

P 520 285 947

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

*U.S.G.P.O. 1989-234-555

 June 1985

| | |
|---|---|
| Sent to Mr. Russ Giambrone | |
| Street and No. Safety Kleen Corp. | |
| P.O., State and ZIP Code | |
| Postage | S |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt showing to whom and Date Delivered | |
| Return Receipt showing to whom, Date, and Address of Delivery | |
| TOTAL Postage and Fees | S |

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Mr. Russ Giambrone, Branch Mgr.
Safety Kleen Corporation
161 Industrial Loop South
Orange Park, FL 32075

4. Article Number

P 520 285 947

Type of Service:

- Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

5. Signature - Addressee

X

6. Signature - Agent

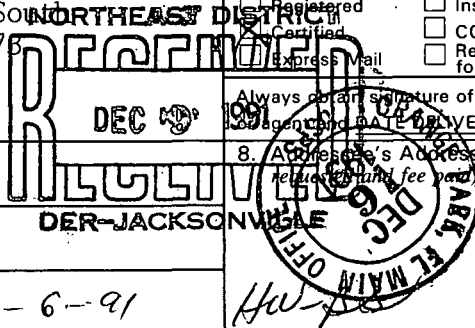
X

7. Date of Delivery

Log 12-6-91

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if return receipt fee paid)



UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS



SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

RETURN
TO



Print Sender's name, address, and ZIP Code in the space below.

STATE OF FLORIDA
~~DEPARTMENT OF ENVIRONMENTAL REGULATION~~
NORTHEAST DISTRICT
~~7825 BAYMEADOWS WAY, SUITE B-200~~
~~JACKSONVILLE, FLORIDA 32256-7577~~

DEPARTMENT OF ENVIRONMENTAL REGULATION

To: file
To: _____
To: _____
To: _____

INTEROFFICE MEMORANDUM

NORTHEAST DISTRICT - JACKSONVILLE

*TO: Don Trussell, Hazardous Waste Section, Tallahassee

THROUGH: Ashwin B. Patel *ppp*
Vicky G. Valade *VW*

FROM: Herb Collado *HC*

DATE: October 30, 1991

SUBJECT: Safety Kleen Corporation
Hazardous Waste Inspection of October 22, 1991
Clay ~~Deval~~ County - FLD 980 847 214

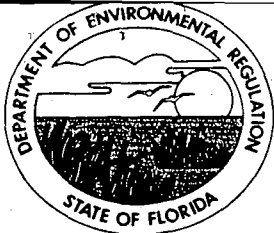
Attached is subject inspection report.

* Land Ban

HC:ps

Attachments

DOCKET # 6



Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

December 5, 1991

CERTIFIED MAIL - RETURN RECEIPT

Mr. Russ Giambrone, Branch Manager
Safety Kleen Corporation
161 Industrial Loop South
Orange Park, Florida

Dear Mr. Giambrone:

Warning Letter No. WL91-0285HW10NED
Class II Hazardous Waste Violations
DER/EPA ID FLD Non-Notifier
Clay County - Hazardous Waste

A hazardous waste compliance inspection was conducted at your facility on October 22, 1991. This inspection was conducted under the authority of Section 403.091, Florida Statutes, and Chapter 403, Part IV, Florida Statutes, in order to determine the compliance status of your facility with Title 40 Code of Federal Regulations Parts 260 through 268, as adopted in Florida Administrative Code Chapter 17-730.

During this inspection, possible violations of rules regarding hazardous waste management were noted. These possible violations are described in the "Summary of Violations" section of the attached inspection report.

You are requested to contact Herb Collado of this office at (904) 448-4320 within 10 calendar days of receipt of this Warning Letter to arrange a meeting with Department personnel to discuss the issues raised in this Warning Letter. You may wish to consult an attorney and to have the attorney attend the meeting with the Department.

PLEASE BE ADVISED that this Warning Letter is part of an agency investigation preliminary to agency action in accordance with Section 120.57(4), Florida Statutes. The purpose of this letter is to advise you of potential violations and to set up a meeting to discuss possible resolutions to any potential violations that may have occurred for which you may be responsible. If after

Administration 448-4300
Air 448-4310
Waste Management 448-4320

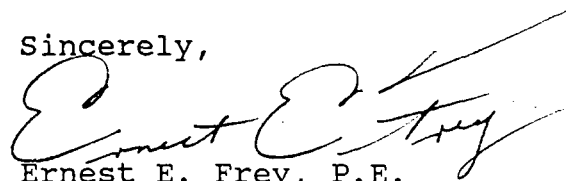


Water Facilities 448-4330
Water Management 448-4340
FAX 448-4366

further investigation, the Department determines that the violations occurred you may resolve the violations by correcting the violations or, in some cases, by providing an acceptable time schedule within which the violations will be corrected.

Failure to respond in writing in 10 days may result in the initiation of a formal administrative enforcement proceedings through the issuance of a Notice of Violation and the assessment of penalties. If the Department issues a Notice of Violation, and you are named as a party, you will be informed of your rights to contest any determination made by the Department in the Notice of Violation.

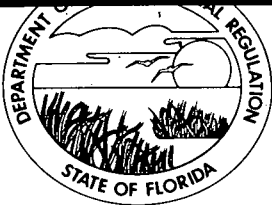
Sincerely,



Ernest E. Frey, P.E.
Director of District Management

VW
EF:HC:ps

Enclosure



Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

HAZARDOUS WASTE INSPECTION REPORT

1. INSPECTION REPORT COMPLAINT ROUTINE FOLLOW-UP PERMITTING
FACILITY NAME Safety Kleen Corporation DER/EPA ID FLD 980 847 214
STREET ADDRESS 161 Industrial Loop South, Orange Park, FL 32073
MAILING ADDRESS Same
COUNTY Clay PHONE (904) 264-2607 DATE 10/22/91 TIME 10:00 AM

TYPE OF FACILITY:

Generator Status

Conditionally Exempt
 Small Quantity
 Generator
(100-1000 kg/month)
 Generator (>1000kg/mo)
 Non-Handler

Storage

Container
 Tank
 Waste Pile
 Surface Impoundment

Treatment

Tank
 Land Treatment
 Thermal
 Chem/Phys/Bio.
 Incinerator
 Surface Impoundment

Transporter

Transporter
 Transfer Facility

Disposal

Landfill
 Surface Impoundment
 Waste Pile

Non-Handler

Non-Handler

2. Applicable Regulations:

40 CFR 261.5 40 CFR 262 40 CFR 263 40 CFR 264 40 CFR 265

3. Responsible Official: Russ Giambrone, Branch Manager

4. Survey Participants & Principal Inspector: Russ Giambrone, SK
Andy Gaugler, SK
Herb Collado, FDER Pamela Fellabaum, FDER

5. Facility Latitude: 30°10'25" Section: NE $\frac{1}{4}$ Section 8
Longitude: 81°42'27" Township: 4S
Range: 27W

6. Type of Ownership: FEDERAL STATE COUNTY MUNICIPAL PRIVATE

7. Permit No.: H010-119940 Date Issued: 7/7/87 Exp. Date: 7/6/92

8. Pre-arranged Inspection: Yes No

Administration 448-4300
Air 448-4310
Waste Management 448-4320



Water Facilities 448-4330
Water Management 448-4340
FAX 448-4366

Safety Kleen Corporation
Hazardous Waste Inspection of
October 22, 1991.

PROCESS DESCRIPTION:

Safety Kleen is a nationwide corporation that distributes mineral spirits, immersion cleaner, perchloroethylene, and lacquer thinner to its various customers. Permitted hazardous waste units include a storage tank and a container storage area.

