GENERATOR *Information in this Green Section to be completed by Waste Originator - See Back of Form.*

MANIFEST DOCUMENT NO. A 64444

Generator EPA I.D. Number: W V D 0 0 5 0 0 8 4 1 2

Generator Name: Libbey-Owens Ford Co.

Generator Mailing Address: 1701 E. Broadway
Toledo, OH. 43605

Phone No.: 419 247 4221

Shipment Date: 4 3 81 (MO DAY YR)

(OEP USE ONLY)

Hauler EPA I.D. No.: W V T 0 0 0 6 0 3 3 4 0

Vehicle Certification Number: 81 A 0 3 0 9

Facility EPA I.D. No. (Destination): M V D 0 0 0 7 9 7 3 7 3

Facility Name & Address: Browning Ferris Ind - CPC Baltimore Md.

Description of Waste: A C D

Select and Enter One Code from Description Listed Below

ORIGINAL (Red)

SLV Solvents	CST Caustic	ACD Acid
CLW Cleaning Waste Water	OIL Oils	INL Inorganic Liquid
ORL Organic Liquid	MCL Mixed Chemical Liquid	ING Inorganic Sludge
ORG Organic Sludge	MCG Mixed Chemical Sludge	ORS Organic Solid
IRS Inorganic Solid	MCS Mixed Chemical Solid	

WASTE DESCRIPTION

TYPE CODES: DR DRUM; CA CARTONS; BG BAGS; TK TANKS; TR TRUCK (BULK); DD DUMPSTER (BULK); TT TANK TRUCK; OT OTHER

G-GAS L-LIQUID S-SOLID

T-TONS G-GALLONS Y-YARDS P-POUNDS

ENTER APPLICABLE CODE: P % BY WEIGHT; M MILLIGRAMS/LITER

SHIPPING NAME PROPER US DOT	US DOT HAZARD CLASS	UA OR NA NUMBER	FORM	QUANTITY	UNITS	CONTAINERS NO.	CONTAINERS TYPE	EPA HAZ CODE	EPA WASTE TYPE	CONCENTRATION
~~Sulfuric Acid~~	~~Corrosive material~~	~~UN 1830~~	~~L~~	~~40~~	~~G~~	~~03~~	~~DR~~	~~C~~	~~D002~~	
Contaminated WATER, (NOS)	Non Hazardous		L	110	G	02	DR			
Oil (NOS)	Combustible liquid	NA 1270		250	G	5	DR			

Michael L. Rusk — Driver Signature; 04-03-81 — Date

TOTAL: ~~500~~ 360 G ~~10~~ 7 DR

A 64444

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 AND THE EPA AND THE OFFICE OF ENVIRONMENTAL PROGRAMS.

Morris C. DEAN — Name of Authorized Agent (Print or Type)

Morris C. Dean — Signature of Agent

Area Code: 419 — Generator's Emergency Telephone Number: 247 4221

HAZARDOUS WASTE MANIFEST

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

ORIGINAL (Red)

MANIFEST DOCUMENT NUMBER: 4/3/81 -6

TO:
T/S/D FACILITY: Browning Ferris Ind.
E.P.A. ID Code No.: WVD063468342
Address: 2933 Sissonville Drive
Destination: Chas WVa.
Phone: (304) 345 3200

FROM:
Generator: Libby Owens Ford
E.P.A. ID Code No.: WVD005008412
Address: 1701 E. BROADWAY
Origin: Toledo OH 43605
Phone: (419) 247-4221

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	2,4 Dichloro phenoxyacetic acid ester	Toxic ORME	D008		#12	Poison
1	Flammable Solid (nos)	Flammable material		UN1325	#75	Flammable

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 $_____ Per _____

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

_____ (Signature of Consignor)

FREIGHT CHARGES: PREPAID ☐ COLLECT ☐

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

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 condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature: B W Hardman Date: 4/3/81

TRANSPORTER #1: Browning Ferris Industries
Address: 2933 Sissonville Drive E.P.A. ID No.: WVD063468342
City: Charleston W.V. State: WV Zip: 25312 Phone: (304) 345 3200

Transporter No. 1 Signature: Darrell E. Taylor This is to certify acceptance of the hazardous waste shipment. Date: 4/3/81

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

Transporter No. 2 Signature: This is to certify acceptance of the hazardous waste shipment. Date:

TREATMENT/STORAGE/DISPOSAL FACILITY

T/S/D FACILITY Signature: Darrell E. Taylor This is to certify acceptance of the hazardous waste for treatment, (storage) or disposal. temporary

HAZARDOUS WASTE MANIFEST

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

ORIGINAL (Red)

MANIFEST DOCUMENT NUMBER: 4/1/81 -3

TO: BROWNING Ferris Industries T/S/D FACILITY	FROM: Generator Libbey Owens Ford Co
E.P.A. ID Code No. WVD063468342	E.P.A. ID Code No. MVD 000500 8412
Address 2937 Sissonville Dr	Address 1701 E. BROADWAY
Destination Chas WV	Origin Toledo OH 43605
Phone (304) 3453200	Phone (419) 247-4221

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
3	Sulfuric Acid 66° Baume	Corrosive material	D002	D002	#400	Corrosive

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 $_____ Per _____

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

(Signature of Consignor)

FREIGHT CHARGES PREPAID ☐ COLLECT ☐

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

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 condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature Maris C. Dean Date 4/1/81

TRANSPORTER #1 BRowning Ferris Ind. E.P.A. ID No. WVD063468342
Address 2932 Sissonville Drive
City Chas State WV Zip 25312 Phone (304) 3453200

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 1 Signature Darell Taylor BFI C/S Date 4-1-81

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 Darell Taylor C/S Date 4/2/81

ORIGINAL - RETURN TO GENERATOR

HAZARDOUS WASTE MANIFEST

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

ORIGINAL (Red)

MANIFEST DOCUMENT NUMBER: 3/31/81-2

TO:	FROM:
T/S/D FACILITY Browning Ferris Ind. ChemServ Inc	Generator Libbey Owens Ford
E.P.A. ID Code No. WVD063468342	E.P.A. ID Code No. WVD005008412
Address 2933 Sissonville Drive	Address 1701 E Broadway
Destination Charleston WVA.	Origin Toledo OHIO
Phone (304) 345-3200	Phone (304) 247-4221

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
21	Poisonous Solids (NOS)	Poison B	D008	D008	# 2000	Poison
	(Paint)					

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 $ _____ Per _____

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

(Signature of Consignor)

FREIGHT CHARGES: PREPAID ☐ COLLECT ☐

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

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 condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature X Morris C. Dean Date 4/1/81

TRANSPORTER #1 Browning Ferris Industries E.P.A. ID No. WVD063468342
Address 2933 Sissonville Drive
City Chas WVa 25312 State WV Zip 25312 Phone (304) 345 3200

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 1 Signature Darell Taylor Date 4/1/81

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 Darell E Taylor Date 4/1/81