Cost Less Cleaners 4180 -9 Jog Road Lake Worth, FI 33467 (561) 642- 5023



RECEIVED

OCT 1 4 2010

DEPT of ENV PROTECTION WEST PALM BEACH

Department of Environmental Protection 400 N. Congree Avenue Suite 200 West Palm Beach, FI 33401 ATTN: Leslie Smith

October 13, 2010

RE: Inspection Summary Responses

Ms. Smith,

Attached is the information that you requested after the inspection on September 9, 2010. If you have any questions, please free to call me.

Thank you,

Jeffrey Cohen

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FID984167791

Waste Disposal

Separator water is through a zero waste machine. It goes from the back of the machine through a hose to the zero waste machine. Then it gets filtered and gets misted on top of the roof. Perc is stored at the base of the zero waste machine.

Lint from the dry clean machine from the air filter is vacuumed and dumped into a hazard waste container. The button trap lint is dumped into a hazard waste container, which gets picked up by Safety Kleen. This is done every day.

Filters are disposed through Safety Kleen. See manifests and statements.

*** POST THIS NEAR ALL TELEPHONES ***

RECEIVED

EMERGENCY NOTIFICATION LIST

OCT 1 4 2010

DEPT of ENV PHOTECTION WEST PALM BEACH

EMERGENCY PHONE NUMBERS
Fire 9// Ambulance 9//
EMERGENCY COORDINATOR (Hazardous Waste) 1800 320 0519
PHONE NUMBER/BEEPER NUMBER 36/ 716 3224 (Cell Joseph)
COUNTY SHERIFF 688 3000
COUNTY HEALTH DEPARTMENT PHONE # 840 4500
LOCAL PUBLIC WORKS/SEWER DEPARTMENT PHONE # 659 8080 / 740 4600
SPILL RECOVERY CONTRACTOR Safety Kkey
Phone 561 736 1339
Location of Spill Control Equipment Boiler 1200m / Behind D/c MACK
INDIANA STATE POLICE 357 4040
-FBI 833 7517
POISON INFORMATION / 806 22 2 1222
U. S. MARSHAL 655 1827
CIVIL DEFENSE
WATER DEPARTMENT 659 8080 / 240 4600 / 278 5/3 C
WEATHER DEPARTMENT
LOCATIONS OF FIRE EXTINGUISHERS Front South wall By D/c Mach
LOCATION OF FIRE ALARM (if you have one) BACK WALL BY BOOF
FIA 800 320 0519
24 hours/day, 7 days/week TOLL FREE
National Response Center: (800) 424-8802 24 hours/day, 7 days/week TOLL FREE
US EPA ID # TX K 000050930 (on your hazardous waste manifest)

Emergency Action Plan

The emergency action plan contained in this manual should be customized to fit the needs of your particular drycleaning facility.

1. Purpose

The purpose of an emergency Action Plan is to protect the employees from serious injury, property loss or loss of life in the event of a natural disaster or emergency. A natural disaster constitutes any one (1) of the following: severe thunderstorm, tornado, or earthquake. Emergencies would constitute any one (1) of the following: bomb threat, robbery, fire, or hazardous chemical spill. In the event of any disaster listed, this Emergency Action Plan describes the responsibilities and actions to be taken to protect all employees.

The emergency action plan shall be in writing and shall cover those designated actions employers and employees must take to ensure employee safety from fire and other emergencies. For those employers with 10 or fewer employees, the plan may be communicated orally to employees and the employer need not maintain a written plan. IDLA and IDEM recommend everyone keep a written plan.

2. General Procedures

The employer needs to provide emergency escape procedures and emergency escape route assignments to every employee in case of an emergency and procedures to account for all employees after an emergency evaluation has been completed.

Emergency alarms should be established for each drycleaning facility that complies with OSHA standards. In the event of a natural disaster, the warning may come from radio or civil defense siren, or there may be no warning. In the event of an emergency, the warning may come from any one (1) of the following sources: in-plant sprinkler system, telephone, security alarm, or verbal warning from personnel in the plant

A person receiving notification of a possible natural or in-plant emergency should immediately notify their supervisor and the owner/manager.

A map of all evacuation will be displayed in the lunch room and at every work area. Each map will show the route and exit to take depending where employees are located in the plant. It will be the responsibility of the first -line supervisor to inform employees of these evacuation routes.

A. Natural Disasters

In the event of a SEVERE THUNDERSTORM, all personnel should have a radio on to listen for possible warnings. All open exterior doors should be closed, and any customers in the store should be kept away from plate glass windows.

In the event of a TORNADO, warnings may be sounded by civil defense sirens and National Weather Service warnings on radio. At times, tornadoes from with no warning. The only indication of a problem is often the sound of a train moving toward you. If the store is in or near the path of a tornado, the following procedures shall be followed immediately and in the following order as time and safety permits:

- 1. All personnel and any customers should be moved to a place of safety in the store, such as an interior wall, beneath a counter or table, but away from windows.
 - 2. All exterior doors closed.
 - 3. All presses and computers turned off to protect circuit boards.
 - 4. Drycleaning machine(s) turned off at main switch.
- 5. After the tornado passes, the supervisor on duty should evacuate the store if necessary and make sure all personnel are accounted for. Check for injuries, and await the arrival of emergency personnel.

EARTHQUAKES normally occur without any type of warning. Due to the suddenness, all personnel should attempt to get into a doorway passage or under a table or desk. NO ONE SHOULD GO OUTSIDE THE BUILDING. After the earthquake has stopped, all employees should help restore calm to fellow workers; check for injuries; shut off all gas, electricity, and water at main controls.

B. Man-Made Emergencies

A BOMB THREAT will normally be telephoned in. If this should happen, the person receiving the call should immediately notify the store supervisor or owner. The supervisor should, in turn, notify the owner at once. Either the supervisor or owner shall call the police to inform them of the threat. Store personnel shall follow any and all instructions given them by law enforcement personnel

In the event of a ROBBERY, the person or persons involved should do exactly as requested by the robber. If your store is equipped with a security system, set it off only if the robber will not be able to notice. If this cannot be done safely, wait until the robber has left, and then do so immediately. If your store is not equipped with a security system, call the police as soon as the robber has left the scene. When the police arrive, DO NOT run outside to them; they will come inside to you. Just stand at the counter and wait for their instructions. If anyone is injured during a robbery or robbery attempt, DO NOT use the security alarms. Call 911 instead and request medical assistance.

To the best of your ability, remember what the person looked like and write it down so you can give the information to police when they arrive. Include a physical description, description of any weapon, and direction of travel when they left the store.

In the event of a FIRE, quickly determine the scope of the fire. If it is very small and can be managed quickly with the use of the fire extinguisher, put out the fire. Otherwise, evacuate the store and call 911 (using the phone in a neighboring store). If it can be done safely, turn off gas and steam lines. Make sure the firemen understand there are small amounts of hazardous chemicals inside and tell them the location of the MSDS book.

In the event of a HAZARDOUS CHEMICAL SPILL, do the following*:

- 1. Try to determine what has been spilled. Look at the container the chemical was in, or see where the chemical is draining from.
- 2. Throw down on the floor any towels or absorbent material you can find to help contain the spill.
- CALL THE OWNERS to inform them of the emergency and the steps that have been taken.
- 4. Turn on all ventilation systems and open all doors. Refer to the MSDS book for further instructions on clean-up. If help is needed to clean-up, call your hazardous waste hauler.

Fire Prevention & Workplace Hazards

Fire Prevention

The employer must provide portable fire extinguishers for employee use in the workplace, the employer shall also provide an educational program to familiarize employees with the general principles of fire extinguisher use and the hazards involved with incipient stage fire fighting.

It is the responsibility of all employees to prevent any type of fire in the building. The following are general rules to accomplish this objective:

- 1. Extinguish all cigarettes in their proper place.
- 2. Do not smoke or have open flame around any type of chemicals.
- 3. Smoking shall be confined to designated areas (if there are any) or outside.
- 4. Do not put any hot cigarette butts in a trash can.

2. Workplace Hazards

These include steam lines and all chemicals used in the drycleaning or laundry processes. A partial list includes drycleaning solvent, paint removers, rust removers, chlorine bleach, oxygen bleach, acetic acid, amyl acetate and water-soluble stain removers. It is the responsibility of the spotter to be sure that all chemicals are stored in clearly marked containers. At the end of the day, all chemicals should be tightly capped and put away in designated areas.

Good housekeeping will prevent many problems. It is responsibility of EVERY employee to make sure trash is kept off the floors (and taken to the dumpster when necessary), and that exits are kept clear. If there are ever any questions about safety in the store, contact the owner/manger right away.

EMPLOYEE TRAINING RECORD (Check off each one when you train the employee)

Hazard Communication, M	SDS, Hazards, Chemicals
Emergency Action Plan	
Smells	
Drycleaning Machine	
Extension Cords	
Ladders	
Wet Bodily Fluids	
Spills	
Lockout Program	
Fire Extinguishers	
Fire Fighting	
Storing Chemicals	
Respirators	
Injuries	
	
I have been trained in the above che item that is checked.	ecked item, and I understand all aspects of each
Employee Name	Date

The following list gives some general directions to follow in case of an emergency:

In the event of a fire, call the fire department or attempt to extinguish the fire using the appropriate type of fire extinguisher.

In the event of a spill or accidental release (an unusually large discharge) equal to or over 100 pounds of perc or when a spill has reached surface water, you must contain the flow of hazardous waste to the extent possible and notify the National Response Center. The Center operates a 24-hour toll free number: 1-800-424-8802, or in Washington, D.C.: 426-2675. As soon as possible, clean up the hazardous waste and any contaminated materials or soil.

In the event of a fire, explosion, or other release, which could threaten human health outside of the dry cleaning facility, immediately notify the National Response

Center at 1-800-424-8802.

During your telephone call to the National Response Center, give the following information:

Your facility name, address, and EPA identification number (if you are an SQG).

Cost Less Cleaners 4180 Jog Road Lake Worth, FL 33467

The date, time, and type of incident (for example, if it is a spill or fire).

561 642 5023

The quantity and type of hazardous waste involved in the incident.

The extent of injuries, if any.

EPA# TXR 0000 50 930

An estimate of the quantity and location of any

II- The RCRA regulations require that emergency phone numbers and locations of emergency equipment must be posted near telephones. This means that next to the phone you must post:

Name, office and home phone numbers, and address of emergency coordinator.

A site plan showing locations of nearby:-portable fire extinguishers.-special extinguishing equipment (if it uses foam, inert gas, dry chemicals, etc.) -fire alarms. -spill control equipment (absorbent cotton rags). -decontaminant equipment (safety shower, eye wash fountain).

-water at adequate volume and pressure if needed to operate emergency equipment (such as water hoses, automatic sprinklers, water spray systems)

The telephone numbers of:

-fire department

911

-police department 9//

56/688 3000 Although not required, it is stronglyrecommended that you also post the following phone numbers by the telephone:

-state or local emergency response teams-hospital-local ambulance service-National Response Center-State Department of Public Safety

Hospetal Wellengton 798 8500 10101 Forest Hell Blue

JFK 965 7300 5301 S Congress Ave

State Energency 800 320 0519

Nalemal Rep 1800 424 8802

Safety Kleen 561 736 1339

Once you have made all the arrangements for the training session and located all of the supplies on the Checklist on page 1, you are ready for the training session. Use the following script as a guideline for what to say and do when your employee/students are in place and ready to learn.

TRAINING SCRIPT

Good morning (afternoon, evening)! The training in this session will help to ensure your safety and health on the job. It is our company's policy that all employees must know about the hazards they face and how to protect themselves. It is also important to know what to do in case of an emergency.

Please watch this video (read this manual) very carefully. The information presented is for your protection. Please ask questions if there is anything you do not understand. If I don't know the answer to your question right away, I will find out for you.

Have employees read or watch the modules about the Employee's "Right to Know".

Are there any questions about your legal rights and responsibilities regarding safety in this workplace?,

Stop and ask for questions.

