Sent Via Federal Express
Airbill No. 3261359231

9 May 1995

Mr. Robert Snyder, P.E.
Manager Hazardous Waste Section
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Incident Report
Sanford Branch
Waste Accepted Without Generator EPA ID#

Dear Mr. Snyder:

Safety-Kleen accepted a number of hazardous waste shipments from Lynx Corp. (see attached service documents) without a generator EPA ID#. The company has applied for an EPA ID#. When the number is obtained unmanifested waste reports will be submitted for each shipment.

Safety-Kleen is currently manifesting SQG's which use our 150 solvent. Manifesting of SQG's who use this solvent will continue until the tolling agreement is in effect. At this time the Sanford Facility is receiving mostly 150 virgin solvent for distribution. When the branch starts to receive 150 recycled product, manifesting of 150 solvent for SQG's will be discontinued.

I attempted to obtain a copy of form 8700-12 filed by Lynx Corp., however we have not been able to locate any copies. It is expected that the facility will be receiving the EPA ID# in the near future. Safety-Kleen has discontinued servicing this customer until the number is obtained.

If you have any questions concerning this matter please call me at (904) 576-5979.

Sincerely,

Richard R. Morris
Environmental Engineer
North Florida Region

1000 NORTH RANDALL ROAD ELGIN, ILLINOIS 60123-7857 PHONE 708/697-8460 FAX 708/468-8500

HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 31. 19

PART B: FACILITY ANNUAL REPORT

THIS REPORT FOR YEAR ENDING DEC 31. 19

PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE RECEIVED (day, mo., & yr.) 09-01-1995

II. INSTALLATION'S EPA I.D. NUMBER

1 FAD984717265

III. NAME OF INSTALLATION

Silver Lake Chemical

IV. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 600 Clear Lake Park Drive

CITY OR TOWN | ST. | ZIP CODE

4 Shawnee KS 66217

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 600 Clear Lake Park Drive

CITY OR TOWN | ST. | ZIP CODE

6 Shawnee KS 66217

VI. INSTALLATION CONTACT

NAME (last and first) | PHONE NO. (area code & no.)

7 Woolsey, Dan | 913-631-1680

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.

VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE	B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)
8 $	$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. PRINT OR TYPE NAME | B. SIGNATURE | C. DATE SIGNED

APR 10

1000 North Randall Road
Elgin, Illinois 60123-7857

TRANSPORTER 407-321-6080 DAVE MATOUSEK
LDR NOT REQ'D

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
2	02	787817

0-220 DP
3-130-01-0831
FACILITY NUMBER XXXXX

3-130-01-1823-8
LYNX
555 N MCGRUDER
ORLANDO FL 32805

BILL TO
LYNX CORP
1200 W SOUTH ST
ORLANDO FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
1-9-95	8800			C	10-240-6210	343.44	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATORS/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	583	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS 0029
230-17343		81.00	4.86	85.86			04			9	150R
230-17344		81.00	4.86	85.86			04			9	150R
230-18028		81.00	4.86	85.86			04			9	150R
230-19163		81.00	4.86	85.86			04			9	150R
TOTAL SERVICE SECTION		324.00	19.44	343.44							

MACHINE CONDITION & CLEANLINESS: GOOD ☐ POOR ☐
LAMP ASSEMBLY CONDITION: ☐ ☐
DECALS IN PLACE AND LEGIBLE: YES ☐ NO ☐
RUBBER FEET INSTALLED: ☐ ☐
EMERGENCY CLOSING DEVICE INSTRUCTED: ☐ ☐
MACHINE PROPERLY GROUNDED: YES ☐ NO ☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE: ☐ ☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA: ☐ ☐

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

WASTE INFORMATION SECTION

USER'S TRANSPORTER ID NO. ILD984908202
GENERATOR USEPA ID NO.
GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	12. CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	CONTAINER SIZE
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII D039) (ERG#27) 6.7LBS/GAL	4	DM	48.	G	95653	51.0055

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
0 TO 220 LBS/MONTH — INITIALS T.R.
220 LBS. TO 2,200 LBS/MONTH — INITIALS
GREATER THAN 2,200 LBS/MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
600 CENTRAL PARK DRIVE SANFORD FL 32771
USA EPA ID NO. FLD984171165
STATE ID NO.