Mineral spirits is used as a parts washer solvent. When the material becomes spent, it is picked up by Safety Kleen and replaced with new product. The waste solvent is transported from the customer back to Safety Kleen and deposited in one of the hoppers located in the main facility building. Since the last inspection (October 17, 1990), Safety Kleen has added one additional automatic barrel washer to the system. The solid material from the drums is retained in the hoppers while the spent mineral spirits (D001) is pumped into a 15,000 gallon above ground tank. All of the liquid from the barrel washers is also directed into the hopper.

The following drums were observed in the permitted container storage area:

1. Eleven 16-gallon drums of corncob absorbent (D008, D018, D039) from an on-site spill clean up operation. The spill occurred on October 15, 1991. The Department was notified of the spill.
2. Ten 16-gallon canisters of F002 perchloroethylene filters.
3. Seven 15-gallon drums of F002 perchloroethylene filters.
4. Four 16-gallon drums of F002 perchloroethylene sludge.
5. Seven 16-gallon drums of F002/F004 immersion cleaner (old formula).
6. Seventeen 16-gallon drums of D006/D007/D018 immersion cleaner.
7. Seven 16-gallon drums of D001 barrel washer sludge. The facility generates about eight such drums per week from the barrel washers cleaning operation.
8. Fourteen 16-gallon drums of used oil filters. The filters will be sent for recycling.

All of the drums were properly labeled and dated.

The hazardous waste storage tank contained waste mineral spirits from the barrel washers operation. The label "Hazardous Waste" was faded (Photo 1). The tank alarms were in proper working order.

Safety Kleen Corporation
Hazardous Waste Inspection of
October 22, 1991
Page Two

A 15,000 gallon above ground storage tank is located north of the permitted hazardous waste storage tank. The tank is used to store spent ethylene glycol anti-freeze mixtures, prior to transporting to the Safety Kleen recycling center in Virginia. The tank is not currently permitted by the State of Florida. Safety Kleen submitted a revised permit application to EPA dated March 22, 1991 that includes the ethylene glycol/anti-freeze mixtures storage tank, as a newly regulated unit under the TC rule.

Safety Kleen distributes lacquer thinner (F003/F005) containing toluene, xylene, methyl ethyl ketone (MEK), and acetone. Waste lacquer thinner is stored in the two small buildings behind the main facility building. Both of these small buildings are operated as transfer facilities. One of the buildings contained the following wastes:

1. One 16-gallon drum of F003/F005/D006/D007 waste paint/lacquer thinner dated October 3, 1991.
2. Five 16-gallon drums of F003/F005/D006/D007 waste paint/lacquer thinner dated October 17, 1991.
3. Two 16-gallon drums of F003/F005/D006/D007 waste paint/lacquer thinner dated October 21, 1991.
4. One 16-gallon drum of F003/F005/D006/D007 waste paint/lacquer thinner dated September 30, 1991.
5. One 5-gallon container of F003/F005/D006/D007 waste paint/lacquer thinner dated October 18, 1991.
6. Two 5-gallon containers of F003/F005/D006/D007 waste paint/lacquer thinner dated October 11, 1991.
7. One 5-gallon container of F003/F005/D006/D007 waste paint/lacquer thinner dated October 3, 1991.
8. One 5-gallon container of F003/F005/D006/D007 waste paint/lacquer thinner dated October 21, 1991.

All were labeled and dated. Adequate aisle space was not provided between the containers of waste in the transfer facility for the unobstructed movement of personnel (Photos 2 & 3).

No wastes were stored in the other transfer facility building at the time of this inspection.

A review of the facility's operating records found them in order except for the waste minimization certification. Adequate Land Ban documents accompanied each manifest.

Additional Areas of Concern:

1. Three containers had been returned to the transfer facility from the intended TSD because Safety Kleen did not have the required authorization from the State of South Carolina to accept the waste. One 16-gallon drum and one 5-gallon container from the Coca Cola Bottling Company (SQG) were manifested to Safety Kleen in Lexington, South Carolina on October 11, 1991, but were rejected by the TSD and returned to Safety Kleen Orange Park on October 16, 1991. One 16-gallon container from the Trident Nuclear Submarine Base in King's Bay, Georgia was manifested on October 2, 1991, but was also rejected by the TSD and returned to Safety Kleen on October 16, 1991. Photos 2 and 3 show these three containers. Safety Kleen should make the necessary changes to its operating procedures to ensure that waste transported into its transfer facility has already been approved by the receiving State. (The two 5-gallon containers over the 10 day limit for transfer facilities were from MAACO, a Conditionally Exempt Small Quantity Generator of hazardous waste.)
2. With less than one month remaining in calendar year 1991, this facility has not yet filed the waste minimization certification for 1990.

SUMMARY OF VIOLATIONS

The following are violations of the Florida Administrative Code Chapter 17-730.160, and 17-730.180 which adopt and incorporate by reference Title 40 Code of Federal Regulations Parts 262, 264 and 265.

40 CFR 262.34(a)(3) Accumulation Time

(a) Except as provided in paragraphs (d), (e), and (f) of this section, a generator may accumulate hazardous waste on-site for 90 days or less without a permit or without having interim status provided that:

(3) While being accumulated on-site, each container and tank is labeled or marked clearly with the words, "Hazardous Waste"; and

VIOLATION: The "Hazardous Waste" label has faded on the D001 waste mineral spirits storage tank.

40 CFR 264.73(b)(9) Operating Record

(b) The following information must be recorded as it becomes available, and maintained in the operating record until closure of the facility:

(9) A certification by the permittee no less often than annually, that the permittee has a program in place to reduce the volume and toxicity of hazardous waste that he generates to the degree determined by the permittee to be economically practicable; and the proposed method of treatment, storage or disposal is that practicable method currently available to the permittee which minimizes the present and future treat to human health and the environment.

VIOLATION: Facility was not able to locate the annual waste minimization certification in its operating record during the inspection.

40 CFR 265.35 - Required Aisle Space

The owner or operator must maintain aisle space to allow the unobstructed movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment to any area of facility operation in an emergency, unless aisle space is not needed for any of these purposes.

VIOLATION: Facility did not provide adequate aisle space for the containers in the transfer facility building.

RECOMMENDED CORRECTIVE ACTIONS

- 40 CFR 262.34(a)(3) - On December 2, 1991, facility informed the Department that a new hazardous waste label has been installed on the storage tank. Henceforth, facility shall ensure that the label is properly maintained.
- 40 CFR 264.73(b)(9) - The Department received a copy of the 1989 waste minimization certification dated February 21, 1990, by facsimile on December 2, 1991. Henceforth, facility shall ensure that all required documents are maintained in the operating record.
- 40 CFR 265.35 - On December 2, 1991, facility informed the Department that adequate aisle space has been provided for all containers in the transfer facility. Henceforth, facility shall ensure that adequate aisle space is maintained.

SAFETY KLEEN CORP.



PHOTO NO. 1

PHOTO BY P. FELLA BAUM
OCTOBER 22, 1991



PHOTO NO. 2

PHOTO BY P. FELLA BAUM
OCTOBER 22, 1991

SAFETY KLEEN CORP.