Have employees read or view the module about Labels, the Inventory and Material Safety Data Sheets. After they learn about MSDSs, show your collection of the MSDSs and a sample of the type of secondary container warning label you use.

TRAINING SCRIPT (Continued)

Our MSDSs are kept
(Tell where you
ceep them.)They are filed
pick the method you use alphabetically,
by product group, by manufacturer)

Hand out a copy of an MSDS for a material that most are familiar with in your workplace.

Notice that the MSDS is divided into sections.

- Here is the emergency telephone number for more information....
- Here is what it says about the fire hazards of this material...
- Here is what it says about the health hazards of this material...
- Here is what it says about wearing personal protective equipment....

MSDSs are written for a "worst case" situation. In our company, you would be required to wear (name the appropriate PPE) when using the material to do (name a use).

Bring out a copy of your written Hazard Communication, Emergency Action, Illness and Injury Prevention or other plans. TRAINING SCRIPT (Continued)

This is a copy of our company's written safety plan(s). We keep it ______ (tell where it is kept) and you can see it at any time. The plan explains who to call and where to go in an emergency. (Tell them.)

Show a secondary container warning label.

This is the type of label we use on containers that do not have the manufacturer's label. Do not use a container if it does not have a legible label.

Have employees view or read the rest of the training materials.

Then show examples of the personal protective equipment that they are required to use on the job. Explain when they are required to use it.

These are examples of the personal protective equipment required in this operation. Please remember that it is your responsibility to use it every time. Our

disciplinary policy says that you will be warned, disciplined and finally terminated if you fail to use it as directed.

TRAINING SCRIPT

(Continued)

(Then show examples of the locks and tags used in the Lock Out/Tag Out program if you have one.

These pieces of equipment must be locked out when they are down for maintenance so that no one is accidentally injured if it is turned on. ______ (Name the pieces of equipment.) ______ (Name the person) is the person who is responsible for adding or removing locks or tags under our programs. Never remove locks or tags yourself.

(Ask again if anyone has questions. If so, answer them or say that you will get back to them with an answer.)

(When there are no more questions, hand out copies of the review exercises. Ask employees to fill them out. When they are finished, check the answers and explain wrong answers. Have employees sign and date the review exercises.)

EMPLOYEE TRAINING SIGN-UP SHEET

To	pic(s) Discussed:
_	
	CERTIFICATION OF EMPLOYEE TRAINING IN: (Check all applicable.)
	Personal Protective Equipment (Selection criteria; when PPE is necessary; what PPE is necessary; how to properly don, doff, adjust and wear PPE; limitations of PPE and proper care, maintenance, useful life and disposal of PPE.)
	Respiratory Protection (Selection, fitting, care and maintenance, use and how to don, doff and adjust the respirator.)
	Lock Out/Tag Out (Equipment affected, procedures, authorized personnel, restrictions.)
	Hazard Communication ("Right to Know") (Employee rights and responsibilities, MSDSs and labels, written plan, recognizing hazards, protective equipment and procedures.)
	Other
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	Other
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TEMPERATURE LOG:

Date

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April 2009

AND CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.	IN A CHANGE OF STATUS, YOU MUST NOTIFY THE PALM BEACH COUNTY HEALTH DEPARTMENT,	200 GALLONS ONLY MACHINE	TOTAL EXCEEDS	REMINDER: IF THE TWELVE-MONTH RUNNING
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Date 1	Temperature	Is Temp less	Total from last month	TOT
1/09		than or equal to 45° F (7.2°C)?	Apr 09 12 mo. Runn Subtract PERC purch	urd P
		< \ Z	May 2008	
2/1/09	40	1/12	SUBTOTAL	
5/8/09	カヤ	Y/N		P
5/15/09	Ŧ	Y/N	Purchase Date	₹ 2
2020	24	N/A		Q
E/29/001 ,60	0%	N/A		
700	?			

		Purchase Date	SUBTOTAL	Subtract PERC purchased May 2008	Total from last month: Apr 09 12 mo. Running Total	
+	O+ 600	Purchase 'Amount May 2009		purchased s	month: Running Total	_
-15		12 Month Running Total	30-1		Ó	
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PERC PURCHASES RUNNING TOTAL:

6	۲/۷		
<u> </u>	Y/N	42	6/19
3	Y/N	45	(1)
	N/A	43	412
SU	Y/2	4	6/5/9
Sut Sut	Is Temp less than or equal to 45° F (7.2°C)?	Temperature	Cols/OA

Sh-+5h 91/9	-460	Purchase Date Amount Ru June 2009 1	SUBTOTAL -45-	Subtract PERC purchased June 2008	May og 12 mo. Running Total
Q	0.8	72 Month Running Total	0	*	ğ

June 2009

NOTICE !	FIA	8 2
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			eaking?			Parts Ordered	Parts Received	Kepaired
inspected		3	5	2,9		Date	Date	Date
Date: 6/5/9 6 \12 10 107	3/2/2	\12\	1	421		Date		
	٧ 6	٧/۵	4/10	<u>×</u>	Y/N			
רשכטרי		-	+	3			4	
DOORS	× ×	4/2	Y/0	N/A 8/1	N/A		-	
DOOMS	•						•	-
PÚMP	∀ / Ø	<u>×</u>	×	Y/W Y/N	Y/N			
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SOLVENI IMMAS								
WATER SEPARATOR	*	∀/€	∀/#	Y/W Y/N	Y / Z			
		< \ Z	V/	ž	∀ / N			
STILL/MUCK COUKER	1							
HALOGEN LEAK DETECTOR	4/8	公	Y/Ø	Y/2 Y/N	Y/N			
	•	9			< <u> </u>			
DIVERTER VALVE	4/B	W/Y	R/\	×/\@	Y / Z			
	V \ Y	٧/ ک	∀ 2 0	Š	∀/N			
EXMAUST DAME ON								
CACKET'S INT/BUTTON TRAP	∀ /≥	∀ /⊗	_	∀ /₩	Y/N			
1				\ 3	V / N			
CARTRIDGE FILTER/SPIN DISK	7/3	~		7				

Date

Temperature

PERC PURCHASES RUNNING TOTAL:

July 2009

					_			
Ϋ́ N	Y/N	Y/N	N/A	7 2		to 45° F (7.2°C)?	than or equal	Is Temp less
	7-08 20/4/th	Purchase Date		SUBTOTAL	July 2008	Subtract PERC purchased	June 09 12 mo. Running Total	Total from last month:
+	9-5°	July 2009	Purchase			urchased	Running Total	nonth:
	3445	Total	2 Month	-15	12		0)

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	AND CONDUCT AND RECORD	COUNTY HEALTH DEPARTMENT,	HOA	ONLY MACHINES, AND RESOLUTION	SFER	, OR	ONS	KENINCER:	
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Inspected Date:	47	75		302		Parts Ordered Date	Parts Received Date
HOSES	Ž	Ś	۲ ک	×/	Y/N		
				\	٧/٧ ٧		
DOORS	1/8/ Y/SW	ž	4/W		Ž		*
PUMP	YÀ:	ž	Š	ž	Y/N		
NT TANKS	√ /ð	Ď	ΩÝ	γ/₽	Y/N		
OR	_	Ž	γ/❷	Y/D	۲/N		
STILL/MUCK COOKER	N/A	Y/N	Y/N	Y/N	Y/N		
HALOGEN LEAK DETECTOR	Š	9/√	γ/ 6	(Ž)	Y/N		
DIVERTER VALVE	(例)	∀ / ⊗	Y/8	Ύ(3)	∀ / ×		
EXHAUST DAMPER	Š	∀ /69	¥/¥	Ź	Y/N		
GASKET/LINT/BUTTON TRAP	٧ (<u>ه</u>)	∀	∀	Į.	Y/N		
	V ON VA	٧ گ	×	- Y/图 Y/N			
CARISTOCK FILIEN/UTIN COLO		C	1	t	†		C

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Date

Temperature

Is Temp less than or equal

to 45° F (7.2°C)?

PERC PURCHASES RUNNING TOTAL:

	15/3	Purchase Date	SUBTOTAL .	Subtract PERC purchased August 2008	Total from last month: July 09 12 mo. Running Total
+	- at +5M	Purchase Amount Aug 2009		ourchased	nonth: Running Total
	15	12 Month Running Total	1-30	- 45	+15

5/8/6/2 12 18/6/2

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Y/N

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August 2009

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			Y/N	∀ (2)	3	8	60	CARTRIDGE FILTER/SPIN DISK
			Y/N	۲/ %		10 /10	(S) (9)	GASKET/LINT/BUTTON TRAP
			Y/N	∀/8 3	(3)	(B)/(B)	80/0	EXHAUST DAMPER
	MODURON		Y/N	<u>Š</u>		123	3 / 6	DIVERTER VALVE
Hum			Y/N	Š	3	3	Y/®	HALOGEN LEAK DETECTOR
			۲/ ۷	Ž	€ /2:	Ž	Y/N	STILL/MUCK COOKER
5	1 - 1 NOW		۲\z	ĭ∕⊗	10 (3)) E	0.4	WATER SEPARATOR
*			Y/N	Ž			(A)	SOLVENT TANKS
			۲/X	Ý,		3 /W	% / ®	PUMP
			Ϋ́N	Y/\$	00	(A)	% (v)	DOORS
			Y/N	√, ©	0/0	10/6	100	HOSES
Date	Date	Date		72	7/18	714	78	Date:
Repaired	Parts Received	Parts Ordered		.?	Leaking?		•	Inspected

Date

Temperature

t/09/pg

PERC PURCHASES RUNNING TOTAL:

			Ţ.		7	4 :	2
N/N	Y/N	Y/N		Y/N	to 45° F (7.2°C)?	than or equal	E Toma las
	Purchase Date	****	SUBTOTAL	Septemb	Subtract PERC	Aug og 12 mo.	
5	Amount Sep 2009	Purchase		er 2008	himbacar	month: Running Total	
	Running Total	12 Month	*	0		7	
		Purchase Date Amount Sep 2009	Purchase Date Amount Sep 2009	SUBTOTAL Purchase Purchase Date Amount Sep 2009	September 2008 SUBTOTAL Purchase Purchase Date Amount Sep 2009	Subtract PERC purchased September 2008 SUBTOTAL Purchase Purchase Date Amount Sep 2009	Aug op 12 mo. Running Total Subtract PERC purchased September 2008 SUBTOTAL Purchase Purchase Date Amount Sep 2009

18/09/09

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September 2009

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nspected					
	Feavilia		rans Ordered	Parts Received	Repaired
Date:	majora a la la la	7/6	Date	Date	Date
HOSES	8 CA (C) (C) (C)	N/A CENT			Case
DOORS	(N/6) (D/6) (D/6)				·i
PUMP	100 A 100 A	-		- CARAL	
- 0	MAN PART OF THE PA	N/K (W/A)		W Man	· ·
SOLVENT TANKS	(A) (B) (B) (B) (B)	N/A CON		7	
WATER SEPARATOR	000 000 00	N/A W			Mary 1
STILL/MUCK COOKER	N/4 N/4 N/4	Y/V Y/N		1111/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	
HALOGEN LEAK DETECTOR	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	BAR Y/N			
DIVERTER VALVE	DA ON AVA	Z'Y Z	2		
EXHAUST DAMPER		₹ Y/Z			
GASKET/LINT/BUTTON TRAP		() () () () () () () () () ()			
- [100			í	
CARTRIDGE FILTER/SPIN DISK	6/0 0/0 4/A	CO Y/N			
WACTE / CATALATA		3			

Date

Temperature

is Temp less than or equal to 45° F (7.2°C)

PERC PURCHASES RUNNING TOTAL:

			<u> </u>		
	10/19	Purchase Date	SUBTOTAL	Subtract PERC purchased October 2008	Total from last month: Sep og 12 mo. Running Total
+	45+ 416)	Purchase Amount Oct 2009		urchased	onth: Junning Total
	30	12 Month Running Total	7/3	-30	15
		1			

