

IMAGE QUALITY

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



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-6200
Emergency & Holidays: (803) 253-6488

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

Form Approved OMB No. 2050-0038, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. F I D 0 5 5 5 8 0 8 8 0		MANIFEST DOCUMENT NO. 79303		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 JERRY HAMM CHEVROLET 2600 PHILLIPS HWY JACKSONVILLE, FL. 32207		4. Generator's Phone 904 798-3036		5. Transporter 1 Company Name SAFETY-KLEEN CORP.		6. US EPA ID Number I L D 0 9 1 0 5 0 4 0 8		7. Transporter 2 Company Name	
8. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 130-A FRONTAGE ROAD LEXINGTON, SC 29072		9. US EPA ID Number S C D 0 7 7 9 9 5 4 8 8		10. US EPA ID Number		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) NO WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID UN1263 (P003) (ERG#26)		12. Containers No. Type 2 D M	
13. Total Quantity Kilo		14. Unit P		15. Special Handling Instructions and Additional Information DOCKET # 94-1C		16. Emergency Response EMERGENCY RESP# 1-(708)-888-4660 24HR. 3-079-01-4125 11a CONTROL# 0052705-9 SK# 1166 47976125		17. 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.	
18. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name M. C. MOORE		Signature M. C. Moore		Date 1/11/94		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	



Form Approved OMB No. 2050-0039, Expires 30-92

EPA Form #700-22 (REV. 9/88) Previous Editions are Obsolete (DHEC 1988 REV. 5/89)



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-3200
Emergency & Holidays: (803) 253-6488

Please print or type. (Form designed for use on 8 1/2" (12" x 6") typewriter.)

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

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's EPA ID No.

Manifest Document No.

Page 1

Information in the shaded areas
not required by Federal law, but
by State law.

3. Generator's Name and Mailing Address

Hercules
590 Patton Rd.
Storke, FL 32201

4. Generator's Phone

(904) 774-4052

5. Transporter 1: Company Name

Safety Klean

US EPA ID Number

71100510604018

6. Transporter 2: Company Name

US EPA ID Number

9. Designated Facility Name and Site Address

Safety Klean
30 S. Frontage Rd.
Lexington, SC 29072

US EPA ID Number

13101073995488

10. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

10. Waste Compound Cleaning Liquid
Corrosive Liquid NA 1703
(DOD) (ERG# 3)

12. Containers

No. Type

13. Total Quantity

14. Unit Wt/Yol

No.	Type	Total Quantity	Unit Wt/Yol
18	55 gal	18	55 gal

15. Special Handling Instructions and Additional Information

EMERGENCY RESP# 1-(708)-888-4660 24HR. 3-879-01-8517
SC DEHA Control # 0094013-2 SK# 1147 PP# M13754

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

PETE RICHARDSON

Signature

Pete Richardson

Month Day Year

01 31 1994

17. Transporter 1: Acknowledgement of Receipt of Materials

Printed/Typed Name

Duane Hall

Signature

Duane Hall

Month Day Year

02 22 1994

18. Transporter 2: Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.

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

Month Day Year

CALL Check
DATE

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2800 Bull Street, Columbia, SC 29201
Phone: (803) 734-6800
Emergency & Holidays: (803) 253-0488

28151

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

Form Approved OMB No. 2050-0039. Expires 6-30-

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. | MANIFEST DOCUMENT NO. | 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
ANDERSON COLUMBIA CO. INC.
GUERDON ROAD
LAKE CITY, FL 32055 | | 21100321411555 | 980413 | | |
| 4. Generator's Phone (904) 752-7555 | | 5. Transporter 1 Company Name
SAFETY-KLEEN CORP. | | 6. US EPA ID Number
110954908702 | |
| 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
SCD077995488 | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Container No. | Type | Total Quantity | 13. Unit Vol. |
| WASTE 1,1,1-TRICHLOROETHANE
6.1 UN2831 PG III 9F002) (ERG#74) | | 001 | DM | 20595 | |
| 14. Additional Descriptions (If Materials Listed Above are Not Fully Described) | | | | | |
| 15. Special Handling Instructions and Additional Information | | | | | |
| EMERGENCY RESP# 1-(708)-886-4660 24HR. 3-079-01-9971 | | | | | |
| 11A. CONTROL #0065086-1 SK# 0513 VPI 690043 | | | | | |
| 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
ALGIE THOMPSON | | Signature
[Signature] | | Month Day Year
10 28 1993 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name
Dianne Hall | | Signature
[Signature] | | Month Day Year
10 28 1993 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | | Signature | | 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 | | Month Day Year | |