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		☐						
		☐						
		☐						
		☐						
		☐						

PAYMENT RECEIVED SECTION
CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS
INV. # AMOUNT $
PREVIOUS CREDIT CARD NO.
CREDIT CARD NO. EXP. DATE
AMEX VISA MC
CONSUMER REFERENCE INFORMATION

TOTAL PRODUCTS AMOUNT

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

TOTAL SERVICE AMOUNT (FROM ABOVE) 343.44
TOTAL DUE 343.44

"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."

Print Name
X
GENERATOR/AUTHORIZED REPRESENTATIVE SIGNATURE

BRANCH - TSD

SAFETY-KLEEN ENVIRONMENTAL SYSTEMS COMPANY

HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 31. 19

PART B: FACILITY ANNUAL REPORT

THIS REPORT FOR YEAR ENDING DEC 31. 19

PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE RECEIVED *(day, mo., & yr.)* Sept - [illegible] - 19

II. INSTALLATION'S EPA I.D. NUMBER

1 E NJD980711665 9

III. NAME OF INSTALLATION

20 Sharkey Landfill Corporation 67

IV. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

23 600 Clearbrook Park Drive 45

CITY OR TOWN | ST. | ZIP CODE

47 Sharkey NJ 07071 51

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

52 600 Clearbrook Park Drive 69

CITY OR TOWN | ST. | ZIP CODE

71 Sharkey NJ 07071 51

VI. INSTALLATION CONTACT

NAME *(last and first)* | PHONE NO. *(area code & no.)*

72 Rudolph Baker | 201-321-6080 82

VII. TRANSPORTATION SERVICES USED *(for Part A reports only)*

List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.

VIII. COST ESTIMATES FOR FACILITIES *(for Part B reports only)*

A. COST ESTIMATE FOR FACILITY CLOSURE	B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE *(disposal facilities only)*
83 $ 19	$ 75

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A PRINT OR TYPE NAME | B SIGNATURE | C DATE SIGNED

1000 North Randall Road
Elgin, Illinois 60123-7857

TRANSPORTER 407-321-6080 DAVE HATOUSEK
LDR NOT REQ'D

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
50	02	504747

BILLING ACCT NUMBER
XXXXX

GENERATOR: 3-130-01-1823-8
LYNX
555 N MCGRUDER
ORLANDO FL 32805

SHIP TO: 0-220 DP
3-130-01-0831
LYNX CORP
1200 W SOUTH ST
ORLANDO FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS
12/12/94	8800			C	10-240-6210	343.44	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	683	001	.06	.06	.00

	SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS 0033
1	230-17343		81.00	4.86	85.86			04				9	150R
2	230-17344		81.00	4.86	85.86			04				9	150R
3	230-18028		81.00	4.86	85.86			04				9	150R
4	230-19163		81.00	4.86	85.86			04				9	150R
5													
6													
7													
8													
9													
10													
11													
12													
	TOTAL SERVICE SECTION		324.00	19.44	343.44								

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	X	
LAMP ASSEMBLY CONDITION	X	

	YES	NO
DECALS IN PLACE AND LEGIBLE	X	
FUSE/LINK INSTALLED	X	
EMERGENCY CLOSED DEVICE INSTALLED	X	
MACHINE PROPERLY GROUNDED	X	
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	X	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

SPECIAL INSTRUCTIONS / RECEIPTS (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

WASTE INFORMATION SECTION — MANIFEST DOC NO. ILD984908202 — USED OIL NO. — GENERATOR'S SITE NAME

	11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	12. CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	15K DOT NUMBER	CONTAINER SIZE
A.	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039, D006, D008, D018, D040) 6.7LBS/GAL	4	DM	46	G	653	51 55
B.							
C.							
D.							

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
0 TO 220 LBS/MONTH — INITIALS REL
220 LBS. TO 2,200 LBS/MONTH — INITIALS
GREATER THAN 2,200 LBS/MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
600 CENTRAL PARK DRIVE SANFORD FL 32771
USA EPA ID NO. FLD984171105
STATE ID NO.