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1920/2009

October 2009

200 GALLONS FOR TRANSFER FOR DRY-TO-DRY MACHINES, OR ONLY MACHINES, AND RESULTS IF THE TWELVE-MONTH RUNNING AND CONDUCT AND RECORD COUNTY HEALTH DEPARTMENT, MUST NOTIFY THE PALM BEACH IN A CHANGE OF STATUS, YOU TOTAL EXCEEDS 140 GALLONS LEAK INSPECTIONS WEEKLY. REMINDER:

	Leaking?		Parts Ordered	Parts Received	Repaired
Inspected	- Canning	1 2 3	Date	Date	Date
Date:	Date: 12/0/9/0/9/0/18/04	12 12 12 12 12 12 12 12 12 12 12 12 12 1	7000		
	0/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Y/50 Y/60			
HOSES	\ \ !	3			
DOORS	0/N 0/00 Y/V	Y/8/			
BIMB	0/1 (0)C) N/C)	A/A RVA		2	
SOLVENT TANKS	(A) N (B) N (B)	NV DVA			
300		\ \Z			
WATER SEPARATOR	1	1	-)
STILL/MUCK COOKER	Y/W Y/N Y/N	Ž		5	7
HALOGEN LEAK DETECTOR	3/V 8/3/V/2	Y/V Y/W			
	N/A WWW N/S	1/30 Y (3)		THI A NOW	
DIAEKICK AVEAL		٥		, 000	
EXHAUST DAMPER	3/7 (5/2				
GACKET/I INT/RUTTON TRAP	10/4 0/1 1/2 Y/2 Y/2 Y/2	4/V) Y/W			

10/1/2000

PERC PURCHASES RUNNING TOTAL:

	N/A		
11/2	Y/N		
	Y/N	44	10011/46
	Y/N	no	20/11/09
SUBTOT	Y/N	43	12/11/09
Oct 09 Subtract	than or equal to 45° F (7.2°C)?	Temperature 1	6

	11/23 2	Purchase Date	SUBTOTAL	Subtract PERC purchased November 2008	Total from last month: Oct 09 12 mo. Running Total
+	Ç	Purchase Amount Nov 2009		urchased 2008	orith: Junning Total
25	+15	12 Month Running Total	3/5	18	30

November 2009

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			Parts Ordered	Parts Received	Repaired	
Inspected	Econity.			Date	Date	
Date: Will	10 KHING 49 119/67/07	1	Dake			
-	ンとしかのから	Y/N		-	1	
HOSES	10 m	٧/٧ ٧				
DOORS	SA SA SA					
PUMP	CAN COVE COVE CAN	2		100	Jan 1	
SOLVENT TANKS	SON 950 30	Y/N		*		
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Y/N	•			
WATER SEPARATOR	4	т		>		
STILL/MUCK COOKER	N/N N/N N/N	1\N		0/10	0	
HALOGEN LEAK DETECTOR	8/8 8/8 8/8 8/8	۲ <u>/ ۷</u>		I an Bower		
THE WALVE	8/8 8/6 8/8 8/8	Y/N				
CACA	N. W. W. N. K.	∀ / N				
EXHAUST DAMPER						
GASKET/LINT/BUTTON TRAP	2/3 8/3 T/3 B/3	1/2				
	ナイメークにコークバケート	- < \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				

Jemperature

PERC PURCHASES RUNNING TOTAL:

- 1		- 1					
< \ Z		< Z	₹ (2)	Y/09	3	to 45° F (7.2°C)?	than or equal
				Directors Date	SUBTOTAL	Subtract PERC purchased December 2008	Total from last month: Nov og 12 mo. Running Total
+		+	Dec 2009	Purchase Amount		2008	onth: unning Total
0.00	Q		Total	12 Month Running	300	5/2	+15

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17/12/09/43

15/12/09

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CASKET/LINT/BUTTON TRAP	EXHAUST DAMPER	DIVERTER VALVE	HALOGEN LEAN DETECTION	DETECTOR	STILL /MUCK COOKER	WATER SEPARATOR	SOLVENT TANKS	PUMP		DODRS	HOSES		Date: Linda	Inspected		
7		(本) (水) (水) (水) (水) (水) (水) (水) (水) (水) (水		9/3 9 1 6 3 9 3 Y/2	┿	C C	ナッサイ	0 0 0 0 0 0 V V	N/N (S/A (S/A) (S/A) (S/A)			N/V W/B AND WAY	124 10/124/01/1251	Leakings		
	V/Z	YX	Y/Z	Z		2 2	Z	Z					Date		Parts Ordered	
					Cook	Mr. a Day year				200	020			Date	Parts Received	
		+					ALCON TO THE PARTY OF THE PARTY	100	7					Date		Repaired

PERC PURCHASES RUNNING TOTAL:

IcTown loss	
Total from last month.	>

I	N/A		
	€/N	42	1/29
טי	Q/N	IM	1/22
	Ø/N	43	1115
2	Ø/N	41	18
<u>ہ ام ≃</u>	than or equal to 45° F (7.2°C)?	lemperature	

A.	+	
©/5/	+78	1/15
12 Month Running Total	Purchase Amount Jan 2010	Purchase Date
195		SUBTOTAL
- 12	ourchased ⁽⁾	Subtract PERC purchased 9 January 2009
4 30	nonth: 🕅 Running Total	Total from last month: (V) Dec 09 12 mo. Running Total

January 2010

Inspected	•	٦	Leaking?	?		Parts Ordered	Parts Received	Repaired
Date:	1/8	1/15	177	1/2/		Date	Date	Date
HOSES	Ø/1	₹/⁄®	4/6	9/1	Y/N			
DOORS	W/Y	Y/600	γ/69	Y/60	Y/N			/
PUMP	Ø/.\	√ /©	Y/60	∀ /€	N/A			
SOLVENT TANKS	γ)/ Y	Y/63	Y ∕®	Y/Ŷ	Y/N			
WATER SEPARATOR	Y/N	Y/M)	Y/N	Y/8	Y/N			
STILL/MUCK COOKER	Y/ (∕⁄	Y/(N)	٧/ / ئ	γŒ	Y/N			
HALOGEN LEAK DETECTOR	Y/(()	Y /ੴ	Y/ (})	V/Ø	Y/N			
DIVERTER VALVE	Y/(₩)	Y /(N)	Y /(₹)	γ/@	Y/N			
EXHAUST DAMPER	Υ/ઓ	Y/(₹)	Y/ N	Υ/ᡚ	Y/N			
GASKET/LINT/BUTTON TRAP	Y/(Ú)	Y/(🕦	Y/∰	Y/(3)	Y/N			
CARTRIDGE FILTER/SPIN DISK	Υ/Ñ)	γ <i>(</i> 0)	Y/@}	Y/M	Y/N			
WASTE CONTAINERS	(Ŋ/ Y	(K/)	Y (g)	Y/\$7	Y/N	WASTE CONTAINERS LABELED?	Y/N DATED? Y/N	N COVERED? Y/N
		(•					

PERC PURCHASES RUNNING TOTAL:

	Y/N		
	Ø/z	42	2)26/40
	@/N	22	2/10/10
, with the	Ø/N	47	01/0/2
SUB	⊗/Z	42	2/5/10
Total Jan 1	Is Templess than or equal to 45° F (7.2°C)?	Temperature	Date

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	₹		Total
CH5-16	12 Month Running Total	240	 045
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		_	l eaking?	asi s Shrain		Parts Ordered	Parts Received	Caracti	Repaired	
: Inspected							Date	PR T	Date	
Date:	248	21/2	7 10 1	2,75		Con		$\frac{1}{1}$		
HOSES	Ž.	×	Y/10	Y/80	Ϋ́N			+		- 1
	ž	4/60	¥/₩	Y/例	₹ / Z			-		1
DOORS	╄╾									
PUMP	W/W	Y	Y/@	Y/S	Y/N			$\frac{1}{1}$		- 1
SOLVENT TANKS	γ,Ω	√⁄®	~	V/W	Y/N			\downarrow		- 1
WATER SEPARATOR	ž	√ / ©	₹/ €	Y/E	Y/N			-		
STILL /MUCK COOKER	N/A	N/A	Y/N	Y/N	Y/N			1		- [
HALOGEN LEAK DETECTOR	√ \ (2)	Š	∀ /Ø	Y/8	Ϋ́N			\downarrow		ļ
DIVERTER VALVE	√/g∂	MY	Y/8	W/V	Y/N			\downarrow		- 1
EXHAUST DAMPER	¥ (3)	Š	√ <i>⁄</i>	Y/10	Y/N			1		- 1
GASKET/I INT/BUTTON TRAP	Š	Ž	Y/8	W/Y	Y/N			1		- [
CARTRIDGE EILTER/SPIN DISK	<u>خ</u>	ž	3	N/V	Y/N			-		
			W/ V	V/0		WASTE CONTAINERS LABELED? Y/N		DATED? Y/N	COATIVED	

3/05/2000

Temperature

Is Temp less than or equal to 45° F (7.2°C)?

3/26/10

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Y/N

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2/12/10

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3/05/2006

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PERC PURCHASES RUNNING TOTAL:

	Total from last month:		
100	96		
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otal 💌	3/1 45	Iarch 2009 [AL Purchase se Date Amount Mar 2010.]
	Puix Date Am	
March 2009	Purchase Date Amount Mar 2010	SUBTOTAL
8		Purchase Date Amount Mar 2010

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	8	Running Total	12 Month	500	- 30	845	
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III packad		\ <u>\</u>	١	2		Date	Date	Date
Date: 13,07	1	1	31.161.12	77.				
HOSES		V/8	Y/0	Y/8	ĭ,×			
DOORS	۲/۵ ۵/۲	∀ /2	Y/ 3	3	Y/N			
			5					
PUMP	Y/8	ě	٧/٥	NL/A	1/1			
SOLVENT TANKS	Y/3	Š	Y/QI	Y/N	Y/N			
WATER CERABATOR	٧ ۵	٧/ ١	∀ / (8)	4	Y/N			
		< /a>	V/N	V/V	V / N			·
STILL/MUCK COOKER	1	1			:			
HALOGEN LEAK DETECTOR	V/Q	Y/8	¥/ ⊘	Y \∕	Y/N			
DIVERTER VALVE	¥/Ø	*	V/0	M /A	Y/N			
TYUNIST DAMPER	\ \\	٧/٨	8/7	Ϋ́	Y/N			
				\ \ \ \ \	V / V			
GASKET/LINT/BUTTON TRAP	1/8	1/48	1,2	1/14	1,712			
CARTRIDGE FILTER/SPIN DISK YOU YOU YOU YOU YOU YOU	1/3	Y	Y/2	Y/0	Y/N			

PERC PURCHASES RUNNING TOTAL:

April 2010

Total from last month: Mar 10 12 mo. Running Total	Subtract PERC purchased	April 2009	Purchase	rchase Date Amount	1/6 45	+
D ≅					3	<u> </u>
Is Temp less than or equal	to 45° F (72°C)	Ø N	Ø N	N/Q	N/Ø	N/A
Temperature	2.6	017	43	41	44	
Date	4/02/10	11/02/10	0/160/17	4/16/10	01/02/10	

REWINDER: F YOUR 12 MONTH OTAL IS 140 GALLONS JF PERC, YOU MUST IND RECORD LEAK INS WEEKLY.	
S. Land Market Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.	

