

MANIFEST NUMBER **96019**

9340

GENERATOR

3-079-01-9316
CUSTOMER NUMBER
NATIONWIDE INSURANCE
NAME
5500 Williston Road
ADDRESS
CRINGVILLE FL 32608
CITY/STATE
104-338-4129 ZIP

BILL TO

CUSTOMER NUMBER _____
NAME _____
ADDRESS _____
CITY/STATE _____ ZIP _____

108-93 1776

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
108-93 1776									

MACHINE SERVICE SECTION

USED MANUAL ORDER BECAUSE:

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM (WEEKS)	CHANGE SERVICE TO (WEEKS) (INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS
D20 88888							
DUCKET # 94-1CC							

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

TOTAL SERVICE SECTION GENERATOR US EPA ID NO. **FLD994194532** GENERATOR STATE ID NO. _____
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA YES NO

HAZARDOUS WASTE INFORMATION

CONTAINERS					US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)		USEPA TRANSPORTER ID #ILD051060408		I certify that my total waste streams are within one of the following categories:	
PAIS NO. DM	SSPW TANKS NO. OF	18 GAL NO. DM	30 GAL NO. DM	TOTAL LBS. OR GAL						
					Waste Combustible Liquid, N.O.S.; (Mineral Spirits) NA 1993 PG III (EPA, D001, D018, D039) (ERG #27)		0 to 220 LBS./MONTH		Initials _____	
					RO Waste Compounds, Cleaning Liquid (Cresylic Acid) 8, NA1760 PG III (EPA, F002, F004, D006, D007, D008, D022) (ERG #60)		220 LBS. to 2,200 LBS./MONTH		Initials _____	
					RO Waste Compounds, Cleaning Liquid (Monoethanolamine) 8, NA1760 PG III (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60)		GREATER THAN 2,200 LBS./MONTH		Initials _____	

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails _____, 18 Gal. _____, 30 Gal. _____
DESIGNATED FACILITY NAME AND ADDRESS: **SAFETY-KLEEN CORP.** USA EPA ID No. **KYD053348108**
STATE HW 1146 **NEW CASTLE, KY 40050** STATE ID No. _____

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	DEALER PRICE	UNIT OF MEASURE	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
82102	Non Spec. Fuel	<input type="checkbox"/>	359.50	DM	2	719.00	-	719.00
83300	Over Pack	<input type="checkbox"/>	205.00	ea.	1	205.00	12.30	217.30
82115	ALT. FAC.	<input type="checkbox"/>	50.00	ea.	2	100.00	-	100.00

PAYMENT RECEIVED SECTION

CASH TOTAL RECEIVED _____ APPLY PAYMENT TO: _____
CHECK NUMBER _____ TODAY'S SERVICE/SALE
 PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT \$ _____
INV. # _____ AMOUNT \$ _____
INV. # _____ AMOUNT \$ _____

TOTAL PRODUCT AMOUNTS 317.30

TOTAL SERVICE AMOUNT (FROM ABOVE) 719.00

TOTAL DUE 1036.30

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 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.
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE **W.A. MacGILLIVRAY** PRINT NAME **W.A. MacGILLIVRAY**

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

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **FLD984194332** Manifest Document No. **196019**

2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
**NATIONWIDE INS.
 3300 WILLISTON ROAD
 GAINESVILLE, FL 32608**

A. State Manifest Document Number

4. Generator's Phone (**904**) **338-4129**

B. State Generator's ID

5. Transporter 1 Company Name **SAFETY-KLEEN CORP.**

C. State Transporter's ID

6. US EPA ID Number **TL0984908202**

D. Transporter's Phone **904-264-2607**

7. Transporter 2 Company Name

E. State Transporter's ID

8. US EPA ID Number

F. Transporter's Phone

9. Designated Facility Name and Site Address

G. State Facility's ID

**SAFETY-KLEEN CORP.
 STATE HWY 146
 NEW CASTLE, KY 40050**

H. Facility's Phone **502-845-2453**

10. US EPA ID Number **KYD053348108**

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
	No.	Type			
a. <input checked="" type="checkbox"/> HM RQ WASTE PAINT RELATED MATERIAL 3 UN1263 PG III (F003) (ERG#26)	17	DM	224	P	F003 D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
11A. CONTROL #0189154-5 SK# 1153 **EMERGENCY RESP# 1(708)888-4660 3-079-01-9316**
PP# M96019

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 **K.A. MAC GILLAVRY** Signature *[Signature]* Date **10 10 93**

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name **Dwane Hall** Signature *[Signature]* Date **10 10 93**

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 _____ Signature _____ Date _____

SAFETY-KLEEN CORP.

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, 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.

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