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						

PAYMENT SECTION

CASH ☐ | CHECK NUMBER | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS
INV. # AMOUNT $

PREVIOUS CREDIT CARD NO.
CREDIT CARD NO. AMEX VISA MC EXP. DATE
CONSUMER REFERENCE INFO (NUMERIC ONLY)

TOTAL PRODUCTS AMOUNT

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

TOTAL SERVICE AMOUNT (FROM ABOVE)	343.44
TOTAL DUE	343.44

"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."

Print Name: Ron Rickard
GENERATOR/AUTHORIZED REPRESENTATIVE SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

BRANCH COPY

SERVICE AND SALES ACKNOWLEDGEMENT

1000 North Randall Road
Elgin, Illinois 60123-7857

TRANSPORTER
407-321-6080 DAVE MATOUSEK
LDR NOT REQ'D

SCHEDULED PICK WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
46	02	211142
MANIFEST NUMBER	XXXXX	

0-220 DP
3-130-01-0831
LYNX CORP
1200 W SOUTH ST
ORLANDO FL 32805

LOCATION
3-130-01-1823-8
LYNX
555 N MCGRUDER
ORLANDO FL 32805

BILL TO

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS
11-16-94	8800			H	10-240-6210	343.44	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	883	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (mo/DAY)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS 0026
230-17343		81.00	4.86	85.86		13	04				9	150R
230-17344		81.00	4.86	85.86		12	04				9	150R
230-18028		81.00	4.86	85.86		12	04				9	150R
230-19163		81.00	4.86	85.86		13	04				9	150R
TOTAL SERVICE SECTION		324.00	19.44	343.44								

MACHINE CONDITION & CLEANLINESS: GOOD ☑ POOR ☐
LAMP ASSEMBLY CONDITION: GOOD ☐ POOR ☐
DECALS IN PLACE AND LEGIBLE: YES ☐ NO ☐
FUSIBLE LINK INSTALLED: YES ☐ NO ☐
EMERGENCY CLOSING OF LID UNDER TIMER: YES ☐ NO ☐
MACHINE PROPERLY GROUNDED: YES ☐ NO ☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE: YES ☐ NO ☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA: YES ☑ NO ☐

INVOICING SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

WASTE CONFIRMATION SECTION — USEPA ID NO. IL0984908202 — GENERATOR'S/SITE ID NO. — GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	12. CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT./VOL.	SK DOT NUMBER	CONTAINER SIZE
A. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039,D006, D008,D018,D040)6.7LBS/GAL	4	DM	50	G	653	
B.						
C.						
D.						

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
1 TO 220 LBS./MONTH — INITIALS
220 LBS. TO 2,200 LBS./MONTH — INITIALS: LHK
GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
600 CENTRAL PARK DRIVE SANFORD FL 32771
USA EPA ID NO. FLD984171165
STATE ID NO.

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						

PAYMENT SECTION
CASH ☐ CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS
INV. # AMOUNT $
PREVIOUS CREDIT CARD NO.
CREDIT CARD NO. EXP. DATE AMEX VISA MC
CONSUMER REFERENCE INFORMATION

TOTAL PRODUCTS AMOUNT

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

"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."

Print Name: Ron Ricard
X Ronald E. Ricard
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

TOTAL SERVICE AMOUNT (FROM ABOVE)	343.44
TOTAL DUE	343.44

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

BRANCH COPY

SERVICE AND SALES ACKNOWLEDGEMENT

PRINTED IN U.S.A. (12-REV 7/94)

1000 North Randall Road
Elgin, Illinois 60123-7857

TRANSPORTER
407-321-6080 DAVE MATOUSEK
LDR NOT REQ'D 0-220 CP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
42	02	925629

MANIFEST NUMBER: XXXXX

3-130-01-[illegible]-8
LYNX [illegible] 1823
555 N MCGRUDER
ORLANDO FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
10.30.94	8000			D	10-240-6210	1030.32	343.44

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	583	001	.06	.06	.06

SERVICE NO. / SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS 0029
230-17343	81.00	4.86	85.86		12	04			9	150R
230-17344	81.00	4.86	85.86		12	04			9	150R
230-18028	81.00	4.86	85.86		12	04			9	150R
230-19163	81.00	4.86	85.86		12	04			9	150R
TOTAL SERVICE SECTION	324.00	19.44	343.44							

