or print legibly in ink. The person responsible for accuracy of information must sign. Return all copies of completed application and any supporting information to Metro.

Applicant's Name: Pacific Detroit Diesel Allison, Inc

Address: 5061 N. Lagoon City: Portland Zip Code: 97210

Contact Person: Pete Melhuish Phone Number: 240-4660

Description of Special Waste: Sludge & water from lot sumps and wash pits.
(waste composition and physical, chemical, manufacturing process from which waste originated)
Solids, water, trace of oil, soaps, grease from steam cleaning (repair shop) and hot tank.

Quantity (gallons, drums, lbs., cubic yards) 7600 gal. One time disposal? No

Disposal Frequency (if more than one time) AS NEEDED Quantity per year: 9000 gal

Hazardous (circle) Yes (No) If Hazardous, what is major hazard? (Circle):
toxic corrosive ignitable infectious reactive other

Handling and spill cleanup directions: Use vacuum truck and/or water.

Method of Transportation: Tank truck (1500, 3000 or 5000 gallon tank truck)

Previous permit for this waste, if any. Number 455

NO SEALED EMPTY CONTAINERS WILL BE ACCEPTED. If empty contains only: (a) Describe material originally in containers.

(b) Describe method of cleansing, rinsing and preparation of containers.

Certificate of Accuracy of Description: This is to certify that the above described materials are properly classified, identified, packaged, marked, labeled, cleansed, rinsed and prepared as indicated above.

X--Signature: [illegible] Date [illegible]

(also type or print name) [illegible]

DEQ Review: The above described special waste or empty container(s) is approved X disapproved ____ for disposal at the St. Johns Landfill.

Signature: [illegible] Date 12/11/85

(also type or print name) PETER K. GESSLER

Special Instructions

METRO Action: Disposal of the above described special waste or empty container(s) is approved X disapproved ____ for disposal at the St. Johns Landfill at a disposal rate of $ 13.00 per ton. At discount 1986 rates attached

Signature [illegible] Date Dec 12, 1985

(also type or print name) DENNIS ONEIL

GENERAL INSTRUCTIONS: Appointment required 24 HOURS prior to each disposal. Call 286-9614. Cash on disposal (NO CHECKS) or have prior account established. To establish an account, call Accounting at 221-1646.

SPECIAL INSTRUCTIONS:

SUMMARY OF METRO DISPOSAL RATES
Effective January 1, 1986

ST JOHNS LANDFILL

	Commercial Rate ($/ton)	Public Rates Pickups & Trailers (2.5 cy min.)	Public Rates Cars & Sta. Wagn. (2 cy)	Public Rates Extra Yards (1 cy)
Base Rate	$7.86	$4.80	$3.84	$1.92
User Fee	$2.04	$0.55	$0.44	$0.22
Regional Transfer Charge	$2.98	$1.70	$1.36	$0.68
Rehabilitation/Enhancement Fee	$0.50	$0.15	$0.12	$0.06
State Landfill Siting Fee	$1.00	$0.30	$0.24	$0.12
TOTAL RATE	$14.38	$7.50	$6.00	$3.00

Commercial Special Waste Fees at St. Johns: $25.00 Special Waste Permit Application Fee
$3.65/ton Special Waste Surcharge (in addition to the $14.38/ton commercial rate)
$50.00 per trip minimum charge (tonnage fees paid are credited to paying the $50 minimum)

CLACKAMAS TRANSFER AND RECYCLING CENTER

	Commercial Rate ($/ton)	Public Rates Pickups & Trailers (2.5 cy min.)	Public Rates Cars & Sta. Wagn. (2 cy)	Public Rates Extra Yards (1 cy)
Base Rate	$7.86	$4.80	$3.84	$1.92
User Fee	$2.04	$0.55	$0.44	$0.22
Regional Transfer Charge	$2.98	$1.70	$1.36	$0.68
Rehabilitation/Enhancement Fee	$0.50	$0.15	$0.12	$0.06
State Landfill Siting Fee	$1.00	$0.30	$0.24	$0.12
Convenience Charge	$3.00	$1.00	$0.80	$0.40
TOTAL RATE	$17.38	$8.50	$6.80	$3.40

* Additional fees may apply for: disposal of tires, excess weight at St. Johns, uncovered loads, one ton commercial minimum, possible special waste lab fees.
* The public minimum rate may be reduced by delivering recyclables.

RDM 12/4/85

NORTHWEST TESTING LABORATORIES, INC.