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				15		** bare Officed ** Parts Received	Repaired
* Inspected *	1000		eaking:	*		ないで 一人になる 一人の一人の一人の一人の一人の一人の一人の一人の一人の一人の一人の一人の一人の一	
Date III	17	1	01/01/1	064191		Date	Date
HOSES		S	0/A	Q1/X	Y/N		
DOORS	% √	8 0 ×	(2)/x	Y/Y	Y/N		
PUMP	Ø/ >	② / \	W/Y	W/Y	N/Y		
SOLVENT TANKS	V/V	M/Y	Ø/ \	Ø/X	Y/N		
WATER SEPARATOR	¥/08	Ø/1	۸/۹	Y/B	N/Y		
STILL/MUCK COOKER	N/Y	N/Y	Y/N	Y/N	Y/N		
HALOGEN LEAK DETECTOR	Ø/>	Ø/ X	٨/٨	Ø/ \	N/A		
DIVERTER VALVE	Ø/ A	Ø/ X	۸/۸	W//	N/Y		
EXHAUST DAMPER	V/0	Ø/A	Ø/.\	Ø/x	Y/N		
GASKET/LINT/BUTTON TRAP	Ø/x	₩//	Ø/⊁	Φ //λ	X/N		
CARTRIDGE FILTER/SPIN DISK	Ø/x	Ø/x	(M/A)	Ø/1	Y/N		1
	K	アヌー	9	k: :	14/77	LUIA CTE CONTAINED CLARE FD? Y/N DATED? Y/N	COVERED? Y/N

2. iau

PERC PURCHASES RUNNING TOTAL:

May 2010

Total from last month: Apr 10 12 mo. Running Total	Subtract PERC purchased May 2009	SUBTOTAL	Purchase	Mayzoro	+ 0	+
Is Templess than or equal?	(P) N	2	G _N	N/W	N/Y	N/A
Temperature		7	7h	70		
Date 7	5/07/10	210710	5/14/10	01/2/5		

EMINDER:	COIN NEW PEOPLE ON THE PERC	THE EMERGENCY SHUT SOOKS			
18	0/	Z Wonth R	Rumning! Total	8	1
al					

Inspected			· Leaking?			Parts Ordered ">	* Parts Received	Repaired	
Date: 6/4/19/10/04/20/1	9410	414	40/2			Date Comment	Date :	Date	
HOSES	® /∧	Y/68	₩/X	N/A	N/A				
DOORS	Q />	Ø/1	₩/٨	N/A	N/A				
PUMP	٨/٥	18/A	8/1	N/A	Y/N			*	
SOLVENT TANKS	Ø/x	Ø/1	N/8	N/A	Y/N				i
WATER SEPARATOR	A/Y	0/1	W/V	N/X	N/X				
STILL/MUCK COOKER	N/X	N/A	N/A	N/A	N/A				
HALOGEN LEAK DETECTOR	@/x	® / \	Y/0	N/A	N/A				ŀ
DIVERTER VALVE	Ø8/ \	03/A	W//	N/X	Y/N				
EXHAUST DAMPER	٧/٨	OJ/X	۸/١	N/A	Y/N				
GASKET/LINT/BUTTON TRAP	Ø/x	@/x	٧/٨	Y/N	Y/N				

Y/N

COVERED?

X/X

DATED?

X/N

×/N

X/N

Ø/ >

Ø/×

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CARTRIDGE FILTER/SPIN DISK

WASTE CONTAINERS

PERC PURCHASES RUNNING TOTAL:

June 2010

ON 0/29/10 45 15	CLIBIT	Subtr	is Templess: Total from last month: 15	Right T	Total from last month: May 10 12 mo. Running Total Subtract PERC purchased June 2009 SUBTOTAL Purchase Purchase Purchase VLA/R WS
	Purchase Date J.	SUBTOTAL Purcffase bate Ju	Subtract PERC pur June 2009 SUBTOTAL Purcflase Date June 2009		
		SUBTOTAL	Subtract PERC pur June 2009 SUBTOTAL	Running Total	. T
Purcitase Date		COLEGE	ö	12 Month	

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12/2

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Date

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0/18/10

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01/5/19

Y/N

REMINDER:	DO NOT HAVE ANY FLOOR DRAIL	TANK, OR A STORMWATER DRA ANYWHERE NEAR THE ARE WHERE SOLVENT IS PRESENT.	
	LOOR DRAIÑS. Ter, a septië	WATER DRAII THE ARE PRESENT.	

	Inspected		-	Léaking			Pajas Ordered	Partsireceived) pe	Repailed	7.2
	Date CMV	C/W/O	11/10	19/10/	SPACE.	×	Date	Date		* Date	Solutions
	HOSES	٨/١	W/A	N/A	Y/N	N/A					
	DOORS	8/1	Ø/ λ	Y/N	N/A	Y/N					. 1000 A 47-
	PUMP	8/A	0/A	N/A	N/A	Y/N					
	SOLVENT TANKS	8//A	8/A	Y/N	N/X	Y/N		*			
	WATER SEPARATOR	W//	Øy λ	Y/N	N/X	Y/N					
	STILL/MUCK COOKER	N/A	N/A	Y/N	N/X	Y/N					
	HALOGEN LEAK DETECTOR	0 /∕	Ø/A	Y/N	N/A	N/A	,				
	DIVERTER VALVE	Ø/1	0/A	N/X	Y/N	Y/N					
	EXHAUST DAMPER	0/A	٨/١٥	N/X	Y/N	N/A				3	:
	GASKET/LINT/BUTTON TRAP	Ø/X	Y/80	N/X	Y/N	Y/N					
	CARTRIDGE FILTER/SPIN DISK	0/A	V/160	Y/N	Y/N	Y/N				neTA⊒ii we	
—	WASTE CONTAINERS	Ø/ λ	Ø/4	N/A	Y/N	Y/N	WASTE CONTAINERS LABELED?	Y / N DATED?	D? Y/N	COVERED?	? Y/N

PERC PURCHASES RUNNING TOTAL:

July 2010

	15	-30	-15	12 Month	Running Total	1 18	
	Total from last month: June 10 12 mo. Running Total	purchased		Purchase	Amount July 2010	0+0	+
	Total from last month: June 10 12 mo. Runnin	Subtract PERC purchased July 2009	SUBTOTAL		Purchase Date		
4	than or equal	10 45 F (7.2°C)?	5	W/W	N/Ø	W/W	Ø/N
	than or equa	7	Ś	44	40	Z(-

7/23/10

120/10

01/97/7

2/9/10

Date

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1014	<u> </u>		

Inspected				Leaking?	2		Parts Ordered	Parts Received	Repaired	
	Date: भूति। भूव	374		philap	2/40	85 TV	Date	Date	Date	
HOSES		¥/60	A/V	Y/R	Ø/X	×				
DOORS		Ø/4	(A/Y	Ø√ ×	(S) >	@/x				
PUMP		8//	Ø/ x	V//0	(P)/x	Ø/ >				
SOLVENT TANKS		√ / ©	9 />	13 /√	₹ / \	(3)				
WATER SEPARATOR		(3)/X	4	₹/ ×	Ø/x	⊘ ≻				
STILL/MUCK COOKER		V/N	N/Y	N/Y	Y/N	N/Y				
HALOGEN LEAK DETECTOR		8/7	(B)/ ×	3	⊗ ≻	(Q)/x				
DIVERTER VALVE		(P) / >	×/\$	CM/X	3 //×	9 />				T
EXHAUST DAMPER		Ø/\	7 / ∕	(<u>a</u> />	(Q)/x	Ø/>				T
GASKET/LINT/BUTTON TRAP	-	Y/8	2 €/≻	₹ /	٧/١٥	3/7				1
CARTRIDGE FILTER/SPIN DISK	\Box	Ø/x	Ø/≻	٧/٩	Ø/ ×	® / x				
-		:								

Date

Temperature

PERC PURCHASES RUNNING TOTAL:

_				<u> </u>			
N/A	Y/N	ØN	Ø/ N	7	N/Ø	to 45° F (7.2°C)?	Is Temp less : than or equal
		Purchase Date		SUBTOTAL	August 2009	Subtract PERC purchased	Total from last month: July 10 12 mo. Running Total
+	<i>G</i> +	Amount Aug 2010			9	urchased	nonth: Running Total
	-60	Total	nz Month	1 60	3	11	1 15

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REMINDER: RAIN NEW PEOPLE ON THE INIACHINE, AND IN PARTICUTHE EMERGENCY SHUT PROCEDURE.	 Yank			
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SHUT DO IN	L	ENCY	N PEOP	
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Inspected			Leaking?			Parts Ordered	Pants Received	Repaired
Date: allino allino	200		edagle grate	diction of the		Date	Date 💎	Date
HOSES	Y / 2		N/Y	N/A	Y/N			
DOORS	¥/20	√\⁄ ®	√/¥9	Y/N	Y/N		*.	
PUMP	ž	₩ /₩	ĭ Ž	N/A	N/A			
SOLVENT TANKS	4/0	Y/X	N/V	N/A	N/A			
WATER SEPARATOR	₹	¥/Ø	¥ Æ	Y/N	Y/N			
STILL/MUCK COOKER	Y/N	N/A	Y/N	Y/N	Y/N			
HALOGEN LEAK DETECTOR	√ \ ⊘	Ø/ A	4/9	Y/N	Y/N			
DIVERTER VALVE	٧/٧	Υ / \$2	γ/\$	Y/N	Y/N			
EXHAUST DAMPER	8/Y	۲/ ک	٧ کر	Y/N	Y/N			
GASKET/LINT/BUTTON TRAP	8/4	(M/A	N/A W/A W/A W/A		۲/N			

PERC PURCHASES RUNNING TOTAL:

N/A	10x 10 Ct3 1x1	117/10 42 BIN	01/10/10 AH 01/10	0/2/10 tto 0/2/16	13/ s
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	Purchase Date	SUBTOTAL	Subtract PERC Septemb	Total from last Aug 10 12 mo	
4	Purchase Amount Sep 2010		purchased er 2009	month: Running Tota	
160	12 Month Running Total	1 60	Ö	8	
	ラ 1		Purchase 12 Minount Run	ember 2009 - Purchase 72 N atte Amount Run Sep 2010 10	last month: 2 mo. Running Total ERC purchased ember 2009 Purchase Purchase 12 Minare Sep 2010 Tot

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₽	1	GASKET/LINT/BUTTON TRAP	L		4	HALOGEN LEAK DETECTOR	_		WATER SEPARATOR			PUMP		DOORS	HOSES	Date: 0/2/10		Inspected
1/2 1/3 1/3 1/3 1/N	e	× ×	3	1/6	╅	V/2	Y/N	W/Y	_	8/Y	┺	×	YAN	_	V//2	0/5/0		
3	à		Y.	1/6	-	_	N/X	Y/89		Y/3		<	¥/@	2	\ ()			
Y/0	R. / J.	_	YAS	ě			N/Y	BIA MIA	Y	1 / 2	7/0	2.10	₹\ ©	1/0	3	0116	為於何度於	ि Leaking?
Y 分 一	4/6	,	¥/4	4/8	ě	>	N/N	N/A		4/6	N/N	- 1	Y/9	Y / QL		0 hach a 4110 110110		2
N/A	Y/N		ĭ,v	Y/N	XX N		V/V	Y/N		Ϋ́ν.	N/X		Y/N	Y/N	- 1			
															Date		rails Undered - Parts Received	