NAME:
PHONE #:
COMMENTS:

MACHINE CONDITION & CLEANLINESS: GOOD ☑ POOR ☐
LAMP ASSEMBLY CONDITION: GOOD ☑ POOR ☐
DECALS IN PLACE AND LEGIBLE: YES ☑ NO ☐
FUSIBLE LINK INSTALLED: YES ☑ NO ☐
EMERGENCY CLOSING [illegible]: YES ☑ NO ☐
MACHINE PROPERLY GROUNDED: YES ☐ NO ☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE: YES ☐ NO ☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA: YES ☐ NO ☐

MONTHLY INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

WASTE FOR DISPOSAL ONLY — USER TRANSPORTER ID NO. FLD984908202 — GENERATOR ASSIGNED NO. — GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	12. CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	CONTAINER SIZE
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039,D006, D008,D018,D040)6.7LBS/GAL	4	DM	50	G	653	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.
☐ 0 TO 220 LBS/MONTH — INITIALS
☐ 220 LBS TO 2,200 LBS/MONTH — RSR — INITIALS
☐ GREATER THAN 2,200 LBS/MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
600 CENTRAL PARK DRIVE SANFORD FL 32771
USA EPA ID NO. FLD984171165
STATE ID NO.

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						

PAYMENT RECEIVED: CASH ☐ CHECK NUMBER | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS
INV. # AMOUNT $

PREVIOUS CREDIT CARD NO.
CREDIT CARD NO. EXP. DATE AMEX VISA MC
CONSUMER REFERENCE INFO (NUMERIC ONLY)

TOTAL PRODUCTS AMOUNT

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

"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."

TOTAL SERVICE AMOUNT (FROM ABOVE)	343.44
TOTAL DUE	343.44

Print Name: [illegible] X [illegible]
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

1000 North Randall Road
Elgin, Illinois 60123-7857

TRANSPORTER
407-321-6080 DAVE MATOUSEK
LDR NOT REQ'D 0-220 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
38	02	640396

MANIFEST NUMBER: XXXXX

3-130-01-1823-8
LYNX CORP
555 N MCGRUDER
ORLANDO FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
9-21-94	8800			D	10-240-6210	343.44	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NG	983	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS 0027
230-17343		81.00	4.86	85.86			04			9	150R
230-17344		81.00	4.86	85.86			04			9	150R
230-18028		81.00	4.86	85.86			04			9	150R
230-19163		81.00	4.86	85.86			04			9	150R
TOTAL SERVICE SECTION		324.00	19.44	343.44							

MACHINE CONDITION & CLEANLINESS: GOOD ☐ POOR ☐
LAMP ASSEMBLY CONDITION: ☐
DECALS IN PLACE AND LEGIBLE: YES ☐ NO ☐
RUBBER LINE INSTALLED: ☐
EMERGENCY CLOSING DEVICE UNDER: ☐
MODE PROPERLY GROUNDED: YES ☐ NO ☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE: ☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA: ☐

GENERATOR SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) → GENERATOR EPA I.D. NO. ILD984908202 GENERATOR STATE ID NO.

TRANSPORTER SECTION TRANSPORTER I.D. NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	12. CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	8K DOT NUMBER	CONTAINER SIZE
A. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039,D006, D008,D018,D040) 6.7LBS/GAL	4	DM	48	G	653	
B.						
C.						
D.						

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
0 TO 220 LBS/MONTH — INITIALS
220 LBS TO 2,200 LBS/MONTH — INITIALS
GREATER THAN 2,200 LBS/MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
600 CENTRAL PARK DRIVE SANFORD FL 32771
USA EPA ID NO. FLD984171165
STATE ID NO.

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						

PAYMENT INFORMATION
CASH ☐ TOTAL RECEIVED APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS
CHECK NUMBER INV. # AMOUNT $
PREVIOUS CREDIT CARD NO.
CREDIT CARD NO. AMEX VISA MC EXP. DATE
CONSUMER REFERENCE INFO (NUMERIC ONLY)

TOTAL PRODUCTS AMOUNT

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ON THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION SPECIFICALLY BEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

TOTAL SERVICE AMOUNT (FROM ABOVE) 343.44
TOTAL DUE 343.44

"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."