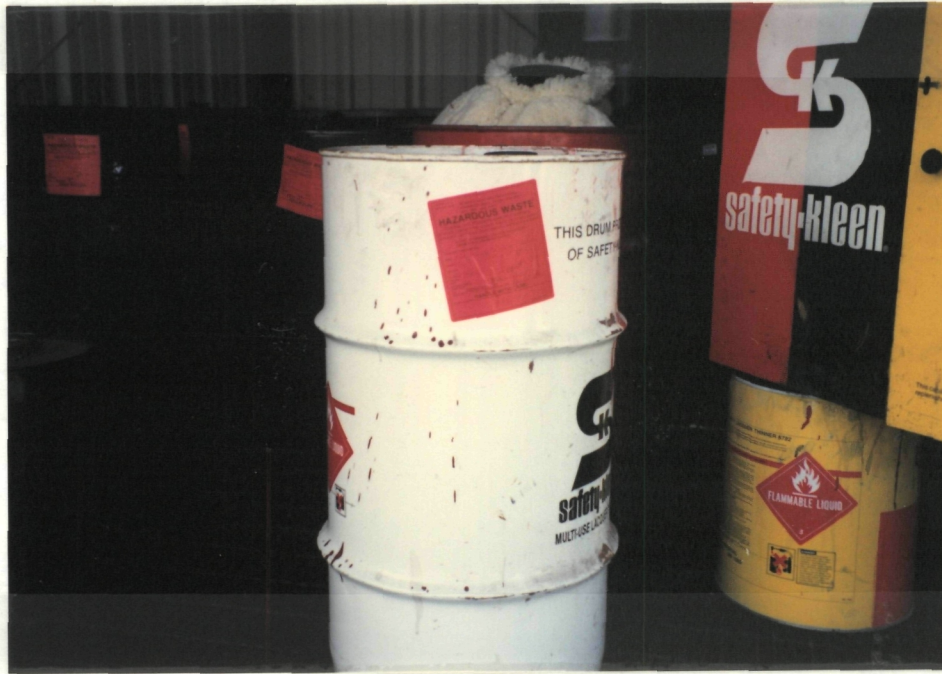


PHOTO NO. 3

PHOTO BY P. FELLA BAUM
OCTOBER 22, 1991

PARTS WASHER SERVICE

105 and 140 Solvents:

SKDOT #501 Waste Petroleum Naptha
Combustible Liquid UN1255 (ERG #27)(D001)

In Section I and/or J: D001, D018 and D039

Dumpster Mud:

SKDOT #527 RQ Waste Petroleum Naptha
Combustible Liquid UN1255 (ERG #27)(D001,D006,D007)

In Section I and/or J: D001, D006, D007, D008, D039

Old Imersion Cleaner 609:

SKDOT #503 RQ Waste Compound, Cleaning, Liquid
Corrosive Material NA1760 (ERG #60)(F002,D006,D007,D022)

In Section I and/or J: F002, F004, D006, D007, D008, D022

New Immersion Cleaner 699:

SKDOT #566 RQ Waste Compound, Cleaning Liquid
Corrosive Material NA1760 (ERG #60)(D006,D007,D018)

In Section I and/or J: D006, D007, D008, D018, D021, D027, D039, D040

DRY CLEANING SERVICE

Petroleum Naphtha:

SKDOT #569 RQ Waste Petroleum Naphtha
Combustible Liquid UN1255 (ERG #27)(D001)

In Section I and/or J: D001, D039

Perchloroethylene (Perc):

SKDOT #506 RQ Waste Perchloroethylene
ORM-A NA1897 (ERG #74)(F002)

In Section I and/or J: F002

1-1-1 Trichloethane:

SKDOT #513 Waste 1,1,1-Trichloroethane
ORM-A UN2831 (ERG #74)(F002)

In Section I and/or J: F002

Trichlorotrifluoroethane (Freon):

SKDOT #521 RQ Hazardous Waste, Liquid, N.O.S.
(Trichlorotrifluoroethane) NA9189 (ERG #31)(F002)

In Section I and/or J: F002

PAIN T REFINISHING SERVICE

Paint Related Waste:

SKDOT #523 RQ Waste Paint Related Material
Flammable Liquid UN1263 (ERG #26)(F005,D006,D007)

In Section I and/or J: F005, F003, D001, D006, D007, D008

ANTIFREEZE

Antifreeze:

SKDOT #1162 RQ Hazardous Waste, Liquid, N.O.S.
ORM-E NA9189 (ERG #31)(D008)

In Section I and/or J: D008, D018, D039



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 3/16 (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039. Expires 9-30-91

| | | | | | | | | | | | | | |
|--|--|---|--|--------------------------------------|--|--|--|--|--|-----------------|--|--------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. FLD980 4721 | | MANIFEST DOCUMENT NO. 32714 | | 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 SAFETY-KLEEN CORP 161 INDUSTRIAL LOOP SOUTH ORANGE PARK, FL 32073 | | | | | | A. State Manifest Document Number | | | | | | | |
| 4. Generator's Phone 904 264-2607 | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name Safety Kleen Corp | | | | 6. US EPA ID Number FLD0051060408 | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | D. Transporter's Phone 352 356-4067 | | E. State Transporter's ID | | | | | |
| 9. Designated Facility Name and Site Address SAFETY-KLEEN CORP 130-A FRONTAGE ROAD LEXINGTON, SC 29072 | | | | | | 10. US EPA ID Number 0-006-30 | | 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 | | Waste No. | |
| a. RG WASTE COMPOUND, CLEANING, LIQUID CORROSIVE MATERIAL NA1760 (ERG#50) (EPA D006, D007, D018) | | | | | | 0124 DM | | 2108140 | | P | | D006 D018 | |
| b. RG WASTE PETROLEUM NAPHTHA COMBUSTIBLE LIQUID UN1255 (ERG#27) (D001, D006, D007) | | | | | | 0970 M | | 09707 | | P | | D008 D039 | |
| c. RG WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID UN1263 (ERG#26) (E005, D006, D007) | | | | | | 0190 M | | 009916 | | P | | E003 D001 | |
| 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 (24 HR) J(I-A)D008 SKDOT# A: 566 B: 527 C: 523 D: | | | | | | 3 0 9 - 1 32523938 | | | | | | | |
| 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. | | | | | | | | | | Date | | | |
| Printed/Typed Name Andrew Gaugler | | | | Signature <i>Andrew Gaugler</i> | | | | Month Day Year 10/09/91 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Mike Tolboort | | | | Signature <i>Mike Tolboort</i> | | | | Date 10/10/91 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Date | | | | | |
| 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 Mike Wolf | | | | Signature <i>Mike Wolf</i> | | | | Month Day Year 10/11/91 | | | | | |



NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY)

EPA ID NO. SC D077995-488 (DESIGNATED FACILITY)

ADDRESS: 130-A Frontage Road Lexington SC 29072

OPTION A and OPTION B (SQG CUSTOMERS ONLY) with arrows pointing to the right.

Under manifest number 23714 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268.

I am a small quantity generator (100-1,000 kg/mo) in accordance with 40 CFR 268.7. This notice applies to all waste shipments under my service contract with Safety-Kleen Corp.

Table with 4 columns: WASTE NAME, EPA WASTE CODE, THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS, TREATMENT STANDARD (mg/l) OR METHOD (FOR NON-WASTE WATER). Includes rows for Waste Petroleum Naphtha, Waste Compound Cleaning Liquid, Waste Perchloroethylene, Waste Trichlorotrifluoroethane, Waste 1,1,1 Trichloroethane, and Waste Paint Related Material.

PLEASE CHECK THE APPROPRIATE BOXES

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste). This listing does not include waste codes which are not yet restricted from land disposal.

Generator Company: Safety Kleen Corp

EPA ID NO.: FL D980847214

Generator's Signature: X Andy Gaugler

Date: 10/09/91

Printed Name and Title of Generator: Andy Gaugler B A M

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restrictions.