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<u> </u>										I. OMB No.	
	WASTE MANIFEST		FL0000917575	' '	Emergency Respons	17 18	4. Manifest	433	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 1	FLE
5	5. Generator's Name and Mailin COST LESS CL	ng Address		Ge	nerator's Site Address	(if different th	an mailing addres	ss)			
	14180-9 JOG R	D									
	LAKE WORTH	-642-5023	FL 33467	,							
	agrieratura i ritalia.										
Π	SAFETY-KLEEN	SYSTEMS, INC.					U.S. EPAID N	Number	TXRO	000505	730
	7. Transporter 2 Company Nam	e	<u> </u>				U.C. FDA ID A			_	
	, , , , , , , , , , , , , , , , , , , ,						U.S. EPA ID N	lumber			
8.	. Designated Facility Name an	d Site Address SAFET	Y-KLEEN SYSTE	MS. THE	· · · · · · · · · · · · · · · · · · ·		U.\$t.@spingD N	lumbar			_
Ш		5610	ALPHA DRIVE				a de German	40111001			
111	561~	736-1339 BUTNS	ON BEACH	,	FL 33426				Tt one	341877	100
<u> </u>	acility's Phone:						1		FEUT	341011	71
		on (including Proper Shipping Na	me, Hazard Class, ID Number,	-	10. Contai	ners `	11. Total	12. Unit			
⊢			1170 M 0 0		No.	Туре	Quantity	WtJVol.		Waste Code	_
뜅	{TETRACHL	IC LIQUID, ORGA OROETHYLENE, T	RICHLOROETHYL	ENE)	-	OF		۴	0007	0029	D039
Ĭ\$	6.1 UN281	O PGIII RQ(FOO	(2)	Hart Hay C	1.		307		0040	F002	
GENERATOR	2.	· · · · · · · · · · · · · · · · · · ·				 	710				
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11L					No or washing any or property		The region of the last of the)			
ШГ	3.		· · · · · · · · · · · · · · · · · · ·								
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Ш	4.	<u> </u>							Ì		
	4 .									***	
14	4. Special Handling Instructions	and Additional Information	5K SHIP#20189	3434 519	76730 69	21880	2011	40 C	50.6		
111.				u .u,	anioo ji	FYOUN	2010	/40 L	១៤; ភ		ĺ
	L)ERG#153;	*V # 000_440.+	TEALBARREN (2)	PP11	al about the 2						
ŝ	4 HR EMERGENO	1 * 000-408-1	/0015MFE Y-KL	L E & J 137							
	SW MANALIGIKTYED	TO RETAIN LIC	ENSED SUBSEQU	ENT CARR	IFRA AS NI	TOFREAL	òγ				
15.	GENERATOR'S/OFFEROR	IU KE IAIN LIC	EMSED SUBSEQUI	ENT CARR	IEBB AS NI	cribed above	hu the exercise ski	ping name	and are clas	sified necks	hen
15.	GENERATOR'S/OFFEROR marked and labeled/placard	YS CERTIFICATION: I hereby died, and are in all respects in or	EMSED SUBSEQUI	ENT CARR consignment are for	IES AS MI	cribed above	hu the exercise ski	ping name f export shi	, and are clas	sified, packa am the Prima	iged,
15.	S: GENERATOR'S/OFFEROR marked and labeled/placand Exporter, I certify that the co I certify that the waste minin	I'S CERTIFICATION: I hereby died, and are in all respects in proportents of this consignment conformation statement identified in 4	EMSED SUBSEQUI lectare that the contents of this per condition for transport according to the terms of the attached	consignment are for ording to applicable EPA Acknowledgree quantity generato	Illy and accurately des international and nation nent of Consent. r) or (b) (if I am a small	cribed above lonal governme	by the proper ship intal regulations. I	pping name, f export shi	, and are clas pment and I a	sified, packa am the Prima	iged, iry
15.	5. GENERATOR'S/OFFEROR marked and tabeled/placard Exporter, I certify that the co I certify that the waste minimanerator's/Offeror's Printed/Type	I'S CERTIFICATION: I hereby di led, and are in all respects in pro ordents of this consignment confo nization statement identified in 40 ad Name	EMSED SUBSEQUI lectare that the contents of this per condition for transport according to the terms of the attached	consignment are for riding to applicable	Illy and accurately des international and nation nent of Consent. r) or (b) (if I am a small	cribed above lonal governme	by the proper ship intal regulations. I	ping name fexport shi	, and are clas pment and I a Mon	am the Prima	iged, iry Year
15.	GENERATOR'S/OFFEROR marked and labeled/placard Exporter, I certify that the cc I certify that the waste minin enerators/Offeror's Printed/Type	PS CERTIFICATION: I hereby deed, and are in all respects in propriets of this consignment confinitation statement identified in 40 and Name	EMSED SUBSEQUI lectare that the contents of this per condition for transport according to the terms of the attached	consignment are for ording to applicable EPA Acknowledgree quantity generato	Illy and accurately des international and nation nent of Consent. r) or (b) (if I am a small	cribed above lonal governme	by the proper ship intal regulations. I	pping name, f export shi	pment and I a	am the Prima	Year
15. Ge	GENERATOR'S/OFFEROR marked and labeled/placard Exporter, I certify that the collicertify that the waste minimanerator's/Offeror's Printed/Type	PS CERTIFICATION: I hereby died, and are in all respects in prontents of this consignment confinization statement identified in 40 and Name	EMSED SUBSEQUI lectare that the contents of this per condition for transport according to the terms of the attached	consignment are for ording to applicable EPA Acknowledgree quantity generato	Illy and accurately des international and nation nent of Consent. r) or (b) (if I am a small	cribed above onal governme	by the proper ship intal regulations. I	ping name fexport shi	pment and I a	am the Prima th Day	Year
15. Ge	marked and labeled/placand Exporter, I certify that the cc I certify that the waste minin anerator's/Offeror's Printed/Type International Shipments ansporter signature (for exporter	PS CERTIFICATION: I hereby deed, and are in all respects in prontents of this consignment confinization statement identified in 40 and Name Import to U.S. solly):	EMSED SUBSEQUI lectare that the contents of this per condition for transport according to the terms of the attached	consignment are fiveding to applicable I EPA Acknowledge e quantity generato	III and accurately desinternational and nationent of Consent. To r (b) (if I am a small)	oribed above onal governme	by the proper ship intal regulations. I	ping name, f export shi	pment and I a	am the Prima th Day	Year
15. Ge	GENERATOR'S/OFFEROR marked and labeled/placard Exporter, I certify that the collicertify that the waste minimanerator's/Offeror's Printed/Type	PS CERTIFICATION: I hereby died, and are in all respects in prontents of this consignment conformation statement identified in 40 and Name Import to U.S. s only): of Receipt of Materials	EMSED SUBSEQUI lectare that the contents of this per condition for transport according to the terms of the attached	consignment are fording to applicable I EPA Acknowledge e quantity generator Signatur	Its AS MI Illy and accurately des international and nation nent of Consent.) or (b) (if I am a smale) Port of ent Date leavin	oribed above onal governme	by the proper ship intal regulations. I	iping name,	pment and I a	th Day	Year
15. Ge	GENERATOR'S/OFFEROR marked and tabeled/placard Exporter, I certify that the cc I certify that the waste minin enerator s/Offeror's Printed/Type The management of the manageme	PS CERTIFICATION: I hereby died, and are in all respects in prontents of this consignment conformation statement identified in 40 and Name Import to U.S. s only): of Receipt of Materials	EMSED SUBSEQUI lectare that the contents of this per condition for transport according to the terms of the attached	consignment are fiveding to applicable I EPA Acknowledge e quantity generato	Its AS MI Illy and accurately des international and nation nent of Consent.) or (b) (if I am a smale) Port of ent Date leavin	oribed above onal governme	by the proper ship intal regulations. I	pping name.	pment and I a	th Day	Year
15. Ge	GENERATOR'S/OFFEROR marked and tabeled/placard Exporter, I certify that the cc I certify that the waste minin enerator s/Offeror's Printed/Type The management of the manageme	PS CERTIFICATION: I hereby deed, and are in all respects in proportion statement identified in 44 and Name Import to U.S. sonly): of Receipt of Materials	EMSED SUBSEQUI lectare that the contents of this per condition for transport according to the terms of the attached	consignment are fording to applicable I EPA Acknowledge e quantity generator Signatur	Its AS MI Illy and accurately des international and nation ent of Consent. or (b) (if I am a small Port of ent Date leaving	oribed above onal governme	by the proper ship intal regulations. I	ping name f export shi	pment and I a	th Day	Year Year Year
TR ANSPORTER INTL ← 12.1 Its	marked and tabeled/placand Exporter, I certify that the co I certify that the waste minin anerator's/Offeror's Printed/Type International Shipments Transporter signature (for exporter Transporter Acknowledgment ansporter 1 Printed/Typed Name	PS CERTIFICATION: I hereby deed, and are in all respects in proportion statement identified in 44 and Name Import to U.S. sonly): of Receipt of Materials	EMSED SUBSEQUI lectare that the contents of this per condition for transport according to the terms of the attached	consignment are fording to applicable I EPA Acknowledgre quantity generato Signatur Export from U.S.	Its AS MI Illy and accurately des international and nation ent of Consent. or (b) (if I am a small Port of ent Date leaving	oribed above onal governme	by the proper ship intal regulations. I	pping name f export shi	Mont	th Day	Year
TR ANSPORTER INTL ← 12.1 Its	generator's/offeron marked and labeled/placard exporter, I certify that the colored local certify that the waste minin anerators/offeror's Printed/Type . International Shipments cansporter signature (for exporter). Transporter Acknowledgment of ansporter 1 Printed/Typed Name	PS CERTIFICATION: I hereby deed, and are in all respects in proportion statement identified in 44 and Name Import to U.S. sonly): of Receipt of Materials	EMSED SUBSEQUI lectare that the contents of this per condition for transport according to the terms of the attached	consignment are fording to applicable I EPA Acknowledgre quantity generato Signatur Export from U.S.	Its AS MI Illy and accurately des international and nation ent of Consent. or (b) (if I am a small Port of ent Date leaving	oribed above onal governme	by the proper ship intal regulations. I	pping name.	Mont	th Day	Year Year Year
TRANSPORTER INTL 18. 18.	marked and tabeled/placand Exporter, I certify that the co I certify that the waste minin anerator's/Offeror's Printed/Type International Shipments Transporter signature (for exporter Transporter Acknowledgment ansporter 1 Printed/Typed Name	PS CERTIFICATION: I hereby ded, and are in all respects in proportion of this consignment confenitation statement identified in 4th and Name Import to U.S. s only): of Receipt of Materials	leclare that the contents of this per condition for transport account to the terms of the attached 0 CFR 262.27(a) (if I am a large	consignment are fording to applicable I EPA Acknowledgre quantity generato Signatur Export from U.S.	Its AS NI Ity and accurately des international and nationent of Consent. c) or (b) (if I am a small	oribed above onal governme	by the proper ship intal regulations. It erator) is true.	f export shi	Mont	th Day	Year Year Year
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		SYSTEMS, INC					U.S. EPA ID	Number	TXRO	00050	930
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18c. S	gnature of Alternate Facility (o	or Generator)			-		L		Mont	h Day	Year
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<u></u>	H141]3.			4.				
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]"		2.		3.				4.				
20. D	esignated Facility Owner or	Operator: Certification of receipt of	nazardous materials covere	d by the manife	st except	t as noted in Item	18a					
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1	UNIFORM HAZARDOUS WASTE MANIFEST		FL0000917575	2. Page 1 of		ency Response 00-468-1		4. Manifest 1	<u> 243</u>	269	7 \$	KS
	5. Generator's Name and Mailin COST LESS CL 4180-9 JOG R LAKE WORTH Generator's Phone: 561	EANERS	FL 3346 7	, ,	Generator	's Site Address (i	f different the	n mailing addres				
	6. Transporter 1 Company Nam SAFETY-KLEEN	SYSTEMS	INC.				•	U.S. ÉPÁ 10 N	lumber	TXRO	00509	230
	7. Transporter 2 Company Nam	18			.			U.S. EPA ID N	umber			
	8. Designated Facility Name an	d Site Address	SAFETY-KLEEN SYSTE	MC TH	ic.	** 19		U. § §.P\$d P N	umber			
		736-1339	5610 ALPHA DRIVE BOYNTON BEACH	-1197 411		33426		1 7 7 3		FLD98	341677	791
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E	18b. Alternate Facility (or Gener	rator)			Mai	nifest Reference	Number:	U.S. EPA ID N	lumber			
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E	1. H141		2. H141	3.				4.				-
		or Operator: Certificat	ion of receipt of hazardous materials cover	red by the mani	ifest except	t as noted in Item	18a		·			
	Printed/Typed Name	15	- The state of the	Sig	nature	A		/			onth Day	Year
П		r Operator: Certificat	ion of receipt of hazardous materials cover			t as noted in Item	18a	,				- 1/
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1	UNIFORM HAZARDOUS 1. Generator ID Number FL0000917575 WASTE MANIFEST	2. Page 1 of	J Emandebly	Jesponse,	Phone 760	4. Manifest	racking N	754	3 S	KS
	5. Generator's Name and Mailing Address CUST LESS CLEANERS		Generator's Site	Address (if different th	an mailing addres				
	4180-9 JOG RD LAKE WORTH FL 3346 561-642-5023	7								
	Generator's Phone: 6. Transporter (Company Name SYSTEMS) INC.		. <u></u>			U.S. EPA ID N	lumber	TXROC	00509	30
	7. Transporter 2 Company Name		 	}		U.S. EPA ID N	lumber			
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	8. Designated Facility Name and Site Address SAFETY-KLEEN SYST 5610 ALF'HA DRIVE	EMS, INC		~		U:\${ Effrei d N	lumber			1
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	14. Special Handling Instructions and Additional Information SK SHIPHESTE	51146		82	21880	201	030 C	SG: 3		
	1)ERG#0153; 24 HR EMERGENCY # 800-468-1760(SAFETY-K SK AUTHORIZED TO RETAIN LICENSED SUBSEQ	LEEN -	74138)	AS NE	CESSA	RY.				
	 GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of the marked and labeled/placarded, and are in all respects in proper condition for transport are 	nis consignment a	re fully and accu	ırately des	cribed above	by the proper shi				
	Exporter, I certify that the contents of this consignment conform to the terms of the attack I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a la	irge quantity gene	erator) or (b) (if I	sent. am a smal	quantity ger	nerator) is true.				
ig	Generator's Offeror's Printed/Typer Name	Sigr 	iatule //					Mor		_
NT.	16. International Shipments Import to U.S.	Export from U		Port of ent	_					<u> </u>
_	Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials		[Date leavin	g U.S.:			· ·	· · ·	
ORT	Transporter 1 Printed/Typed Name 34 Mes Shellard	Sign 1	nature.		11.	20.0		Mon	th Day	Year U 10
TR ANSPORTER	Transporter 2 Printed/Typed Name	Sign	ature	7) 	7107	1200		Mor	ith Day	Year
E ↑	18. Discrepancy									ļ
	18a. Discrepancy Indication Space Quantity Type		Resi	due		Partial Reje	ection	[Full Rej	ection
			Manifest F	Reference	Number:					
FACILITY	18b. Alternate Facility (or Generator)					U.S. EPA ID N	lumber			
D FA(Facility's Phone: 18c. Signature of Alternate Facility (or Generator)							Mo	oth Da	/ Year
DESIGNATED	Toc. aignature of Allernate Facility (of Generator)		· ·				**		nth Day	/ Tear
ESIG	Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste tre 1.	eatment, disposal	, and recycling s	ystems)		4,				
	HIAI									
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials cover Printed/Typed Name		est except as no nature	ted in Item	18a	11		Мо	nth Day	Year
	SARTH.				de	4			2 22	1/0
EP/	Form 8700-22 (Rev. 3-05) Previous editions are obsolete.) 1 4627/150589	n				DESIGNAT	ED FAC	CILITYTO	O GENE	ERATOF