Print Name RAY MAK X [signature] GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CUSTOMER COPY

SERVICE AND SALES ACKNOWLEDGEMENT

PRINTED IN U.S.A. REV. 5/91

1000 North Randall Road
Elgin, Illinois 60123-7857

TRANSPORTER
407-321-6060 DAVE MATOUSEK
LDR NOT REQ'D 0-220 DP

SCHEDULED ... WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
34	10	359484

MANIFEST NUMBER: XXXXX

3-130-01-1823-3
LYNX CORP
555 N MCGRUDER
ORLANDO FL 32805

BILL TO:

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
8 25 94	8800			D	10-240-6210		

EASIER TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATORS/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	983	001	.06	.06	.06

	SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULED DATE (YY.WW)	INV. CODE	REMARKS 0323
1	230-17343		81.00	4.86	85.86			04			9	150R
2	230-17344		81.00	4.86	85.86			04			9	150R
3	230-18028		81.00	4.86	85.86			04			9	150R
4	230-19163		81.00	4.86	85.86			04			9	150R
5												
6												
7												
8												
9												
10												
11												
12												
	TOTAL SERVICE SECTION		324.00	19.44	343.44							

(PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

MACHINE CONDITION & CLEANLINESS — GOOD ☐ POOR ☐
LAMP ASSEMBLY CONDITION — ☐ ☐
DECALS IN PLACE AND LEGIBLE — YES ☐ NO ☐
FUSIBLE LINK INSTALLED — ☐ ☐
EMERGENCY CLOSING DEVICE — ☐ ☐
MACHINE PROPERLY GROUNDED — YES ☐ NO ☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE — ☐ ☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA — ☐ ☐

GENERATOR EPA ID NO.: ILD984908202

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	CONTAINER SIZE
A. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII(ERG#27) (D039,D006, D008,D018,D040)6.7LBS/GAL	4	DM	48	G	553	
B.						
C.						
D.						

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
0 TO 220 LBS./MONTH — INITIALS
220 LBS. TO 2,200 LBS./MONTH — INITIALS
GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS
SAFETY-KLEEN CORP.
600 CENTRAL PARK DRIVE SANFORD FL 32771
USA EPA ID NO. FLD984171165
STATE ID NO.

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						

CASH ☐ TOTAL RECEIVED
CHECK NUMBER
APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS
INV. # AMOUNT $

TOTAL PRODUCTS AMOUNT

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

TOTAL SERVICE AMOUNT (FROM ABOVE): 343.44
TOTAL DUE: 343.44

PREVIOUS CREDIT CARD NO.
CREDIT CARD NO. AMEX VISA MC EXP. DATE
CONSUMER REFERENCE INFO (NUMERIC ONLY)

"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."

Print Name: RAY MAKI X [signature]
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

IN THE EVENT OF AN EMERGENCY CALL ...

BRANCH - TSD
SERVICE AND SALES ACKNOWLEDGEMENT

1000 North Randall Road
Elgin, Illinois 60123-7857

TRANSPORTER
407-321-6080 BILL MUNIER
LDR NOT REQ'D D-220 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
30	10	070812

MANIFEST NUMBER: XXXXX

3-130-01-1823-8
LYNX CORP
555 N MCGRUDER
ORLANDO FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
7-25-94				D	10-240-6210		

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	983	001	.06	.06	.05

	SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS 0336
1	230-17343		81.00	4.86	85.86			04			9	150R
2	230-17344		81.00	4.86	85.86			04			9	150R
3	230-19028		81.00	4.86	85.86			04			9	150R
4	230-19163		81.00	4.86	85.86			04			9	150R
5												
6												
7												
8												
9												
10												
11												
12	TOTAL SERVICE SECTION		324.00	19.44	343.44							

MACHINE CONDITION & CLEANLINESS: GOOD ☐ POOR ☐
LAMP ASSEMBLY CONDITION: ☐ ☐
DECALS IN PLACE AND LEGIBLE: YES ☐ NO ☐
FUSIBLE LINK INSTALLED: ☐ ☐
EMERGENCY CLOSING DEVICE INSTALLED: ☐ ☐
MACHINE PROPERLY GROUNDED: YES ☐ NO ☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE: ☐ ☐
PRINT SOLVENT MEETS ACCEPTANCE CRITERIA: ☐ ☐

WASTE DESCRIPTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

MANIFEST NO. FLD984908202 GENERATOR'S/OFFSITE ID NO.