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for disposal facilities. This includes the time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding this burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-224, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

| | | | | | | | | | | | | | |
|--|--|---|--|---------------------------------------|--|--|--|---|--|-----------------|--|------------------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. FLD980847214 | | Manifest Document No. 36014 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SAFETY-KLEEN CORP 161 INDUSTRIAL LOOP SOUTH ORANGE PARK, FL 32073 | | | | | | A. State Manifest Document Number | | | | | | | |
| 4. Generator's Phone (904) 264-2607 | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name SAFETY-KLEEN CORP | | | 6. US EPA ID Number ILD051060408 | | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | D. Transporter's Phone | | | | | | | |
| 9. Designated Facility Name and Site Address NEW CHURCH ENERGY ASSOC. RT 709 NEW CHURCH, VA 23415 | | | | | | 10. US EPA ID Number VAD105838874 | | | | | | | |
| | | | | | | E. State Transporter's ID | | | | | | | |
| | | | | | | F. Transporter's Phone 1-800-874-5931 | | | | | | | |
| | | | | | | G. State Facility's ID | | | | | | | |
| | | | | | | H. Facility's Phone 804-824-4400 | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt/Vol | | 15. Waste No. | |
| a. <input checked="" type="checkbox"/> RQ HAZARDOUS WASTE, LIQUID, N.O.S. ORM-E NA9189 (D00B) (ERG#31) | | | | | | 001 TT | | 5,238 | | G | | D00B | |
| b. | | | | | | | | | | | | | |
| c. | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above I(a) D01B, D039 (WASTE ANTIFREEZE) | | | | | | K. Handling Codes for Wastes Listed Above | | | | | | | |
| 15. Special Handling Instructions and Additional Information EMERGENCY RESPONSE NO. 708-888-4660 24 HRS | | | | | | | | | | | | | |
| 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 KRISTEN DROMESHAUSER | | | | | | | | Signature <i>Kristen Dromeshauser</i> | | | | Date 10 01 91 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name WILBUR J. McNew | | | | | | | | Signature <i>Wilbur J McNew</i> | | | | Date 10 01 91 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | | | Signature | | | | Date | |
| 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 Vincent Copes | | | | | | | | Signature <i>Vincent Copes</i> | | | | Date 10 12 191 | |

INSTRUCTIONS FOR COMPLETION OF THIS FORM; REFER CODE OF FEDERAL REGULATIONS, 40, PART 262.20.



777 Big Timber Road
Elgin, Illinois 60123

BRANCH COPY

D-U-N-S 05106-0408

FED. ID NO. 39-6090019

MANUAL ORDER FORM

M 83205

MANIFEST NUMBER

CUSTOMER
GENERATOR

3-079-01-2136

CUSTOMER NUMBER

W W Automotive

NAME

3200 W Beaver St

ADDRESS

Jacksonville FL 32205

CITY/STATE ZIP

BILL TO

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 |
|--------------|----------------|------------------|----------------------|-------------------------|-------------|----------------|-------------|----------|-----------|
| 11/01/13 | 1381 | | | | | | | | |

| MACHINE SERVICE SECTION | | | | | | USED MANUAL ORDER BECAUSE: | |
|-------------------------|--------------------------------------|-----------|--------------|-------------------------|-------------------------------------|---|---|
| MACHINE NUMBER | SERVICE CHARGE | SALES TAX | TOTAL CHARGE | SERVICE TERM (WEEKS) | CHANGE SERVICE TO (WEEKS) (INITIAL) | REMARKS | |
| 110-09110 | Ø | Ø | Ø | 12 | | | <input type="checkbox"/> PRE-PRINT MISPLACED |
| | approx cost 75 ⁰⁰ per SUC | | | | | | <input type="checkbox"/> PRE-PRINT NOT RECEIVED |
| | D. D. D. | | | | | | <input type="checkbox"/> CUSTOMER REQUESTED EARLY SERVICE |
| | | | | | | | <input type="checkbox"/> SCHEDULING REALIGNMENT |
| | | | | | | | <input type="checkbox"/> CUSTOMER NEEDED PRODUCT |
| | | | | | | | <input checked="" type="checkbox"/> Recovered Codes |
| | | | | | | | OTHER - EXPLAIN Unit |
| TOTAL SERVICE SECTION | | | | GENERATOR US EPA ID NO. | | GENERATOR STATE ID NO. | |
| | | | | | | SPENT SOLVENT MEETS ACCEPTANCE CRITERIA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

| CONTAINERS | | | | | HAZARDOUS WASTE INFORMATION | |
|--------------|---------------|---------------|---------------|-------------------|--|---|
| PAILS NO. DM | SSPW TANKS DE | 16 GAL NO. DM | 30 GAL NO. DM | TOTAL LBS. OR GAL | US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID) | I certify that my total waste streams are within one of the following categories: |
| | | 1 | | 35 | Waste Petroleum Naphtha, Combustible Liquid, UN1255 (EPA, D001, D018, D039) (ERG #27) | 0 to 220 LBS./MONTH |
| | | | | | RO Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, F002, F004, D006, D007, D008, D022) (ERG #60) | 220 LBS. to 2,200 LBS./MONTH |
| | | | | | RO Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) | GREATER THAN 2,200 LBS./MONTH |

Total Quantity = Number of Drums x Ave. W/Drum of: Pails _____, 16 Gal. _____, 30 Gal. _____

DESIGNATED FACILITY NAME AND ADDRESS: Safety-Kleen Corp.
161 Industrial Loop S Orange Park FL

USA EPA ID No. FLD 980847214
STATE ID No. _____

| PRODUCT NUMBER | DESCRIPTION | MSDS GIVEN | DEALER PRICE | UNIT OF MEASURE | QUANTITY DELIVERED | SALES AMOUNT | TAX | LINE TOTAL |
|------------------------------------|-----------------|--------------------------|--------------|-----------------|--------------------|--------------|-----|------------|
| | Recovered Codes | <input type="checkbox"/> | | | | | | |
| | Unit & Free SUC | <input type="checkbox"/> | | | | | | |
| Not a contract may cancel any time | | | | | | | | |

| PAYMENT RECEIVED SECTION | | |
|-------------------------------|----------------|--|
| CASH <input type="checkbox"/> | TOTAL RECEIVED | APPLY PAYMENT TO: |
| CHECK NUMBER | | <input type="checkbox"/> TODAY'S SERVICE/SALE |
| | | <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS |
| INV. # | AMOUNT \$ | |
| INV. # | AMOUNT \$ | |
| INV. # | AMOUNT \$ | |

| | | |
|-----------------------|-----------------------------------|-----------|
| TOTAL PRODUCT AMOUNTS | TOTAL SERVICE AMOUNT (FROM ABOVE) | TOTAL DUE |
| | | |

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE PRESENCE OF MACHINE, SOLVENT, AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE.

INVOICES ARE SUBJECT TO AN INTEREST CHARGE OF THE LESSER OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

IN EVENT OF EMERGENCY CALL
1-800-669-5740 or 1-708-888-4660 (24 hours)

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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

Generator/Designated Representative Signature: *Walter D. Williams*
PRINT NAME: Walter D. Williams

PART NO. 1322 (REV. 8/90)

S 777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408 FOR SERVICE CALL
TRANSPORTER

FED. ID NO. 39-390019

| SCHEDULED SERVICE WEEK | SCHEDULED SERVICE TERRITORY | REFERENCE NUMBER |
|------------------------|-----------------------------|------------------|
| 91- 35 | 03 | 163053 |
| MANIFEST NUMBER | | XXXXX |