Ple	ase print or type. (Form design	ined for use on e	lite (12-pitch) typewriter.)						For	m Approved	. OMB No.	2050-0039
1	UNIFORM HAZARDONS WASTE MANIFEST	1. Generator ID N	umber Fil 00/00917			Emergency Respon ~용이() ~ 4 & 음		4. Manifest		1568	37 S	KS
П	5. Generator's Name and Maili	ng Address	* .		Ger	erator's Site Addre	ss (if different t	han mailing addre	ss)	, , ,		
		(D 642-502		33467								
Ш	6. Transporter 1 Company Nam SAFETY - KLEEN	e L Systems	. INC.					U.S. EPAID I	Number	1480	QĞQ£ 25	230
П	7. Transporter 2 Company Nam	16				1	,	U.S. EPA ID I	Number	_		-
$\ $	A.D. 1 4 4 5 4 7 4 1	10% 411				·	<u>:</u>					
	8. Designated Facility Name ar	d Site Address	SAFETY-KLEEN 5610 ALPHA DR BOYNTON BEACH	TVE		FL 3342	· A	U.S, EPALO 1	Number			
$\ $	Facility's Phone: 561-	·736-1339				(C) 63 45 55		1		FLOV	841677	791
П	9a. 9b. U.S. DOT Descripti		r Shipping Name, Hazard Class, I	ID Number,		10. Cont		11. Total Quantity	12. Unit Wt./Vol.	13.	Waste Code	ıs
	1	***	D. ORGANIC N. O.	f**		NO.	Type Life	Quality	**************************************	0007	0029	30.28
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Ш	14. Special Handling Instruction	s and Additional In	formation SK SHIP#	SONOTONE	/A ENG		321880	201	028 (nern e		<u> </u>
;	1)ERG#0155; 24 HR_EMERGEN	ICY_#_800	-468-1760(SAFE	,					ran e. h	ar sab tall to a sile		
	15. GENERATOR'S/OFFERO marked and labeled/placa Exporter, I certify that the	R'S CERTIFICATION of the contents of this contents of this con	DN: I hereby declare that the con respects in proper condition for tra- signment conform to the terms of t Identified in 40 CFR 262.27(a) (ii	itents of this consig ansport according the attached EPA	inment are fi to applicable Acknowledgi	ully and accurately of international and numerical and num	described abov ational government	e by the proper sh mental regulations.	ipping nam . If export si	e, and are cla hipment and I	ssified, pack am the Prim	aged, ary
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E												
l٢	18. Discrepancy											
	18a. Discrepancy Indication Spa	ace L Qua	ntity Ĺ_	Туре		Residue Manifest Referen	ce Number:	Partial Rej	ection		Full Reje	ection
lÈ	18b. Alternate Facility (or Gener	ator)						U.S. EPA ID N	lumber			
DESIGNATED FACILITY	Facility's Phone:					<u> </u>		1				
	18c. Signature of Alternate Facil	ity (or Generator)							1	Mo	onth Day	/ Year I
Sign	19. Hazardous Waste Report Ma	anagement Method	Codes (i.e., codes for hazardous	waste treatment,	disposal, and	recycling systems)	and the second s	and the second second		<u> </u>	<u> </u>
- <u>19</u>	1. H141		2.		3,	1 1		4.				
		r Operator: Certifica	ation of receipt of hazardous mate	erials covered by the		- // //	em 18a					
	Printed/Typed Name	6	.11		Signatur	A V		-		Mo	onth Day	Year

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-11	UNIFORM HAZARDOUS	Generator ID N	umber F (6	000917575	2. Page 1 of	3. Emergen	icy Respons	Phone	4. Manifest	Tracking N	umber	OMB No.	ΚĠ
_	WASTE MANIFEST Generator's Name and Mailin	or Address							han mailing addre		749	120	<u>no</u>
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	4180-9 JOG R LAKE WORTH Generator's Phone: 561	D	, r _a	FL 334	. '	I							
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	SAFETY-KLEEM	SYSTEMS	UNC.	_					1		TXRO	00503	/30
7	'. Transporter 2 Company Nam	iė							U.S. EPAID	Number			
8	. Designated Facility Name an	d Site Address	5610 AL	KLEEN SYS	rens. In			<u>-</u>	U.S. EPALD	Number			
	Sacility's Phone:	736-1339	BOYNTON	I BEACH		, Pt.	33428)	1		FLD9	34167	791
	9a. 9b. U.S. DOT Descripti		r Shipping Name,	Hazard Class, ID Numb	er,	\vdash	10. Conta	iners Type	11. Total Quantity	12. Unit Wt./Vol.	13.	Waste Code	es
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	4. Special Handling Instruction 1.) ERG#0153: 2.) 2.4 HR ENERGEN 5.K AUTHORTZED 5. GENERATOR'SOFFERG	ERGNO153 CY # 900 IN RETA	5# -468-178 IN 1 TCEN	SHIP#200	(LEEN -	94138) RRIFRS) 3 AS 8	/ (FOFGG	ARY .		SG 32	ssified pac	saged.
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Form Approved, OMB No. 2050-0039 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) UNIFORM HAZARDOUS 1. Generator ID Number 3. Emergency Response Phone 4. Manifest Tracking Number 2. Page 1 of 1-800-466-1760 FL0000917575 WASTE MAÑÎFÉST 5. Generator's Name and Mailing Address Generator's Site Address (if different than malling address) COST LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467 Generator's Phone: 541-642-5023 6. Transporter 1 Company Name U.S. EPA ID Number TXR000050930 SAFETY-KLEEN SYSTEMS, INC. U.S. EPA ID Number 7. Transporter 2 Company Name U.S. EPA D Number 8. Designated Facility Name and the Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE , FL 33426 BOYNTON BEACH FL0984167791 561-736-1339 Facility's Phone: 10. Containers 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) Quantity Wt./Vol. HM No. Type 0039 0007 0029 WASTE TOXIC LIQUID, ORGANIC N. O. S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6 | UN2810 PGITI RQ(F002) D040 F002 14. Special Handling Instructions and Additional Information SK SHIPHEOL 821880 201026 GSG: 5 1)ERG#0153; 24 HR EMERGENCY # 800-468-1750 (SAFETY-KLEEN - 94138)

24 HR EMERGENCY # 800-468-1750 (SAFETY-KLEEN - 94138)

5. GENERATOR S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and tabeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. cartify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Export from U.S. Port of entry/exit: ___ Import to U.S. Date leaving U.S.: Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Type Residue __ Full Rejection □ Partial Rejection Quantity Manifest Reference Number: U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: Day Year Month 18c. Signature of Alternate Facility (or Generator) 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) H141 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Day Year Month Printed/Typed Name

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7095 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 1 -300-468-1760 1. Manifest Tracking Number 10242802 FL0000917575 **WASTE MANIFEST** 5. Generator's Name and Mailing Address Generator's Site Address (if different than mailing address) COST LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467 Generator's Phone: 561-642-5023 6. Transporter 1 Company Name SAFETY - KLEEN SYSTEMS, INC. U.S. EPA ID Number TXR000050930 7. Transporter 2 Company Name U.S. EPA ID Number 6 8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. U.S. EPA ID Number 7095 5610 ALPHA DRIVE BOYNTON BEACH , FL 33426 561-736-1339 Facility's Phone: FLD984167791 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 9a. 10. Containers and Packing Group (if any)) 11. Total 12. Unit HM 13. Waste Codes Quantity Wt./Vol. Type WASTE TOXIC LIQUID, ORGANIC N. O. S. (TETRACHLORDETHYLENE) TRICHLORDETHYLENE) GENERATOR DF F002 0007 0029 6.1 UN2810 PGIII RQ(F002) 0039 D040 14. Special Handling Instructions and Additional Information SK SHIP#200431059 50472526 821880 201016 086:32 1) ERG#0153. 24 HR EMERGENCY # 800-468-1760(SAFETY-KLEEN - 94138) SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classifled, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true Generator's/Offeror's Printed/Typed Name Month Day 13/10 16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S. 17. Transporter Acknowledgment of Receipt of Materials gansporter 1 Printed/Typed Name Signature Year Transporter 2 Printed/Typed Name men Duza 13 170 Day Year ř 18. Discrepancy 18a. Discrepancy Indication Space Quantity ∐ Туре Residue Partial Rejection Full Rejection Manifest Reference Number 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

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EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

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		GENERATOR'S/OFFERO marked and labeled/placar Exporter, I certify that the o I certify that the waste mini erator's/Offeror's Printed/Pyl	ded, and are in all reconstants of this consimization statement	espects in proper co ignment conform to identified in 40 CFR	indition for transport the terms of the atta	according to app ached EPA Ackno large quantity ge	ilicable inte wiedomen	mational and hat t of Consent.	ionai governi	mentai regulations	ripping nam	Mc	am the Prin	нату
NTL		nternational Shipments	Import to			Export from	U.S.	Port of ea						
-		nsporter signature (for export Fransporter Acknowledgmen		ials				¢ Date leav	alg U.S.					
ANSPORTER	Tran	sporter 1 Printed Typed Nar sporter 2 Printed Typed Nar	-Bel	la			ignature	JŁ	l				onth Day	20
TRA TRA														
	┝	Discrepancy Discrepancy Indication Spa	ace Qua	ntity	Туре			Residue		Partial Re	ejection		Full Re	ejection
	101	Aller of Freille (or Corne						lanifest Reference	ce Number:	U.S. EPA ID	Number			
CILIT	186	Alternate Facility (or General	rator)							I				
DESIGNATED FACILITY	Fac 18c	ility's Phone: Signature of Alternate Faci	ility (or Generator)						Amount 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second constitution of the second constituti	pospi to 100 miles more para	N.	fonth D	ay Yea
ESIGN	19. 1.	Hazardous Waste Report M	lanagement Method	Codes (i.e., codes	for hazardous waste	treatment, dispo	sal, and re	cycling systems)		4.				
		H141		H14				- A.	1					
	_	Designated Facility Owner of ted/Typed Name	or Operator: Certific		azardous materials o	covered by the ma	anifest exq Signature	ppt as dotted in fi	jm 18ja				forth Da	ay Year
EP.	Fo	m 8700-22 (Rev. 3-05)			4.1	L.	-			DESIGNAT	ED FA	CILITYT	Ó GÉN	ERATO