CONSTRUCTION INSPECTION
MATERIALS INSPECTION
CHEMICAL ANALYSIS
PHYSICAL TESTING

5405 N. Lagoon Avenue
P.O. Box 17126
Portland, Oregon 97217-0126
Phone: (503) 289-1778

NON-DESTRUCTIVE TESTING
WELDING CERTIFICATION
SOIL TESTING
ASSAYING

December 15, 1986

Pacific Detroit Diesel Allison Inc.
5061 N. Lagoon Avenue
Portland, OR 97217

Subject: Analysis on one (1) waste sample submitted on 12-5-86, per your P.O. Number 13325.

Item: Steam Cleaning Residue

Analysis:

pH	6.5
PCB's, ppm	<1

Extraction Procedure Toxicity - mg/L

Cadmium, Cd	<0.1
Chromium, Cr	<0.1
Lead, Pb	<0.1

Respectfully,
NORTHWEST TESTING LABORATORIES, INC.

Gwen Rowe

Gwen Rowe, Analyst

Howard Holmes

Howard Holmes
Assistant Supervisor, Chemistry

Report Number: 302375
cc: Spencer Environmental

Permit # _____

Expires _____

Application to Dispose of Special Wastes

METROPOLITAN SERVICE DISTRICT
527 S.W. Hall St., Portland, OR 97201 • 503/221-1646

INSTRUCTIONS: Please read important information on other side. Type, or print heavily in ink. The person responsible for accuracy of information must sign. Return all copies of completed application and any supporting information to Metro.

Applicant's Name PACIFIC DETROIT DIESEL

Address 5061 N LAGOON AVE City PORTLAND Zip Code 97217

Contact Person MARVIN PIERCE Phone Number 283 0505

Description of Special Waste SLUDGE & WATER FROM LOT SUMPS & WASH PITS,
(waste composition and physical, chemical, manufacturing process from which waste originated)
SOLIDS, WATER, TRACE OF OIL, SOAPS, GREASE FROM STEAM CLEANING

Quantity (gallons, drums, lbs., cubic yards) 9600 GALL YEARLY One time disposal? _____

Disposal Frequency (if more than one time) MULTIPLE Quantity per year: DURING YR

Hazardous (circle) Yes (No) If Hazardous, what is major hazard? (Circle):
toxic corrosive ignitable infectious reactive other _____

Handling and spill cleanup directions: _____

Method of Transportation TANKER

Previous permit for this waste, if any. Number 455 FORMER PERMIT # 133

NO SEALED EMPTY CONTAINERS WILL BE ACCEPTED. If empty contains only: (a) Describe material originally in containers. _____

(b) Describe method of cleansing, rinsing and preparation of containers. _____

Certificate of Accuracy of Description: This is to certify that the above described materials are properly classified, identified, packaged, marked, labeled, cleansed, rinsed and prepared as indicated above.

X-- Signature: _____ Date _____

(also type or print name) MARVIN PIERCE

. . . . . .

DEQ Review: The above described special waste or empty container(s) is approved _____ disapproved _____ for disposal at the St. Johns Landfill.

Signature: _____ Date _____

(also type or print name) _____

Special Instructions _____

. . . . . .

METRO Action: Disposal of the above described special waste or empty container(s) is approved _____ disapproved _____ for disposal at the St. Johns Landfill at a disposal rate of $ _____ per ton.

Signature _____ Date _____

(also type or print name) _____

GENERAL INSTRUCTIONS: Appointment required 24 HOURS prior to each disposal. Call 286-9614. Cash on disposal (NO CHECKS) or have prior account established. To establish an account, call Accounting at 221-1646.

SPECIAL INSTRUCTIONS: _____

CK # 040455

METRO

Application to Dispose of Special Wastes

DEC 15 1987

APPROVED

2000 S.W. First Avenue
Portland, OR 97201-5398
503/221-1646

INSTRUCTIONS: Please read important information on other side. Type, or print heavily in ink. The person responsible for accuracy of information must sign. Return all copies of completed application and any supporting information to Metro along with a check for the $25 application fee.

Office use only
Permit no. 1254
Expires 12/31/88

Applicant's Name: Pacific Detroit Diesel Allison, Inc.

Address: 5061 N. Lagoon Avenue City: Portland Zip Code: 97217

Contact Person: Pete Melhuish Phone: ~~[illegible]~~ 283-[illegible]

Description of Special Waste (waste composition and physical, chemical, manufacturing process from which waste originated)
Sludge & water from lot sumps and wash pits. Solids, water, trace of oil, soaps, grease from steam cleaning (repair shop) ~~and hot tank~~.