904-264-2607 COMPANY RUN
LDR ON FILE 220-2200 DP

GENERATOR

3-079-01-2248-2
AA INJECTION RPRS
206 DOUGLAS ST
ALMA GA 31510
PRICES EFFECTIVE 04/21/91

B I L L

| SERVICE DATE | SALESMAN'S NO. | SALES SPECIALIST | SALES TAX EXEMPTION NUMBER | HANDLING CODE | CREDIT CODE | PREVIOUS BALANCE | PORTION OVER 60 DAYS | | |
|---------------|----------------|----------------------|----------------------------|---------------|-------------|------------------|----------------------|--------------|-------------|
| 8-27-91 | 1514 | XXXX | | | C | 2.06 | | | |
| 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 |
| 03 | NO | 000 | 912-632-5440 | NO | YES | 601 | 001 | .06 | .06 |

| MACHINE SERVICE SECTION | | | | | | | | MACHINE INSPECTION SECTION | |
|-------------------------|----------------|-----------|--------------|--------------|-----------------------------|------------------------------|-----------------|--------------------------------|------|
| MACHINE NUMBER | SERVICE CHARGE | SALES TAX | TOTAL CHARGE | SERVICE TERM | CHANGE SERVICE TERM (WEEKS) | CHANGE SCHEDULE DATE (YY WW) | REMARKS | PLEASE CHECK APPROPRIATE BOXES | |
| 140-83595 | 51.47 | 67.50 | 118.97 | 16 | | | PQ EXP 06-20-91 | GOOD | POOR |
| 820-82908 | 52.50 | 61.80 | 114.30 | 12 | | | PQ EXP 06-20-91 | | |
| 820-83352 | 52.50 | 61.80 | 114.30 | 12 | | | /DRUM | | |

| TOTAL SERVICE SECTION | 150.42 | 12.94 | 167.37 | GENERATOR USA EPA ID NO. | GAD981268220 | GENERATOR STATE ID NO. | 11-015-0162 |
|-----------------------|--------|-------|--------|--------------------------|--------------|------------------------|-------------|
|-----------------------|--------|-------|--------|--------------------------|--------------|------------------------|-------------|

| HAZARDOUS WASTE INFORMATION: | | | | | I certify that my total waste streams are within one of the following categories: | |
|--|---------------|----------------|----------------|--------------------|--|-------------|
| <small>"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."</small> | | | | | 0 to 220 lbs./month _____ 220 lbs. to 2,200 lbs./month <u>AW</u> Greater than 2,200 lbs./month _____ | |
| PAIS NO. DM | SSPW TANKS DF | 18 GAL. NO. DM | 30 GAL. NO. DM | TOTAL LBS. OR GAL. | US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.) | PRODUCT NO. |
| 1 | | 2 | 2 | 199 | Waste Petroleum Naphtha, Combustible Liquid, UN1255 (EPA, D001, D018, D039) (ERG #27) | 609 |
| | 4 | | | 140 | RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, F002, F004, D006, D007, D008, D022) (ERG #60) | 699 |

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
161 INDUSTRIAL LOOP SOUTH ORANGE PARK, FL 32073

USA EPA ID NO. FL0980847214
STATE ID NO.

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

| PAYMENT RECEIVED SECTION | | |
|-------------------------------|----------------|--|
| CASH <input type="checkbox"/> | TOTAL RECEIVED | APPLY PAYMENT TO: |
| CHECK NUMBER | | <input type="checkbox"/> TODAY'S SERVICE/SALE |
| | | <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS |
| INV. # | AMOUNT \$ | |
| INV. # | AMOUNT \$ | |
| INV. # | AMOUNT \$ | |

| TOTAL PRODUCT AMOUNTS | | TOTAL SERVICE AMOUNT (FROM ABOVE) | |
|--|--|---|--|
| | | | |
| TOTAL DUE | | | |
| CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE, INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% 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. | |
| X <u>Albert W. Williams</u> GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE | | Print Name <u>Albert W. Williams</u> | |

IN EVENT OF EMERGENCY CALL
1-800-669-5740 or 1-708-888-4660 (24 hours)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

BRANCH SERVICE/SALES ACKNOWLEDGEMENT FORM NO. 700-08-12 (REV. 3/91)

| | | |
|------------------------|-----------------------------|------------------|
| SCHEDULED SERVICE WEEK | SCHEDULED SERVICE TERRITORY | REFERENCE NUMBER |
| 91-39 | 02 | 516660 |

904-264-2607 COMPANY RUN
LDR ON FILE

3-079-01-1699-6
SUNSHINE AUTO ELECTRIC
6731 STUART AVE #4
JACKSONVILLE

220-2200 PP
3-079-01-0029
SUNSHINE AUTO ELECTRIC
6807 STUART LN 9
JACKSONVILLE FL 32205

MANIFEST NUMBER XXXXX

PRICES EFFECTIVE 04/21/91

CUSTOMER

B
I
L
L

BRANCH

SERVICE/SALES ACKNOWLEDGEMENT

| | | | | | | | | | |
|---------------|----------------|----------------------|----------------------------|---------------|-------------|------------------|----------------------|--------------|-------------|
| SERVICE DATE | SALESMAN'S NO. | SALES SPECIALIST | SALES TAX EXEMPTION NUMBER | HANDLING CODE | CREDIT CODE | PREVIOUS BALANCE | PORTION OVER 60 DAYS | | |
| 3/26/91 | 1581 | XXXX | | | C | 401.78 | | | |
| 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 |
| 03 | NO | 000 | 904-783-1978 | NO | NO | 603 001 | .07 | .07 | .07 |

MACHINE SERVICE SECTION

MACHINE INSPECTION SECTION

| MACHINE NUMBER | SERVICE CHARGE | SALES TAX | TOTAL CHARGE | SERVICE TERM | CHANGE SERVICE TERM (WEEKS) | CHANGE SCHEDULE DATE (YY WW) | REMARKS | PLEASE CHECK APPROPRIATE BOXES |
|-----------------------|----------------|-----------|--------------|--------------|-----------------------------|------------------------------|------------------------|---|
| 110-48218 | 94.00 | 6.58 | 100.58 | 12 | | | PO EXP 10-20-88 | MACHINE CONDITION & CLEANLINESS <input type="checkbox"/> GOOD <input type="checkbox"/> POOR |
| 171-38896 | 34.75 | 2.43 | 37.18 | 02 | | | PO EXP 10-20-88 | LAMP ASSEMBLY CONDITION <input type="checkbox"/> |
| 300-13208 | 51.00 | 3.97 | 54.97 | 02 | | | | DECALS IN PLACE AND LEGIBLE <input type="checkbox"/> |
| 303-23618 | 51.00 | 3.97 | 54.97 | 02 | | | | FUSIBLE LINK INSTALLED <input type="checkbox"/> |
| 303-23620 | 51.00 | 3.97 | 54.97 | 02 | | | | EMERGENCY CLOSING OF LID UNOBSTRUCTED <input type="checkbox"/> |
| | | | | | | | | MACHINE PROPERLY GROUNDED <input type="checkbox"/> |
| | | | | | | | | LOCAL PHONE NO. STICKER AFFIXED TO MACHINE <input type="checkbox"/> |
| | | | | | | | | SPENT SOLVENT MEETS ACCEPTANCE CRITERIA <input type="checkbox"/> |
| TOTAL SERVICE SECTION | | 201.75 | 19.72 | 301.47 | GENERATOR USA EPA ID NO. | | GENERATOR STATE ID NO. | 10-080-3720 |

HAZARDOUS WASTE INFORMATION: 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. I certify that my total waste streams are within one of the following categories:

| CONTAINERS | US DOT DESCRIPTION | PRODUCT NO. |
|---------------|--|-------------|
| 1 30 GAL. 303 | Waste Petroleum Naphtha, Combustible Liquid, UN1255 (EPA, D001, D018, D039) (ERG #27) | |
| 1 30 GAL. 36 | RO Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, F002, F004, D006, D007, D008, D022) (ERG #60) | 609 |
| | RO Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) | 699 |

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 36.0, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP., 161 INDUSTRIAL LOOP SOUTH ORANGE PARK, FL 32073
USA EPA ID NO. FL0980847214
STATE ID NO.

