IMAGE QUALITY

AS YOU VIEW THE FOLLOWING DOCUMENT, PLEASE NOTE THAT PORTIONS OF THE ORIGINAL WERE OF POOR QUALITY

[redacted]

81233-R3825 SAFETY-KLEEN CORP. PAGE 63
307901 JACKSONVILLE FACILITY OPERATING LOG RUN DATE 01/04/94
FRS01 PRIMARY FRS STORAGE AREA PERIOD 13 TO DATE LOGGED: 12-05-1993 THRU 01-01-1994
HANDLING CODE: S01

DATE RECD	CONTAINER#	GENERATOR NAME	GENERATOR NUMBER	INBOUND MANIFEST	DATE SHIPPED	OUTBOUND MANIFEST	OUTBOUND LOCATION	ACTUAL WT/GAL	CONT TYPE
120393	312070007541	GEORGIA PACIFIC CORP	3079019416	M19558	122193	M19558	630	317.00 W	DM
120393	312070007565	GEORGIA PACIFIC CORP	3079019416	M19558	122193	M19558	630	317.00 W	DM
120693	312130012819	GEORGIA PACIFIC CORP	3079019416	19588	120893	19588	630	317.00 W	DM
120693	312130012846	GEORGIA PACIFIC CORP	3079019416	19588	120893	19588	630	317.00 W	DM

* SK/DOT 0001038 RQ WASTE PETROLEUM OIL D001
3 UN1270 PG III

DOCKET # 94-1DD

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803) 253-6488

3-079-01

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: G A D 0 0 4 0 5 3 4 8 4
MANIFEST DOCUMENT NO.: 1 9 5 5 9
2. Page 1 of 1
Information in the shaded areas not required by Federal law, but by State law.

3. Generator's Name and Mailing Address
GEORGIA PACIFIC CORP
PO BOX 1397
BRUNSWICK GA 31521
GEORGE RUEHLING GYPSUM

4. Generator's Phone (912) 265-1700

5. Transporter 1 Company Name: SAFETY-KLEEN CORP.
6. US EPA ID Number: I L D 9 8 4 9 0 8 2 0 2

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

9. Designated Facility Name and Site Address
SAFETY-KLEEN CORP.
130-A FRONTAGE ROAD
LEXINGTON, SC 29073
10. US EPA ID Number: 0-006-30
S C D 0 7 7 9 9 5 4 8 8

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. RQ Hazardous Waste, Solid N.O.S. 9NA3077 PG III (D018) (ERG #31)	001	DM	1 BBB	P
b.				
c.				
d.				

12. Additional Descriptions for Materials Listed Above
SKLSN180(9024)

15. Special Handling Instructions and Additional Information
0000 61836193 000000 3-079-01-9416
EMERGENCY RESP#708-888-4660 24HR IF UNDELIVERABLE RETURN TO GENERATOR
IIA CONTROL # 0174658-7 SKDOT# A: 1331 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, mar and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and the laws of the State of South Caro

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	Date (Month Day Y)
Susan Wood		12 06 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Y)
Paul Williams		12 06 9

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Y)

FACILITY

19. Discrepancy Indication Space
IT CAME 12 BBLS DM
19 READ P
I. D018
J. SKS7480024
IS NOW IIA CONTROL 0174658-7
SK DOT # 1331 MV
a. lbs. c. lbs.
b. lbs. d. lbs.

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 Y)

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803) 253-6488

3-079-01

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: GAD004053484 | MANIFEST DOCUMENT NO.: 119515 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but is by State law.

3. Generator's Name and Mailing Address
GEORGIA PACIFIC CORP
PO BOX 1397
BRUNSWICK GA 31521
GEORGE RUEHLING GYPSUM

4. Generator's Phone (912) 265-1700

5. Transporter 1 Company Name: SAFETY-KLEEN CORP. | 6. US EPA ID Number: ILD984908202

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

9. Designated Facility Name and Site Address
SAFETY-KLEEN CORP.
130-A FRONTAGE ROAD
LEXINGTON, SC 29073
10. US EPA ID Number: 0-006-30 | SCD077995488

A. State Manifest Document Number
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone 803-356-4061
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone 803-356-4061

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. RQ HAZARDOUS WASTE, SOLID N.O.S. 9NA3077 PG III (D018) (ERG #31)	01011		13813	
b.				
c.				
d.				