One time disposal? ____ yes X no Disposal frequency (if more than one time) As needed

Quantity: (gallons, drums, lbs., cubic yards) 7600 gallons Quantity per year 9000 gallons

Hazardous ____ yes X no How did you determine whether hazardous or not? Material Safety Data Sheet ____ test results ____ other Northwest Testing Laboratories report (enclose documents)

Handling and spill cleanup directions: Use vacuum truck and/or water

Transporter: Tank truck (1500, 3000, or 5000 gallon tank truck)

Previous permit for this waste, if any. Number 744

NO SEALED EMPTY CONTAINERS WILL BE ACCEPTED. If empty pesticide containers only: (a) Describe material originally in containers ____

(b) Describe method of cleansing, rinsing and preparation of containers ____

Certificate of Accuracy of Description: This is to certify that the above describe materials are properly classified, identified, packaged, marked, labeled, cleansed, rinsed and prepared as indicated above.

X – Signature [signature] Date November 23, 1987

(also type or print name) P. W. Melhuish

DEQ Review: The above described special waste or empty container(s) is approved ____ disapproved ____ for disposal at the St. Johns Landfill.

Signature ____ Date ____

(also type or print name) ____

Special Instructions ____

Metro Action: Disposal of the above described special waste or empty container(s) is approved ✓ disapproved ____ for disposal at the St. Johns Landfill at a disposal rate of $ 20.00 per ton; 50.00 per trip minimum charge.

Signature [signature] Date 12/14/87

(also type or print name) Rob Smoot

GENERAL INSTRUCTIONS: Appointment required 24 HOURS prior to each disposal. Call 286-9614. Cash on disposal (NO CHECKS) or have prior account established. To establish an account, call Accounting at 221-1646.

SPECIAL INSTRUCTIONS: Hot tank wastes are not acceptable on this permit. This is only for sump waste.

8-86/85355

METRO

2000 S.W. First Avenue
Portland, OR 97201-5398
503/221-1646

Application to Dispose of Special Waste

DEC 30 1986

APPROVED

INSTRUCTIONS: Please read important information on other side. Type, or print heavily in ink. The person responsible for accuracy of information must sign. Return all copies of completed application and any supporting information to Metro along with a check for the $25 application fee.

Office use only
Permit no. 988
Expires 12/31/87

Applicant's Name Pacific Detroit Diesel Allison, Inc.

Address 5061 N. Lagoon City Portland Zip Code 97217

Contact Person Pete Melbuish Phone 240-4680

Description of Special Waste (waste composition and physical, chemical, manufacturing process from which waste originated)
Sludge & water from let sumps and wash pits. Solids, water, trace of oil, soaps, grease from steam cleaning (repair shop) and hot tank

One time disposal? ____ yes X no Disposal frequency (if more than one time) As needed

Quantity: (gallons, drums, lbs., cubic yards) 7600 gals Quantity per year 9000 gals

Hazardous ____ yes X no How did you determine whether hazardous or not? Material Safety Data Sheet ____

test results ____ other N.W. Testing Lab Report (enclose results)

Handling and spill cleanup directions Use vacuum truck and/or water

Transporter Tank truck (1500, 3000 or 5000 gallon tank truck)

Previous permit for this waste, if any: Number [illegible] 744

NO SEALED EMPTY CONTAINERS WILL BE ACCEPTED. If empty pesticide containers only: (a) Describe material originally in containers ____

(b) Describe method of cleansing, rinsing and preparation of containers ____

Certificate of Accuracy of Description: This is to certify that the above describe materials are properly classified, identified, packaged, marked, labeled, cleansed, rinsed and prepared as indicated above.

X – Signature [signature] Date 11/21/86

(also type or print name) P.W. Melbuish

DEQ Review: The above described special waste or empty container(s) is approved ____ disapproved ____ for disposal at the St. Johns Landfill.

Signature ____ Date ____

(also type or print name) ____

Special Instructions ____

Metro Action: Disposal of the above described special waste or empty container(s) is approved X disapproved ____

for disposal at the St. Johns Landfill at a disposal rate of $ 8.23 per ton; 50 per trip minimum charge.

Signature [signature] Date Dec. 22, 1986

(also type or print name) DENNIS ONEIL

GENERAL INSTRUCTIONS: Appointment required 24 HOURS prior to each disposal. Call 286-9614. Cash on disposal (NO CHECKS) or have prior account established. To establish an account, call Accounting at 221-1646.

SPECIAL INSTRUCTIONS: Approved for sump wastes, steam cleaning wastes. NO Approved for hot tank wastes since no EP tox. data submitted

4-86 85355