WASTE DESCRIPTION SECTION — TRANSPORTER 1 COMPANY NAME: SAFETY-KLEEN CORP. STATE ID NO.

	11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	15K DOT NUMBER	CONTAINER SIZE
A.	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII(ERG#27) (.0006,.0008, .0018,.0039,.0040)6.7LBS/GAL	4	DM	1.8	G	653	
B.							
C.							
D.							

CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
0 TO 220 LBS/MONTH — INITIALS
220 LBS. TO 2,200 LBS/MONTH — INITIALS DR
GREATER THAN 2,200 LBS/MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
600 CENTRAL PARK DRIVE SANFORD FL 32771
USA EPA ID NO. FLD984171165
STATE ID NO.

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						

PAYMENT SECTION
CASH ☐ CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS
INV. # AMOUNT $
PREVIOUS CREDIT CARD NO.
CREDIT CARD NO. AMEX VISA MC EXP. DATE
CONSUMER REFERENCE INFO (NUMERIC ONLY)

TOTAL PRODUCTS AMOUNT

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

TOTAL SERVICE AMOUNT (FROM ABOVE)
TOTAL DUE 34344

"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."

Print Name Don Baker
X
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

BRANCH COPY

SERVICE AND SALES ACKNOWLEDGEMENT

1000 North Randall Road
Elgin, Illinois 60123-7857

TRANSPORTER
407-321-6020 BILL MUNIER
LDR NOT REQ'D 0-220 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
26	10	768560

SCHEDULED SERVICE DAY	
	XXXXX

GENERATOR
3-130-01-1823-8
LYNX CORP
555 N MCGRUDER
ORLANDO FL 32805

BILL TO

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
7-1-94	8800			D	10-240-6210		

GENERATOR SIZE TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
.07	NO		407-841-2279	NO	983	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULED DATE (DT YWD)	SOLVENT CLEAN	SOLVENT SPENT	ENV. CODE	REMARKS 0272
230-17343		81.00	4.86	85.86	04			XXXXX		9	150R /2
230-17344		81.00	4.86	85.86	04			XXXXX		9	150R /2
230-18028		81.00	4.86	85.86	04			XXXXX		9	150R /2
230-19163		81.00	4.86	85.86	04			XXXXX		9	150R /2
TOTAL SERVICE SECTION		324.00	19.44	343.44							

MACHINE CONDITION & CLEANLINESS: GOOD ☐ POOR ☐
LUMP ASSEMBLY CONDITION: ☐ ☐
DECALS IN PLACE AND LEGIBLE: YES ☐ NO ☐
RESILIENT INSTALLED: ☐ ☐
EMERGENCY CLOSING OF LID UNDERSTOOD: ☐ ☐
MACHINE PROPERLY GROUNDED: YES ☐ NO ☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE: ☐ ☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA: ☐ ☐

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

WASTE INFORMATION SECTION

USEPA TRANSPORTER ID NO.: ILD984908202
GENERATOR USEPA ID NO.:
GENERATOR STATE ID NO.:

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	CONTAINERS NO.	CONTAINERS TYPE	TOTAL QUANTITY	UNIT WT./VOL.	8K DOT NUMBER
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII(ERG#27) (D006,D008, D018,D039,D040)6.7LBS/GAL	4	DM	48	G	653

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

1 TO 220 LBS./MONTH — INITIALS
220 LBS. TO 2,200 LBS./MONTH — INITIALS
GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
600 CENTRAL PARK DRIVE SANFORD FL 32771
USA EPA ID NO.: FLD984171165
STATE ID NO.:

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRICE	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐ | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS
CHECK NUMBER
INV. # _____ AMOUNT $_____
INV. # _____ AMOUNT $_____
INV. # _____ AMOUNT $_____

IN THE EVENT OF AN EMERGENCY CALL 1-708-588-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)	343.44
TOTAL DUE	343.44

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEYS FEES.

"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."

X _____ Date _____ Print Name RAY MAKI

GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

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