GENERATOR

J. Additional Descriptions for Materials Listed Above | K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
0000 61836193 000000 3-079-01-9416
EMERGENCY RESP#708-888-4660 24HR IF UNDELIVERABLE RETURN TO GENERATOR
11A CONTROL #0174658-7 SKDOT# A: 1331 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 and the laws of the State of South Carolina.

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: Susan Wood | Signature | Date: Month 12 Day 16 Year 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Paul Ullmann | Signature | Date: Month 12 Day 16 Year 93

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

FACILITY

19. Discrepancy Indication Space
a. lbs. c. lbs.
b. lbs. d. lbs.

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

EPA Form 8700-22 (REV. 9/88) Previous Editions are Obsolete (DHEC 1988 REV. 5/89)

1-TSD-TO SOUTH CAROLINA

80918 - R2270 (RUN 06/04/93)

SAFETY-KLEEN CORP.

PREQUALIFICATION EVALUATION
MANIFESTING INFORMATION

REVISED : 06/03/93

FLUID RECOVERY
GEORGIA PACIFIC

CONTROL#: 0174658-7
SAMPLE# : 314981

REQUIRED MANIFEST FORM: UNIFORM

Safety-Kleen Corp. provides this manifesting information for instructional purposes only. All the information is believed to be accurate, but is known to be incomplete. Federal and State regulations and the instructions on the manifest form should be consulted for complete information. In addition, certain variations may be allowed by regulations, but need to be approved by a Safety-Kleen representative prior to shipment.

UNIFORM HAZARDOUS WASTE MANIFEST	1. GENERATOR US EPA NO. GAD004053484	DOCUMENT NO.	2. PAGE	UNDERLINED AREAS ARE REQUIRED
3. GENERATOR NAME AND MAILING ADDRESS GEORGIA PACIFIC FOOT OF UNION BRUNSWICK GA 31521			A. STATE MANIFEST DOCUMENT NUMBER B. STATE GENERATORS ID	
4. GENERATOR PHONE (912) 265-1700				
5. TRANSPORTER 1 COMPANY NAME SAFETY-KLEEN CORP.	6. US EPA ID NUMBER		C. STATE TRANS ID D. TRANSPORTER PHONE - -	
7. TRANSPORTER 2 COMPANY NAME	8. US EPA ID NUMBER		E. STATE TRANS ID F. TRANSPORTER PHONE - -	
9. FACILITY NAME AND SITE ADDRESS SAFETY-KLEEN CORP STATE HWY 146 NEW CASTLE KY 40050	10. US EPA ID NUMBER KYD053348108		G. FACILITY STATE ID H. FACILITY PHONE 502-845-2453	

11. US DOT DESCRIPTION (INCLUDING ALL PARTS REQUIRED BY US DOT)	CONTAINER	I. WASTE NO
a. RQ HAZARDOUS WASTE, SOLID, N.O.S. 9 NA3077 PG III (D018)(ERG#31)	DRUM OR BULK	D018
b. PROPER SHIPPING DESCRIPTION WAS BASED ON SURVEY INFORMATION RATHER THAN ANALYSIS. SEE COMMENTS FOR DETAILS AND NOTICES.	NOT FOR MANIFEST	