PRODUCT SALES SECTION

| SOLD ON PREVIOUS SERVICES | PRODUCT NUMBER | DESCRIPTION | MSDS GIVEN | PRICE | U/M | QUANTITY DELIVERED | SALES AMOUNT | TAX | LINE TOTAL |
|---------------------------|----------------|-------------|--------------------------|-------|-----|--------------------|--------------|-----|------------|
| 1 | 612 | GLOVES | <input type="checkbox"/> | 8.90 | PR | | | | |
| | | | <input type="checkbox"/> | | | | | | |
| | | | <input type="checkbox"/> | | | | | | |
| | | | <input type="checkbox"/> | | | | | | |
| | | | <input type="checkbox"/> | | | | | | |
| | | | <input type="checkbox"/> | | | | | | |
| | | | <input type="checkbox"/> | | | | | | |

PAYMENT RECEIVED SECTION

| | | |
|-------------------------------|----------------|--|
| CASH <input type="checkbox"/> | TOTAL RECEIVED | APPLY PAYMENT TO: |
| CHECK NUMBER | | <input type="checkbox"/> TODAY'S SERVICE/SALE |
| | | <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS |
| INV. # | AMOUNT \$ | |
| INV. # | AMOUNT \$ | |
| INV. # | AMOUNT \$ | |

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% 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) 301.47

TOTAL DUE

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

X. K. ...
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name

IN EVENT OF EMERGENCY CALL
1-800-669-5740 or 1-708-888-4660 (24 hours)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

| DEPT. | SCHEDULED SERVICE WEEK | SCHEDULED SERVICE TERRITORY | REFERENCE NUMBER |
|-----------------|------------------------|-----------------------------|------------------|
| 01 | 91-41 | 01 | 750362 |
| MANIFEST NUMBER | | | XXXXX |

LDK NOT REQ'D 0-220
904-264-2607 COMPANY RUN

3-079-41-6016-8
MAACO AUTO PAINTING
5338 SAN JUAN AVE
JACKSONVILLE

FL 32210

BITOL

| SERVICE DATE | SALESMAN'S NO. | SALES SPECIALIST | SALES TAX EXEMPTION NUMBER | HANDLING CODE | CREDIT CODE | PAD P/S | PROD. P/S | PREVIOUS BALANCE | PORTION OVER 60 DAYS | |
|---------------|----------------|----------------------|----------------------------|---------------|-------------|---------|-------------|--------------------|----------------------|----------------|
| 10-11-91 | 3328 | XXXX | | | H | 001 | 001 | 129.05 | 237.05 | |
| BUSINESS TYPE | CHAIN | CUSTOMER P.O. NUMBER | GENERATOR/CUSTOMER PHONE # | O.C. | PAD TAX | SVS TAX | PRODUCT TAX | NEXT SVS PAD/PROD. | SERVICE INTERVAL | CHANGE SERVICE |
| 01 | 7100 | | (904) 387-1664 | | .07000 | .07000 | .07000 | | | 04 |

| PAD RECONCILIATION | | | | | INVENTORY CHANGE | | PADS ON/OFF | | PAD CHARGE | | |
|--------------------|-----------|-------|-------|----------|------------------|-----|---------------|---------|------------|----------------|--------------|
| PAD TYPE | CONSIGNED | CLEAN | DIRTY | LOST/DAM | TOTAL | +/- | NEW INVENTORY | THE VAN | PRICE | DIRTY QUANTITY | SALES AMOUNT |
| 5000 | 0 | | | | 0 | | | | | | |
| 5002 | 0 | | | | 0 | | | | | | |
| 5003 | 0 | | | | 0 | | | | | | |
| 5100 | 0 | | | | 0 | | | | | | |
| 5102 | 0 | | | | 0 | | | | | | |
| TOTAL | 0 | | | | 0 | | | | | | |

| PAD TYPE | 2 PRIOR | PRIOR | LAST | SUG. INV. | REMARKS | TAX | TOTAL PAD CHARGE |
|----------|---------|-------|------|-----------|-----------------------|-----|------------------|
| 5000 | | | | | REMARKS 04-89 ON FILE | | |
| 5002 | | | | | | | |
| 5003 | | | | | | | |
| 5100 | | | | | | | |
| 5102 | | | | | | | |

| MACHINE SERVICE SECTION | | | | | | | | MACHINE INSPECTION SECTION (PLEASE CHECK BOXES) | | | |
|-------------------------|----------------|-----------|--------------|--------------|-----------------------------|------------------------------|---------|---|-------------------------------------|-------------------------------------|-------------------------------------|
| MACHINE NUMBER | SERVICE CHARGE | SALES TAX | TOTAL CHARGE | SERVICE TERM | CHANGE SERVICE TERM (WEEKS) | CHANGE SCHEDULE DATE (YY WW) | REMARKS | GOOD | FLOOR | YES | NO |
| 070-17564 | 94.00 | 6.58 | 100.58 | 04 | | | 0005 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| TOTAL SERVICE SECTION | | | | | | | | | | | |
| | | | | | | | | GENERATOR USA EPA NO. | | | |
| | | | | | | | | GENERATOR STATE ID NO. | | | |

| HAZARDOUS WASTE INFORMATION | | | | | | I certify that my total waste streams are within one of the following categories: | |
|---|------|----------------|----------|---|--------------------------------|---|--|
| 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. | | | | | | 0 to 220 LBS./MONTH | |
| CONTAINERS NO. | TYPE | TOTAL QUANTITY | UNIT WT. | US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.) | PRODUCT NO'S | Initials | |
| 1 | 5GD | 27 | 27 | RQ WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID, UN1263 (EPA F005, F003, D001, D006, D007, D008) (ERG #26) | 5820-2 1/2 GALS., 5825-5 GALS. | B.C. | |
| 1 | 16GD | 96 | 96 | RQ WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID, UN1263 (EPA F005, F003, D001, D006, D007, D008) (ERG #26) | 6801-16 GALS. | Initials | |
| Total Quantity = Number of Drums x Ave. Wt/Drum of: 5 Gal. | | | | | | 27, 16 Gal. 96 | |

DESIGNATED FACILITY NAME AND ADDRESS: **SAFETY-KLEEN CORP.**
130-A FRONTAGE ROAD **LEXINGTON, SC 29073**
USA EPA ID NO. **SCD077999488**
STATE ID NO.

| PRODUCT SALES SECTION | | | | | | | | | | |
|-----------------------------------|-------|------|----------------|-------------|--------------------------|-------|-----|--------------------|----------|--------------|
| SOLD ON PREVIOUS SERVICES 2 PRIOR | PRIOR | LAST | PRODUCT NUMBER | DESCRIPTION | MSDS GIVEN | PRICE | U/M | QUANTITY DELIVERED | INV CODE | SALES AMOUNT |
| | | | 450 | COMPOUND, H | <input type="checkbox"/> | 15.00 | GL | | | |

| NAME | TITLE | SIGN | NAME (CHANGE) | TITLE | SIGN | PRODUCT TOTALS |
|------|-------|------|---------------|-------|------|----------------|
| 1 | | N | | | | |
| 2 | | N | | | | |

| PAYMENT RECEIVED SECTION | | |
|-------------------------------|----------------|--|
| CASH <input type="checkbox"/> | TOTAL RECEIVED | APPLY PAYMENT TO: |
| CHECK NUMBER | | <input type="checkbox"/> TODAY'S SERVICE/SALE |
| | | <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS |
| INV # | AMOUNT \$ | |
| INV # | AMOUNT \$ | |

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. I HAVE ALSO NOTED THE NUMBER OF PADS CONSIGNED BY SAFETY-KLEEN CORP ABOVE AND ACKNOWLEDGE THAT THEY ARE IN MY POSSESSION. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSER OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