P	ease print or type. (Form designed for use on elite (12-pitch) typewriter.)				Form	Anninued Old	B No. 2050-0039
1	UNIFORM HAZARDOUS 1. Generator ID Number FL00009 2. Page 1 of FL00009 17575	. 1	1-80	مما	t Tracking Nun	nber 3044	
	4160-9 JOG RD LAKE WORTH Generator's Phone: 561-642-5023	Generator's Site Address	s (if different t	nan mailing addr	365)		<u> </u>
•	6. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC.			U.S. EPA ID	Number		•
	7. Transporter 2 Company Name			U.S. EPA ID	Number		ا به محمد الأوراد المحادر الأماد الأوراد الراد المحادد
	8. Designated Facility Name and Site Address SAFETY-KLEEN SYS 5610 ALPHA DRIVE BOYNTON BEACH	TEMS, IN	C. 6	U.S. EPA ID	09701		-
П	Facility's Phone: 561-736-1339			1			
	9a. HM 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Contai	Type	11. Total Quantity	12. Unit Wt/Vol.	13. Waste	Codes
GENERATOR .	WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHY 6.1 UN2810 PGIII RQ(FOO2)	LENE)	DF	5/8	DF		P
GFNG	WASTE TOXIC LIQUID, ORGANIC, N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLE 6.1 UN2810 PGIII	ENE)	OF	21)	DF		P
	3.		<i>y</i>				**:
$\ $	4.	· ·					- 27 - 27 27
$\ \ $				•	-		
П	14. Special Handling Instructions and Additional Information 1) ERG#153; 2) ERG#153 SK TRCK#1107	74335 00	20552	26.0.00			30 32
	SK AUTHORIZED TO RETAIN LICENSED SUBSE 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are marked and labeled/placarded, and are in all respects in proper condition for transport according to applicab Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowled I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity general Generator's/Offeror's Printed/Typed Name Signate	fully and accurately des le international and nation gment of Consent, tor) or (b) (if I am a smal	ecribed-above onal governme	by the proper shi intal regulations.		nd are classified, lent and I am the	Primary
) Signal	ute				Month	Day Year
Ë	48. International Shipments Import to U.S. Export from U.S. Transporter signature (for exports only):					100	
出	17. Transporter Acknowledgment of Receipt of Materials	Date leavin	ıg u.ə				
ANSPORTER	Transporter 1 Printed/Typed Name Signat. Transporter 2 Printed/Typed Name Signate.					Month	Day Year
► TRA	Signate 18. Discrepancy	ure				Month	Day Year
	18a. Discrepancy Indication Space Quantity Type	Residue		Partial Reje	ction	Full	Rejection
Ė	18b. Afternate Facility (or Generator)	Manifest Reference I	Number:	U.S. EPA ID No	ımber		
DESIGNATED FACILITY	Facility's Phone: 18c. Signature of Alterhate Facility (or Generator)			<u></u>			
	physical and the Special and Committee and C	and the second second				Month	Day Year
찗	Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, an 12. 13.	d recycling systems)					
	H141 H141			4.			1
11	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest or Printed/Typed Name		18a				
$\downarrow \mid$		re				Month	Day Year
	orm 8700-22 (Rev. 3-05) Previous editions are obsolete.			- 2		CONTRACTOR	101 000000



BILL TO ADDRESS

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

Qepartment #

Department

Release #

Transporter

QUANTITY

1.000

3.000

16 GAL SPLIT PERC SVC

PERCHLOROETHYLENE PERC FILTERS F002

1.000

FEE, FUEL SURCHARGE

SAFETY-KLEEN SYSTEMS, INC 5360 LEGACY DRIVE PLANO, TX 75024

0000821880	Account Number	·
51589536	Invoice Number	ORIGINAL INVOICE
08/19/10	Invoice Date	/OICE
Net 30	Terms	Page 1 of 1

Page 1 of 1

DUNS NO: 05-397-6551 FED ID NO: 39-6090019 **SERVICE LOCATION**

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

BR BOYNTON BEACH SK Service Facility

Special Billing Code # 003 16

561-736-1339 **Facility Phone** Service Date 08/16/2010 Service Number 0000821880

000382444cex Manifest #

Tax Status/#

PO Number

13 GAL LIQUID PERC SVC **DESC./REFERENCE NUMBER** 0000100001-52-000000000-0000000 PERCHLOROETHYLENE - DRY CLEAN F002 0000055364-06-000000000-0000000 0000055366-02-000000000-0000000 **PRICE PER** 108.9000 EA 95.8400 EA 12.2600 EA **SALES TAX** 0.00 0.00 0.00

SUBTOTAL TOTAL TAX

TOTAL AMOUNT DUE

Exaporters colors

Comments

ensure that all payments are received by the invoice due date. Please be advised delinquent payments may result in a Late Payment Charge of \$25.00. To avoid a Late Payment Charge and service interruptions, please

The leading provider of responsible cleaning, environmental and re-refining solutions

ASSTANCE FARES



BILL TO ADDRESS

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

Qepartment #

Department

Release #

QUANTITY 3.000

DESC./REFERENCE NUMBER 13 GAL LIQUID PERC SVC

1.000

FEE, FUEL SURCHARGE

0000100001-52-000000000-0000000

PERCHLOROETHYLENE - DRY CLEAN F002

0000055366-02-000000000-0000000

SAFETY-KLEEN SYSTEMS, INC

DUNS NO: 05-397-6551 FED ID NO: 39-6080019 PLANO, 1X 75024

Account Number 0000821880 Invoice Number 51468089

ORIGINAL INVOICE

Page 1 of 1

Invoice Date 08/07/10

Net 30 Terms

SERVICE LOCATION

BR BOYNTON BEACH SK Service Facility

Special Billing Code #

003 16

561-736-1339 **Facility Phone** Service Date 08/05/2010

Service Number 0000821880

PRICE PER

SALES TAX

ITEM TOTAL

0.00

95.8400 EA

12.2600 EA

Manifest #

Transporter

002432697SKS

Tax Status/#

PO Number

0.00

SUBTOTAL TOTAL TAX
TOTAL AMOUNT DUE



Comments

ensure that all payments are received by the invoice due date. Please be advised delinquent payments may result in a Late Payment Charge of \$25.00. To avoid a Late Payment Charge and service interruptions, please

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FUT GVE

SAFETY-KLEEN SYSTEMS, INC 5360 LEGACY DRIVE PLANO, TX 75024

Account Number 0000821880 Invoice Number **ORIGINAL INVOICE** 51221901 **Invoice Date** 07/27/10

Page 1 of 1

Net 30 Terms

DUNS NO: 05-397-6551 FED ID NO: 39-6090019

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015 SERVICE LOCATION

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

BILL TO ADDRESS

BR BOYNTON BEACH SK Service Facility

Special Billing Code #

003 16

561-736-1339 **Facility Phone**

Service Date 07/22/2010

Tax Status/#

PO Number

Service Number 0000821880

Manifest #

002437543SKS

QUANTITY 5.000

13 GAL LIQUID PERC SVC **DESC./REFERENCE NUMBER**

0000055366-02-000000000-0000000

PERCHLOROETHYLENE - DRY CLEAN F002

1.000

FEE, FUEL SURCHARGE

0000100001-52-000000000-0000000

Department #

Department

Release #

Transporter

PRICE PER

95.8400 EA

SALES TAX

0.00

ITEM TOTAL

9

12.2600 EA

SUBTOTAL TOTAL TAX

TOTAL AMOUNT DUE

Comments

ensure that all payments are received by the invoice due date. Please be advised delinquent payments may result in a Late Payment Charge of \$25.00. To avoid a Late Payment Charge and service interruptions, please

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SERVICE LOCATION

BILL TO ADDRESS

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

SAFETY-KLEEN SYSTEMS, INC 5360 LEGACY DRIVE PLANO, TX 75024

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DUNS NO: 05-397-6551 FED ID NO: 39-6090019

Account N 0000821880

umber	
Invoice Number	ORIGINAL II
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Page 1 of 1

51102845 nyoice Date 06/24/10

Net 30 Terms

BR BOYNTON BEACH SK Service Facility

Facility Phone

561-736-1339

Service Date

Special Billing Code # 003 16

06/23/2010 Service Number 0000821880

Department #

Department

QUANTITY 2.000

13 GAL LIQUID PERC SVC 0000055366-02-000000000-0000000

FEE, FUEL SURCHARGE

0000100001-52-000000000-0000000

1.000

DESC./REFERENCE NUMBER

PERCHLOROETHYLENE - DRY CLEAN FOO2

Release #

Transporter

12.2600 EA

PRICE PER 95.8400 EA

0.00

SALES TAX

Tax Status/#

PO Number

002429739SKS Manifest #

ITEM TOTAL

0.00

TOTAL TAX
TOTAL AMOUNT DUE SUBTOTAL

Comments

ensure that all payments are received by the invoice due date. Please be advised delinquent payments may result in a Late Payment Charge of \$25.00. To avoid a Late Payment Charge and service interruptions, please

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DUNS NO: 05-397-6551 FED ID NO: 39-6090019

SAFETY-KLEEN SYSTEMS, INC 5360 LEGACY DRIVE PLANO, TX 75024

Account Number 0000821880 Invoice Number

50853423

Net 30

Invoice Date 06/04/10

Terms

ORIGINAL INVOICE

Page 1 of 1

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015 SERVICE LOCATION

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

BILL TO ADDRESS

SK Service Facility

BR BOYNTON BEACH

Special Billing Code #

561-736-1339 **Facility Phone**

Service Date

003 16

06/03/2010

Service Number 0000821880

002245687sks Manifest # Tax Status/# PO Number

Department #

ALLINVOD Department

13 GAL LIQUID PERC SVC DESC./REFERENCE NUMBER 0000055366-02-000000000-0000000

3.000

FEE, FUEL SURCHARGE PERCHLOROETHYLENE - DRY CLEAN F002

1.000

0000100001-52-000000000-0000000

16 GAL SPLIT PERC SVC 0000055364-12-000000000-0000000

PERCHLOROETHYLENE PERC FILTERS F002

3.000

Release #

Transporter

12.2600 EA

108.9000 EA

0.00

0.0

PRICE PER

95.8400 EA

SALES TAX

ITEM TOTAL

0.00

SUBTOTAL TOTAL TAX

TOTAL AMOUNT DUE



Comments

ensure that all payments are received by the invoice due date. Please be advised delinquent payments may result in a Late Payment Charge of \$25.00. To avoid a Late Payment Charge and service interruptions, please