J. ADDITIONAL DESCRIPTION FOR MATERIALS LISTED ABOVE	K. HANDLING CODES FOR WASTES ABOVE
SK-57480-0024. LG	S01/S02/T50

15. SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION

CONTROL NO 0174658-7 SAMPLE NO 314981 CUSTOMER NUMBER 3-079-01-9416 -FOR ALL SAFETY-KLEEN SHIPMENTS

EMERG RESP# 708-888-4660 24 HR

SK-DOT NUMBERS A: 0001331 B: 0000887

NO NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE REQUIREMENT CAN BE DETERMINED FROM THIS ANALYSIS

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

Form Approved. OMB No. 2050-0039. Expires 9-30-94

WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
GAD004053484	19558		

3. Generator's Name and Mailing Address
GEORGIA PACIFIC CORP.
GYPSUM PO BOX 1397
BRUNSWICK, GA 31521

4. Generator's Phone (904) 265-1700

5. Transporter 1 Company Name	6. US EPA ID Number
SAFETY-KLEEN CORP.	ILD984908202
7. Transporter 2 Company Name	8. US EPA ID Number

9. Designated Facility Name and Site Address	10. US EPA ID Number
SAFETY-KLEEN CORP 130 A Frontage Rd ~~STATE HWY 146~~ Lwd - S.C. 29073 Lexington, ~~NEW CASTLE, KY 40050~~	SCD077995488 ~~KYD053348198~~

A. State Manifest Document Number
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone 904-264-2607
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone 803-356-4061
502-845-2453

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL (NOT USDOT HAZARDOUS MATERIAL)		2	DM	634	P	NONE
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESP# 1(708)888-4660 3-079-01-9416
11A. CONTROL #0146710-3 SK# 1038 24 HRS. PP# M19558

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	Signature	Date (Month Day Year)
SUSAN Ward	Susan Ward	12 16 93

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
PAUL ULLMANN		12 16 93

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	Signature	Date (Month Day Year)

GENERATOR / TRANSPORTER / FACILITY

EPA Form 8700-22 (Rev. 9-88) previous editions obsolete

SAFETY-KLEEN CORP.
90290

ORIGINAL-RETURN TO GENERATOR

BRANCH COPY

safety-kleen

1000 Randall Road
Elgin, Illinois 60123

WE CARE

N-S 05106-0408 FED. ID NO. 39-6090019

MANUAL ORDER FORM

M 19558

MANIFEST NUMBER 19558

GENERATOR

3019-01-9416
CUSTOMER NUMBER

Georgia Pacific Gypsum
NAME

Foot of Union ST
ADDRESS

Brunswick, GA.
CITY/STATE ZIP

BILL TO

19559
CUSTOMER NUMBER

NAME

ADDRESS

CITY/STATE ZIP

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	CUSTOMER P.O. NUMBER	SALES TAX EXEMPTION NO.	SERV. TAX %	C.O.M.S. TAX %	PROD. TAX %	SVC P/S	PROD. P/S
12-6-93	8275								

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM (WEEKS)	CHANGE SERVICE TO (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS
020-88888								
TOTAL SERVICE SECTION				GENERATOR US EPA ID NO.		GENERATOR STATE ID NO.		

USED MANUAL ORDER BECAUSE:

- ☐ PRE-PRINT MISPLACED
- ☐ PRE-PRINT NOT RECEIVED
- ☐ CUSTOMER REQUESTED EARLY SERVICE
- ☐ SCHEDULING REALIGNMENT
- ☐ CUSTOMER NEEDED PRODUCT
- ☐ _____

OTHER - EXPLAIN

SPENT SOLVENT MEETS ACCEPTANCE CRITERIA YES ☐ NO ☐

HAZARDOUS WASTE INFORMATION

CONTAINERS					"This is to certify that the below-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."	
PAILS NO. DM	SSPW TANKS DF	16 GAL NO. DM	30 GAL NO. DM	TOTAL LBS. OR GAL	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	USEPA TRANSPORTER ID #ILD051060408
					(Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27)	SSPW AND/OR 16 GAL. DRUMS
					RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, DO39) (ERG #27)	30 GAL. DRUMS
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60)	PRODUCT NO. 699

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:

USA EPA ID No.

STATE ID No.