WASTES THAT DO NOT CONFORM TO THE FOLLOWING SPECIFICATIONS WILL BE SUBJECT TO ADDITIONAL CHARGES:

1. LIQUID PUMPABLE AUTOMOTIVE. 2. 6" OR LESS OF SOFT REFINISH PAINT RELATED MATERIALS. PENETRABLE SETTLING.

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

TOTAL SERVICE CHARGE (FROM ABOVE) 100.58
TOTAL PAD CHARGE (FROM ABOVE)
TOTAL DUE 100.58

X *Bill Crank* PRINT NAME *Bill Crank*

IN EVENT OF EMERGENCY CALL 800-368-5400 or 708-688-4100 (24 hours)

PADS SERVICE/SALES ACKNOWLEDGEMENT

BRANCH

700-08-74 (8/91)

PAINT REFINISHING SERVICE

777 Big Timber Road • Elgin, Illinois 60123

DUNS NO. 05106-0408

F ID NO. 39-6090019 FOR SERVICE CALL TRANSPORTER

LDR NOT REQ'D 0-220 01
904-264-2607 COMPANY RUN

| | | | |
|-----------------|------------------------|-----------------------------|------------------|
| DEPT. | SCHEDULED SERVICE WEEK | SCHEDULED SERVICE TERRITORY | REFERENCE NUMBER |
| | 91-41 | 02 | 750363 |
| MANIFEST NUMBER | | | XXXXX |

REQ=DP

3-079-41-6017-1
MAACO AUTO PAINTING
310 BLANDING BLVD

ORANGE PARK FL 32073

| | | | | | | | | | | |
|---------------|----------------|----------------------|----------------------------|---------------|-------------|---------|-------------|--------------------|----------------------|----------------|
| SERVICE DATE | SALESMAN'S NO. | SALES SPECIALIST | SALES TAX EXEMPTION NUMBER | HANDLING CODE | CREDIT CODE | PAD P/S | PROD. P/S | PREVIOUS BALANCE | PORTION OVER 60 DAYS | |
| 10-11-91 | 3328 | XXXX | | | H | 001 | 001 | 18.76 | .00 | |
| BUSINESS TYPE | CHAIN | CUSTOMER P.O. NUMBER | GENERATOR/CUSTOMER PHONE # | O.C. | PAD TAX | SVS TAX | PRODUCT TAX | NEXT SVS PAD/PROD. | SERVICE INTERVAL | CHANGE SERVICE |
| 01 | 7100 | | (904) 272-4703 | | .07000 | .07000 | .07000 | | | 04 |

| PAD RECONCILIATION | | | | | INVENTORY CHANGE | | PADS ON/OFF | | PAD CHARGE | | |
|--------------------|-----------|-------|-------|----------|------------------|-----|---------------|---------|------------|----------------|--------------|
| PAD TYPE | CONSIGNED | CLEAN | DIRTY | LOST/DAM | TOTAL | +/- | NEW INVENTORY | THE VAN | PRICE | DIRTY QUANTITY | SALES AMOUNT |
| 5000 | 0 | | | | 0 | | | | | | |
| 5002 | 0 | | | | 0 | | | | | | |
| 5003 | 0 | | | | 0 | | | | | | |
| 5100 | 0 | | | | 0 | | | | | | |
| 5102 | 0 | | | | 0 | | | | | | |
| TOTAL | 0 | | | | 0 | | | | | | |

| PAD TYPE | 2 PRIOR | PRIOR | LAST | SUG. INV. | REMARKS | TAX |
|-----------------------|---------|-------|------|-----------|---------------|-------------|
| 5000 | | | | | 04-89 ON FILE | |
| 5002 | | | | | | |
| 5003 | | | | | | |
| 5100 | | | | | | |
| 5102 | | | | | | |
| TOTAL SERVICE SECTION | | | | | | 10-050-6195 |

| MACHINE SERVICE SECTION | | | | | | | MACHINE INSPECTION SECTION (PLEASE CHECK BOXES) | | | |
|-------------------------|----------------|-----------|--------------|--------------|-----------------------------|------------------------------|---|-------------------------------------|--------------------------|--|
| MACHINE NUMBER | SERVICE CHARGE | SALES TAX | TOTAL CHARGE | SERVICE TERM | CHANGE SERVICE TERM (WEEKS) | CHANGE SCHEDULE DATE (YY WW) | REMARKS | GOOD | POOR | |
| 070-01228 | 24.00 | 6.58 | 100.58 | 04 | | | 0012 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| TOTAL SERVICE SECTION | | | | | | | 100.58 | | | |
| GENERATOR USA EPA NO. | | | | | | | FLD982161366 | | | |
| GENERATOR STATE ID NO. | | | | | | | | | | |

| HAZARDOUS WASTE INFORMATION | | | | I certify that my total waste streams are within one of the following categories: | | |
|---|------|----------------|----------|--|------------------------------|----|
| 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. | | | | 0 to 220 LBS./MONTH | | |
| CONTAINERS NO. | TYPE | TOTAL QUANTITY | UNIT WT. | US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.) | 220 LBS. to 2,200 LBS./MONTH | |
| 1 | 5GD | 27 | 27 | RQ WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID, UN1263 (EPA F005, F003, D001, D006, D007, D008) (ERG #26) PRODUCT NO'S 5820-2 1/2 GALS. 5825-5 GALS. | Initials: J.W. | |
| | 16GD | 96 | 96 | RQ WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID, UN1263 (EPA F005, F003, D001, D006, D007, D008) (ERG #26) PRODUCT NO. 6801-16 GALS. | Initials: | |
| Total Quantity = Number of Drums x Ave. Wt/Drum of: 5 Gal. | | | | 27 | 16 Gal. | 96 |

| | | | |
|---------------------------------------|--|----------------------------|------------------------------------|
| DESIGNATED FACILITY NAME AND ADDRESS: | | SAFETY-KLEEN CORP. | USA EPA ID NO. SCD077995488 |
| 130-A FRONTAGE ROAD | | LEXINGTON, SC 29073 | STATE ID NO. |

| PRODUCT SALES SECTION | | | | | | | | | | |
|-----------------------------------|-------|------|----------------|-------------|--------------------------|-------|-----|--------------------|-----------|--------------|
| SOLD ON PREVIOUS SERVICES 2 PRIOR | PRIOR | LAST | PRODUCT NUMBER | DESCRIPTION | MSDS GIVEN | PRICE | U/M | QUANTITY DELIVERED | INV. CODE | SALES AMOUNT |
| | | | | | <input type="checkbox"/> | | | | | |
| | | | | | <input type="checkbox"/> | | | | | |
| | | | | | <input type="checkbox"/> | | | | | |
| | | | | | <input type="checkbox"/> | | | | | |
| | | | | | <input type="checkbox"/> | | | | | |

| NAME | TITLE | SIGN | NAME (CHANGE) | TITLE | SIGN | PRODUCT TOTALS |
|------|-------|------|---------------|-------|------|----------------|
| 1 | | N | | | | |
| 2 | | N | | | | |

| PAYMENT RECEIVED SECTION | | | TOTAL SERVICE CHARGE (FROM ABOVE) | |
|-------------------------------|----------------|--|-----------------------------------|--|
| CASH <input type="checkbox"/> | TOTAL RECEIVED | APPLY PAYMENT TO: | 100.58 | |
| CHECK NUMBER | | <input type="checkbox"/> TODAY'S SERVICE/SALE | TOTAL PAD CHARGE (FROM ABOVE) | |
| | | <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS | TOTAL DUE 100.58 | |
| INV # | AMOUNT \$ | | | |
| INV # | AMOUNT \$ | | | |

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. I HAVE ALSO NOTED THE NUMBER OF PADS CONSIGNED BY SAFETY-KLEEN CORP. ABOVE AND ACKNOWLEDGE THAT THEY ARE IN MY POSSESSION. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSER OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

WASTES THAT DO NOT CONFORM TO THE FOLLOWING SPECIFICATIONS WILL BE SUBJECT TO ADDITIONAL CHARGES:
1. LIQUID PUMPABLE AUTOMOTIVE 2. 8" OR LESS OF SOFT REFINISH PAINT RELATED MATERIALS. PENETRABLE SETTLING.