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BILL TO ADDRESS

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

SERVICE LOCATION

DUNS NO: 05-397-6551 FED ID NO: 38-6090019 SAFETY-KLEEN SYSTEMS, INC \$360 LEGACY DRIVE PLANO, TX 75024

Account Number 0000821880

Invoice Number **ORIGINAL INVOICE Invoice Date**

Page 1 of 1

50713033 05/15/10

Terms

Net 30

Special Billing Code # 003 16

BR BOYNTON BEACH SK Service Facility

Service Date

05/14/2010

561-736-1339 **Facility Phone**

Service Number 0000821880

Tax Status/#

PO Number

DESC./REFERENCE NUMBER

QUANTITY 2.000

13 GAL LIQUID PERC SVC

3.000

16 GAL SPLIT PERC SVC

PERCHLOROETHYLENE - DRY CLEAN F002 0000055366-02-000000000-0000000

1.000

FEE, FUEL SURCHARGE

PERCHLOROETHYLENE PERC FILTERS F002

0000055364-12-000000000-0000000

0000100001-52-0000000000-0000000

Department #

Department

Release #

Transporter

Manifest #

002257492SKS

PRICE PER

SALES TAX

ITEM TOTAL

0.00

95.8400 EA

108.9000 EA

0.00

0.00

12.2600 EA

TOTAL TAX SUBTOTAL TOTAL AMOUNT DUE



ensure that all payments are received by the invoice due date. Please be advised delinquent payments may result in a Late Payment Charge of \$25.00. To avoid a Late Payment Charge and service interruptions, please

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Account Number 0000821880

Invoice Number 50472526 Invoice Date 04/17/10 Net 30 Terms

ORIGINAL INVOICE

Page 1 of t

SERVICE LOCATION BR BOYNTON BEACH **SK Service Facility** Special Billing Code # 003 16

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015 **Facility Phone** Service Date

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

Department #

Department

QUANTITY

7.000

1.000

561-736-1339

04/13/2010

Service Number

0000821880

FEE, FUEL SURCHARGE **DESC./REFERENCE NUMBER** 13 GAL LIQUID PERC SVC 0000100001-52-000000000-0000000 0000055366-02-000000000-0000000 PERCHLUROETHYLENE - DRY CLEAN F002 Release # Transporter **PRICE PER** 95.8400 EA 12.2600 EA 002428027SKS Manifest # **SALES TAX** Tax Status/# 0.00 0.00 PO Number **ITEM TOTAL**

SUBTOTAL TOTAL TAX **TOTAL AMOUNT DUE**



Comments

ensure that all payments are received by the invoice due date. Please be advised delinquent payments may result in a Late Payment Charge of \$25.00. To avoid a Late Payment Charge and service interruptions, please

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BILL TO ADDRESS

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

Facility Phone 561-736-1339

Service Date 03/02/2010

Service Number

0000821880

SK Service Facility
BR BOYNTON BEACH

Special Billing Code #

003 16

SERVICE LOCATION

DUNS NO: 05-397-6551 FED ID NO: 39-6090019	PLANO, TX 75024	SAFETY-KLEEN SYSTEMS, INC	Company of the Company
	0000821880	Account Number	
	50071539	Invoice Number	
	03/05/10	Invoice Date	
	Net 30	Terms	

ORIGINAL INVOICE

Page 1 of 2

Department # QUANTITY 1.000	Department Release DESC./REFERENCE NUMBER 13 GAL LIQUID PERC SVC 0000055366-02-0000000000-0000000	Release # NUMBER C 0000-0000000	Transporter	Manifest # 002399121sks PRICE PER 95.8300 EA	Tax Status/# SALES TAX 0.00	PO Number ITEM TOTAL
1.000	FEE, FUEL SURCHARGE	E - DRY CLEAN FOOZ		11.8200 EA	0.00	
1.000	0000100001-000000000-0000000 13 GAL LIQUID PERC SVC	0-000000		95.8300 EA	0.00	
	PERCHLOROETHYLENE - DRY GLEAN FO02	E - DRY CLEAN F002				
	0000055366-02-00000000-0000000 PERCHLOROETHYLENE - DRY CLEAN F002	: - DRY CLEAN F002		95.8300 EA	0.00	•
1.000	13 GAL LIQUID PERC SVC 0000055366-02-000000000-0000000 PERCHLOROETHYLENE - DRY CLEAN F002	C 0000-0000000 E- DRY CLEAN F002		95.8300 EA	0.00	8
1.000	16 GAL SPLIT PERC SVC 0000055364-12-000000000-0000000	0000-0000000		108.8900 EA	0.00	•
1.000	PERCHLORGETHYLENE PERC FILTERS F002 16 GAL SPLIT PERC SVC	PERC FILTERS F002		108.8900 EA	0.00	þ
	0000055364-12-000000000-0000000 PERCHLOROETHYLENE PERC FILTERS F002	0000-0000000 E PERC FILTERS F002				

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COST LESS CLEANERS 4180 JOG RD STE 9 LAKE WORTH, FL 33467-4015 **BILL TO ADDRESS**

SAFETY-KLEEN SYSTEMS, INC 5360 LEGACY DRIVE PLAND, TX 75024

0000821880	Account Number
0038576464	invoice Number
03/03/09	Invoice Date
Net 30	Terms

ORIGINAL INVOICE

Page 1 of 1

DUNS NO: 05-307-8551 FED ID NO: 39-6090019 SERVICE LOCATION

COST LESS CLEAN 4180 JOG RD STE LAKE WORTH, FL 3

0000821880	03/02/2009	561-736-1339	
Service Number	Service Date	Facility Phone	L 33467-4015
003 16	웊	BR BOYNTON BEACH	ANERS TE 9

SK Service Facility

Special Billing Code #

Department #	Department	Release #	Transporter	Manifest # 001047755SKS	Tax Status/#	PO Number
MITTINAUD	DESC./REFERENCE NUMBER	NUMBER		PRICE PER	SALES TAX	ITEM TOTAL
1.000	DC WATER SEPARATOR	DC WATER SEPARATOR @ EXISITING CUSTOMER		0.0000 EA	0.00	0.00
	0000037100-08-003702827-0000000	2827-0000000				
3.000	13-GALLON LIQUID PERC SERVICE	C SERVICE		87.1300 EA	0.00	
	0000055366-06-000000000-0000000	0000-000000				1
3.000	16-GALLON SPLIT PERC SERVICE	SERVICE		120.0500 EA	0.00	
	0000055364-12-000000000-000000	0000-0000000				
1.000	FEE, FUEL SURCHARGE			9.2200 EA	0.60	9.82
	0000100001-00-0000000000-0000000	10000-00000000				

SUBTOTAL TOTAL TAX
TOTAL AMOUNT DUE



Comments

ensure that all payments are received by the invoice due date. Please be advised delinquent payments may result in a Late Payment Charge of \$25.00. To avoid a Late Payment Charge and service interruptions, please

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SAFETY-KLEEN SYSTEMS, INC 5360 LEGACY DRIVE PLAND, TX 75024

Account Number

0000821880 **Invoice Number** 0040800541 **ORIGINAL INVOICE Invoice Date** 01/29/10 Page 1 of 1 Net 30 Terms

DUNS NO: 05-397-6551 FED ID NO: 39-6090019 SERVICE LOCATION

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

8

BR BOYNTON BEACH Service Number 003 16

SK Service Facility

Special Billing Code #

561-736-1339 **Facility Phone** Service Date 01/29/2010 0000821880

Pepartment # MANTITY 1.000 3.000 3.000 FEE, FUEL SURCHARGE NON TAXABL 13-GALLON LIQUID PERC SERVICE **DESC./REFERENCE NUMBER** 16-GALLON SPLIT PERC SERVICE Department 0000055364-12-000000000-0000000 0000100007-00-000000000-0000000 0000055366-02-000000000-0000000 Release # Transporter PRICE PER 108.9000 EA 11.4900 EA 95.8400 EA **Manifest** # **SALES TAX** Tax Status/# 0.00 99 99 PO Number **ITEM TOTAL**

SUBTOTAL TOTAL AMOUNT DUE TOTAL TAX



Comments

ensure that all payments are received by the invoice due date Please be advised delinquent payments may result in a Late Payment Charge of \$25.00. To avoid a Late Payment Charge and service interruptions, please

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SAFETY-KLEEN SYSTEMS, INC 5360 LEGACY DRIVE PLANO, TX 75024

Account Number 0000821880

DUNS NO: 05-397-6551 FED ID NO: 39-6090019

SERVICE LOCATION

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015

BILL TO ADDRESS

Invoice Number 0040468101 Invoice Date 01/12/10

Net 30

Terms

ORIGINAL INVOICE

Page 1 of 1

BR BOYNTON BEACH SK Service Facility

Special Billing Code # 003 16

Service Date Service Number 0000821880

561-736-1339 **Facility Phone**

01/11/2010

Department Release # Transporter Manifest # Tax Status/# DESC./REFERENCE NUMBER PRICE PER SALES TAX 13-GALLON LIQUID PERC SERVICE 95.8400 EA 0.00 0000055366-02-00000000-0000000 95.8400 EA 0.00
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SUBTOTAL





Comments

ensure that all payments are received by the invoice due date. Please be advised delinquent payments may result in a Late Payment Charge of \$25.00. To avoid a Late Payment Charge and service interruptions, please

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SAFETY-ALEEN SYSTEMS, INC 5380 LEGACY DRIVE PLANO, TX 75024

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DUNS NO: 05-397-6551 FED ID NO: 38-6080019

0000821880	Account Number	_
21880		
M006242274	Invoice Number	
01/04/10	Invoice Date	

ORIGINAL INVOICE

Page 1 of 1

Terms Net 30

COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015 **BILL TO ADDRESS** COST LESS CLEANERS 4180 S JOG RD STE 9 LAKE WORTH, FL 33467-4015 SERVICE LOCATION **Facility Phone** BR BOYNTON BEACH SK Service Facility Service Date

Special Billing Code #

561-736-1339

12/31/2009

Service Number

0000821880

DESC./REFERENCE NUMBER Release # Transporter PRICE PER Manifest # **SALES TAX** Tax Status/# PO Number

Department #

Department

8

QUANTITY

3.000

13-GALLON LIQUID PERC SERVICE

3,000

16-GALLON SPLIT PERC SERVICE

1.000

FEE, FUEL SURCHARGE

0000055364-12-000000000-0000000 0000055366-02-000000000-0000000 0000100001-00-000000000-0000000 108.9000 EA 95.8400 EA 11.4900 EA 0.00 0.75 0.00

SUBTOTAL



TOTAL TAX
TOTAL AMOUNT DUE

10/10 cal 6/31

Comments

ensure that all payments are received by the invoice due date. Please be advised delinquent payments may result in a Late Payment Charge of \$25.00. To avoid a Late Payment Charge and service interruptions, please

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Air Pollution Source License Inspection
Authority: Chapter 77-616, Laws of Florida, as amended, ("The Environmental Control Act") Chapter 11 of the Palm Beach County Code (Ordinance 78-5, as amended)
Facility: <u>CO5 は55 (はみんごろう</u> License No. 50 - <u>73</u> - <u>03079</u> Type: <u>X</u> Inspection
Type: _X Inspection
Reinspection
The annual license inspection conducted by
Unsatisfactory compliance demonstrated (see reasons below)
Receipt acknowledged by:, Title:
Thank you for your cooperation in this inspection. We look forward to your continued assistance in maintaining and improving the air quality in Palm Beach County. If you have any questions or comments, please call us at (561) 837-5900.
The following section only applies to an unsatisfactory compliance demonstration:
Reason(s) for a determination of unsatisfactory:

Please address the above deficiencies no later than
Your timely response to the above deficiencies may preclude formal enforcement action.



Hazardous Waste Tracking Log

DATE	POUNDS	1.00	DESCRIPTION OF WASTE	10
	GENERATED	, ,	O/c Floor	<u> </u>
9/10	3	2:30	LINT and UNC WATER / Map weeks	10
9/17	3Filter /30HL	3.00	Filter / Lintfron D/C VACUATES mopwe	1/c
9/24	/	2.30	List From DIC-Floor UNCWAR Mapwell	7c
10/1	2	2.10	Lint From O/c + Floer unc with map with	1/4
10/8	3	2.4	Lint From Mc Poor NAC with my well	76
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NOTES: If your monthly total exceeds the CESQG limit of 220 pounds in any calendar month, you immediately become a Small Quantity Generator (SQG) of hazardous waste and you must comply with SQG rules. The 220 pound cutoff is based on a calendar month, not a monthly average. SQGs generate 220-2200 pounds of hazardous waste per calendar month and must comply with other requirements. Call OLQ or CTAP for more information.