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	DEALER PRICE	UNIT OF MEASURE	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
8830	40Lb Absorbant	☐	11.00	EA	9	99.00	—	99.00
83392	Corn Cob	☐	273.00	EA	6	1638.00	—	1638.00
	Service	☐						
8210	Waste Oil	☐	180.00	EA	2	360.00	—	360.00
8211	Absorbant Booms	☐	582.40	EA	1	582.40	—	582.40
	TOTAL PRODUCT AMOUNTS							

PAYMENT RECEIVED SECTION

CASH ☐

CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:

- ☐ TODAYS SERVICE/SALE
- ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

INV. # _____ AMOUNT $ _____

TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE 2679.40

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.

INVOICES ARE SUBJECT TO AN INTEREST CHARGE OF THE LESSER 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.

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

IN EVENT OF EMERGENCY CALL 1-708-888-4660 (24 hours)

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

X Susan Wood
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

PRINT NAME Susan Wood

PART NO. 1322 (REV. 5/93)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. GA0004053484 — Manifest Document No. 19558
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
GEORGIA PACIFIC CORP.
GYPSUM PO BOX 1397
BRUNSWICK, GA 31521

4. Generator's Phone (904) 265-1700

A. State Manifest Document Number
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone 904-264-2607
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone 803 356-4061

5. Transporter 1 Company Name: SAFETY-KLEEN CORP. — 6. US EPA ID Number: TND984908202
7. Transporter 2 Company Name — 8. US EPA ID Number

9. Designated Facility Name and Site Address: SAFETY-KLEEN CORP. 130A Frontage Rd. Lexington, S.C. 29073 — 10. US EPA ID Number: SCD077995488

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	J. Waste No.
a. WASTE OIL (NOT USDOT HAZARDOUS MATERIAL)		2	DM	634	P	NONE
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESP# 1(708)888-4660 3-079-01-9416
11A. CONTROL #0146710-3 SK# [illegible] 24 HRS. PP# M14553

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)
Susan Ward	Susan Ward	1 7 6 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
PAUL LUHMANN	[signature]	1 7 6 93

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (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	Date (Month Day Year)
JEFF TOLLE	[signature]	1 2 [illegible]

EPA Form 8700-22 (Rev. 9-88) previous editions obsolete

SAFETY-KLEEN CORP.

90290

6

safety-kleen®

DAILY BRANCH MANAGER CONTROL SHEET

TRUCK NUMBER	90394
STARTING MILES	68403
ENDING MILES	68484
BIM / BAM	3015

OIL SERVICE INVENTORY CONTROL

UNLOADING TANK	RECEIVING REPORT	SHIPPING REPORT	GAUGE BEFORE	GAUGE AFTER	GALLONS RECEIVED	DATE UNLOADED	GALLONS TO START

BRANCH	3-079-01
BRANCH MGR	3360
SALES REP	4059
DAILY DATE	120393

SALESMAN NAME: Shawn Peacock HOURS: 10

CUSTOMER NAME & ADDRESS	CUST. NO.	DOCUMENT NUMBER	SALES / SERVICE AMOUNT CASH	SALES / SERVICE AMOUNT CHECK	SALES / SERVICE AMOUNT CHARGED ACCOUNT	PAYMENT ON ACCOUNT CASH	PAYMENT ON ACCOUNT CHECK	ALLIED QTY	WASTE DRUMS	OIL SERVICE GALLONS	S	P	C	OTHER (SPECIFY)
Florida Rock	7516	428615			80.03				1	16	✓			
Su[illegible]her INTL	8080	428627			531.88				8	71	✓			1-3-12.9
INO MAR	1104	428385			112.36				1	15	✓			
GE Apparatus	2653	428466			90.63				1	6	✓			
Anheuser Busch Inc	8431	428655			571.87				7	89	✓			
Gulf Tech	9379	M-61233			1547.00			4	4		✓			
Balderson	2626	428463												VoD
Jefferson Smurfit	7137	428604												VoD sulweek47
COMMENTS: TR-2933.77		TOTALS			2933.77				22		COMMENTS			

FOR BRANCH AUTOMATION DAILY FAST USE ONLY

DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS	DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS	DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS	DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS

1. BE SURE DOCUMENT NUMBER AND AMOUNT ARE CORRECT.
2. TOTAL ALL CASH AND CHECKS RECEIVED. WRITE IN AMOUNT AND SIGN.
3. ATTACH ALL DOCUMENTS AND MAIL COPIES 1 & 2 TO ELGIN DAILY.
4. USE LAST PLY FOR BRANCH BILLED CUSTOMERS.