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

X *[Signature]* PRINT NAME
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

IN EVENT OF EMERGENCY CALL
1-800-669-5740 or 1-708-888-4660 (24 hours)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PADS SERVICE/SALES ACKNOWLEDGEMENT

BRANCH

700-08-74 (6/91)



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

Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039. Expiration Date: 12/31/99

| | | | | | | | | |
|---|--|---|------------------------------|---|---|--------------------|-----------------|------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. GA 4170091000144633 | MANIFEST DOCUMENT NO. | 2. Page 1 of 1 | Information in the shaded area not required by Federal law or by State law. | | | |
| 3. Generator's Name and Mailing Address TRIDENT REFIT FACILITY NAVAL SUBMARINE BASE KINGSBAY, GA 31547 | | | | A. State Manifest Document Number | | | | |
| 4. Generator's Phone 904 673-4350 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name SAFETY HLEEN CORP | | | | C. State Transporter's ID | | | | |
| 6. Transporter 1 US EPA ID Number ILD 051060408 | | | | D. Transporter's Phone 904 264-2000 | | | | |
| 7. Transporter 2 Company Name | | | | E. State Transporter's ID | | | | |
| 8. Transporter 2 US EPA ID Number | | | | F. Transporter's Phone | | | | |
| 9. Designated Facility Name and Site Address SAFETY HLEEN CORP 30 W. FRONT ST LEXINGTON, SC 29015 | | | | G. State Facility's ID | | | | |
| 10. Facility US EPA ID Number SCD077995488 | | | | H. Facility's Phone 603 356406 | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID UN1263 FRAG 2 (6) POUS, D00 (9 D007) | | | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste |
| | | | | 102 PM | 44 P | | | FLAMMABLE LIQUID |
| 15. Additional Descriptions for Materials Listed Above D00, D02 & SH 1402 110005 | | | | K. Handling codes for wastes Listed Above | | | | |
| 15. Special Handling Instructions and Additional Information 9135 30467526 220898 - 307941-400-00 EMERGENCY RES 1-312-657-5460 UN-312 88 A CONT D-D007 SH DOT 523B 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, packaged 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 N. H. Jacc, Jr. | | | Signature N. H. Jacc, Jr. | | | Date 9/13/91 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | |
| Printed/Typed Name ART ROBERTSON | | | Signature Art Robertson | | | Date 09/30/91 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | |
| Printed/Typed Name | | | Signature | | | Date | | |
| 19. Discrepancy Indication Space MANIFEST NO. SHOULD READ 64632 drum returned to generator. -No arf# drum pumped in error by receiving location | | | | | | | | |
| 20. FACILITY Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | |
| Printed/Typed Name DAVID SIGHTER | | | Signature David Sighter | | | Date 11/01/91 | | |



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) 253-8488

3-079-41

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

Form Approved OMB No. 2050-0039. Expires 9-30-91

| | | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|----------------------|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. F L D 9 8 2 1 4 6 5 3 2 | | | | MANIFEST DOCUMENT NO. 6 4 6 1 9 | | 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 FLORIDA COCA COLA BOTTLING 1411 HURON ST JACKSONVILLE FL 32205 | | | | | | A. State Manifest Document Number | | B. State Generator's ID | | | |
| 4. Generator's Phone (904) 786-2720 | | | | | | 6. US EPA ID Number I L D 0 5 1 0 6 0 4 0 8 | | C. State Transporter's ID | | D. Transporter's Phone 904 264-2607 | |
| 5. Transporter 1 Company Name SAFETY-KLEEN CORP. | | | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | | | | | 10. US EPA ID Number 0-006-30 | | G. State Facility's ID | | H. Facility's Phone 803 356-4061 | |
| 9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 130-A FRONTAGE ROAD LEXINGTON, SC 29073 | | | | | | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) RG WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID UN1263 (ERG#26) (E005, D006, D007) | | 12. Containers No. 02 Type DM | | 13. Total Quantity 1123 | |
| | | | | | | | | 14. Unit Wt/Vol P | | Waste No. F 0 0 5 | |
| | | | | | | | | | | F 0 0 3 | |
| J. Additional Descriptions for Materials Listed Above D001 D006 | | | | | | K. Handling codes for wastes Listed Above | | | | | |
| 15. Special Handling Instructions and Additional Information 9140 31579352 664619 3-079-41-6022 01 EMERGENCY RES#1-312-697-8460 OR1-312-888-4660 24HR I(A)CONT'D-D007 D008 SKDOT# A: 523 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 TOM RAYBURN | | | | | | Signature <i>Tom Rayburn</i> | | | Date 11/03/91 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | |
| Printed/Typed Name ART ROBERTSON | | | | | | Signature <i>Art Roberts</i> | | | Date 11/03/91 | | |
| 18. Transporter 2 Acknowledgement or Receipt of Materials | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Date | | |
| 19. Discrepancy Indication Space | | | | | | | | | | | |
| Return to generator - no approved arc # | | | | | | 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 MIKE WOLF | | | | | | Signature <i>Mike Wolf</i> | | | Date 11/01/91 | | |



INVENTORY ORDER DOCUMENT

ORDER NUMBER
368043

ORDER TYPE
MATERIAL TRANSFER

TICKET / P.O. NO.
76550

VENDOR NUMBER

PAGE
01 of 01

ORDER DATE
10/15/91

SCHEDULED SHIP / PICK UP DATE
10/15/91

SCHEDULED DELIVERY DATE
10/16/91

FROM CIRCUIT: 99

SHIP VIA

SHIP TO
3-079-01
SAFETY-KLEEN CORP.
C/O RUSS GIAMBRONE
161 INDUSTRIAL LOOP SOUTH
ORANGE PARK, FL 32073

THRU LOCATION

SHIP FROM
000-630
SAFETY-KLEEN CORP
C/O LEONARD CHAPMAN
130-A FRONTAGE ROAD
LEXINGTON, SC 29073

| PART NUMBER | PART DESCRIPTION | PICK QTY. | U/M | ORDER QUANTITY | SHIP QUANTITY | BACK ORDER | RECEIPT QUANTITY | SKI NO |
|-------------|------------------|-----------|-----|----------------|---------------|------------|------------------|--------|
|-------------|------------------|-----------|-----|----------------|---------------|------------|------------------|--------|

QUANTITY CONTROL TOTAL: 2

EST WGT: 160 CUBES: 4

Carol McAdams

ORDER AUTHORIZATION: FROM LOCATION SHIP DATA DATE: PICKED BY/DATE WEIGHT SKIDS

FROM-LOC DRIVER NAME: SHIP DATE VEH NUM BEG MILES
** Rod Sullivan* 10/15/91 SK 000 754554

RECEIVED BY: DATE: TO LOCATION DELIVERY DATA DELIVER DATE END MILE PARTIAL COMPLETE
754559

SPECIAL INSTRUCTIONS:

| | | | |
|----------------------------|----|---|-----------|
| 83362 DRUM, 16 W/PAINT RES | EA | 1 | <u> </u> |
| 85825 THINNER, LAQ-SPENT | EA | 1 | <u> </u> |

ANY EXCEPTIONS TO THIS TRANSFER MUST BE ACKNOWLEDGED BY PHONE IMMEDIATELY.