MONIES SUBMITTED TO BRANCH MANAGER

$ Ø
AMOUNT SALES REP. SIGNATURE

MONIES RECEIVED FROM SALES REP. AS INDICATED

$ ____
BRANCH MGR. SIGNATURE

BRANCH MANAGER

PART NO. 1333 (4 PLY) 4/93

safety-kleen

DAILY BRANCH MANAGER CONTROL SHEET

TRUCK NUMBER: 90386
STARTING MILES: 52374
ENDING MILES: 52484
BIM / BAM: 30/15

BRANCH: 3679-01
BRANCH MGR: 3360
SALES REP: 8275
DAILY DATE: 12/06/93

OIL SERVICE INVENTORY CONTROL

UNLOADING TANK	RECEIVING REPORT	SHIPPING REPORT	GAUGE BEFORE	GAUGE AFTER	GALLONS RECEIVED	DATE UNLOADED	GALLONS TO START

SALESMAN NAME: Paul Ullmann
HOURS: 7:00 - 5:00

CUSTOMER NAME & ADDRESS	CUST. NO.	DOCUMENT NUMBER	SALES / SERVICE AMOUNT CASH	SALES / SERVICE AMOUNT CHECK	SALES / SERVICE AMOUNT CHARGED ACCOUNT	PAYMENT ON ACCOUNT CASH	PAYMENT ON ACCOUNT CHECK	ALLIED QTY	WASTE DRUMS	OIL SERVICE GALLONS	TYPE OF CALL S	P	C	OTHER (SPECIFY)
A-1 Texaco	2811	508930	59.89						1	6	X			
Military Affairs	3221	428523			52.20				1	16	X			
Sebastian Marina	2430	428441		95.67	~~95.67~~				1	10	X			
Wilson Chevy	2735	M61178			73.14				1	5	X			
OMS Armory	3005	428496			148.50				2	32	X			
Marsh Creek	2551	428452			—				—	—				Void
Corys Svc	7118	428602			71.55				1	7	X			
David Dobbs	8329	428645			130.65				1	16	X			
First City Cycles	257A	428457			95.86				1	16	X			
Burkhart	6209	428591			177.47				1	6	X			
Tensolite	4224	428550			274.54				3	39	X			

COMMENTS: Total Rev - 1119.47

TOTALS: 59.89 | 95.67 | 963.91 | | | | 13 | |

COMMENTS

FOR BRANCH AUTOMATION DAILY FAST USE ONLY

DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS	DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS	DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS	DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS

1. BE SURE DOCUMENT NUMBER AND AMOUNT ARE CORRECT.
2. TOTAL ALL CASH AND CHECKS RECEIVED. WRITE IN AMOUNT AND SIGN.
3. ATTACH ALL DOCUMENTS AND MAIL COPIES 1 & 2 TO ELGIN DAILY.
4. USE LAST PLY FOR BRANCH BILLED CUSTOMERS.

MONIES SUBMITTED TO BRANCH MANAGER
$ _____ AMOUNT _____ SALES REP. SIGNATURE

MONIES RECEIVED FROM SALES REP. AS INDICATED
$ DC _____ BRANCH MGR. SIGNATURE

BRANCH MANAGER

PART NO. 1333 (4 PLY) 4/93

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safety-kleen

DAILY BRANCH MANAGER CONTROL SHEET

TRUCK NUMBER: 5121

STARTING MILES: 96121

ENDING MILES: 96329

BIM / BAM: 3015

BRANCH: 3079 01

BRANCH NO: 3360

SALES REP: 8275

DAILY DATE: 12/03/93

OIL SERVICE INVENTORY CONTROL

UNLOADING TANK	RECEIVING REPORT	SHIPPING REPORT	GAUGE BEFORE	GAUGE AFTER	GALLONS RECEIVED	DATE UNLOADED	GALLONS TO START

SALESMAN NAME: Paul Ullmann

HOURS: 7:00 - 5:00

CUSTOMER NAME & ADDRESS	CUST NO.	DOCUMENT NUMBER	SALES / SERVICE AMOUNT CASH	SALES / SERVICE AMOUNT CHECK	SALES / SERVICE AMOUNT CHARGED ACCOUNT	PAYMENT ON ACCOUNT CASH	PAYMENT ON ACCOUNT CHECK	ALLIED QTY.	WASTE DRUMS	OIL SERVICE GALLONS	TYPE OF CALL S	P	C	OTHER (SPECIFY)
Brunswick News	9330	428646			193.99				1	24	X			
eld Printing	2867	508934			—									Void Suc Prior
Hercules	5212	509026			—									Void
Regan Printing	1024	428378		100.01					1	8	X			
Georgia Pac. Gypsum	9416	M19558			2679.40			18	3					
TOTALS				100.01	2873.39									

COMMENTS: Total Rev - 2973.40

COMMENTS

FOR BRANCH AUTOMATION DAILY FAST USE ONLY

DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS	DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS	DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS	DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS

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4. USE LAST PLY FOR BRANCH BILLED CUSTOMERS.

MONIES SUBMITTED TO BRANCH MANAGER

$ _____ AMOUNT _____ SALES REP. SIGNATURE

MONIES RECEIVED FROM SALES REP. AS INDICATED

$ _____ BRANCH MGR. SIGNATURE

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BRANCH MANAGER

PART NO. 1333 (4 PLY) 4/93

safety-kleen

DAILY BRANCH M

TRUCK NUMBER: 90394
STARTING MILES: 68487
ENDING MILES: 68599
BIM / BAM: 3015

OIL SERVI

UNLOADING TANK	RECEIVING REPORT	SHIPPING REPORT	G 8E

BRANCH: 3-079-01
BRANCH MGR: 3360
SALES REP: 4059
DAILY DATE: 12/06/93

SALESMAN NAME: Shawn Peacock

SIGNATURE
9039

LIC/PIN
GATE STATION #134 414201
7023 103RD STREET 1130
JACKSONVILL FL 32210
PR3100761250120090000EXP 9506
12/06/93 12:35 028217001 332190

GALS	PRICE	FUEL TOT
0031.6	1.049R	33.17
		TOTAL
		33.17

APPROVED 431407

CUSTOMER NAME & ADDRESS	CUST NO	DOCUMENT NUMBER	SALES / SERVICE AM CASH	CHECK						TYPE OF CALL S	P	C	OTHER (SPECIFY)
BF Goodrich	9018	509163							5	/			
J erson Smurfit	2079	509056								/			
Packing Corp of Americ	6166	509046								/			
Naegele Signs	4092	508998							5	/			
Bratton Machine	1674	508862							2	/			
Florida Lock + Tank	4029	508994							4	/			
COMMENTS TR-839.68		TOTALS			83968			9					COMMENTS

FOR BRANCH AUTOMATION DAILY FAST USE ONLY

DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS	DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS	DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS	DOCUMENT NUMBER	CHARGED AMOUNT	WASTE DRUMS

1. BE SURE DOCUMENT NUMBER AND AMOUNT ARE CORRECT.
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3. ATTACH ALL DOCUMENTS AND MAIL COPIES 1 & 2 TO ELGIN DAILY.
4. USE LAST PLY FOR BRANCH BILLED CUSTOMERS.

MONIES SUBMITTED TO BRANCH MANAGER
$ 0 AMOUNT
SALES REP. SIGNATURE

MONIES RECEIVED FROM SALES REP. AS INDICATED
$
BRANCH MGR. SIGNATURE

printed on recycled paper

BRANCH MANAGER

PART NO. 1333 (4 PLY) 4/93