

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

[Handwritten signature]

RECEIVED

OCT 14 2010
DEPT of ENV PROTECTION
WEST PALM BEACH

Department of Environmental Protection
400 N. Congress Avenue
Suite 200
West Palm Beach, FL 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,

[Handwritten signature of Jeffrey Cohen]
Jeffrey Cohen

[Handwritten signature]

FD984167791

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 ***

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DEPT of ENV PROTECTION
WEST PALM BEACH

EMERGENCY NOTIFICATION LIST

EMERGENCY PHONE NUMBERS

Fire 911 Police 911 Ambulance 911

616 7000 688 3000 1800 320 0519
EMERGENCY COORDINATOR (Hazardous Waste)

PHONE NUMBER/BEEPER NUMBER 561 716 3224 (Cell Text)

COUNTY SHERIFF 688 3000

COUNTY HEALTH DEPARTMENT PHONE # 840 4500

LOCAL PUBLIC WORKS/SEWER DEPARTMENT PHONE # 659 8080 / 740 4600

SPILL RECOVERY CONTRACTOR Safety Klean

Phone 561 736 1339

Location of Spill Control Equipment Boiler Room / Behind D/c Mach.

FLA
~~INDIANA~~ STATE POLICE 357 4040

~~FBI~~ 833 7517

POISON INFORMATION 1 800 222 1222

U. S. MARSHAL 655 1827

CIVIL DEFENSE _____

WATER DEPARTMENT 659 8080 / 740 4600 / 278 5130

WEATHER DEPARTMENT _____

LOCATIONS OF FIRE EXTINGUISHERS Front South Wall / By D/c Mach.

Back wall By Door
LOCATION OF FIRE ALARM (if you have one) N/A

SPILL EMERGENCY NOTIFICATION

FLA

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 R 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

Emergency Action Plan (Cont=)

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 form 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.

Emergency Action Plan (Cont=)

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.
3. 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, MSDS, 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 checked item, and I understand all aspects of each item that is checked.

_____ 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).

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

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

The extent of injuries, if any.

An estimate of the quantity and location of any

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561 642 5023
EPA #
TXR 000050930

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 911

561 688 3000

Although not required, it is strongly recommended 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

Hospital

Wellington 798 8500
10101 Forest Hill Blvd

JFK 963 7300
5301 S Congress Ave

State Emergency
800 320 0519

National Rep
1 800 424 8802

Safety Kleen
561 736 1339

TRAINING SCRIPT

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.

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.

TRAINING SCRIPT

(Continued)

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.

Our MSDSs are kept _____

_____. (Tell where you

keep 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).

TRAINING SCRIPT

(Continued)

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

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

Topic(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 _____
- ☐ Other _____
- ☐ Other _____

Today's Date: _____ Instructor: _____

Training Materials Used: _____

Employee:

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

TEMPERATURE LOG:

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
1/3	40	Y/N
1/10	43	Y/N
1/16	44	Y/N
1/23	41	Y/N
1/30	43	Y/N

PERC PURCHASES RUNNING TOTAL:

Total from last month: Dec 08 12 mo. Running Total			45
Subtract PERC purchased January 2008			- 30
SUBTOTAL			15
Purchase Date	Purchase Amount	12 Month Running Total	
1/25	+ 15	30	
	+		

January 2009

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

Inspected	Leaking?					Parts Ordered	Parts Received	Repaired
	Date:	1/3	1/10	1/16	1/23	1/30	Date	Date
HOSES	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
DOORS	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
PUMP	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
SOLVENT TANKS	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
WATER SEPARATOR	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
STILL/MUCK COOKER	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
HALOGEN LEAK DETECTOR	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
DIVERTER VALVE	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
EXHAUST DAMPER	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
GASKET/LINT/BUTTON TRAP	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
WASTE CONTAINERS	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
						WASTE CONTAINERS LABELED?	Y/N	DATED? Y/N
								COVERED? Y/N

CONDENSER TEMPERATURE LOG:

Date	Temperature	Is Temp less than or equal to 45 ° F (7.2 ° C)?
2/11/09	40	
2/13/09	42	Y/N
2/20/09	44	Y/N
2/27/09	40	Y/N
		Y/N
		Y/N

PERC PURCHASES RUNNING TOTAL:

Total from last month:		30
Jan 09 12 mo. Running Total		
Subtract PERC purchased February 2008		-30
SUBTOTAL		0
Purchase Date	Purchase Amount	12 Month Running Total
	Feb 2009	
	+	0
	+	0

February 2009

REMINDER:
TRAIN NEW PEOPLE ON THE PERC MACHINE, AND IN PARTICULAR THE EMERGENCY SHUT DOWN PROCEDURE.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:	2/26/09	2/20	2/25	
HOSES	Y/N	Y/N	Y/N	
DOORS	Y/N	Y/N	Y/N	
PUMP	Y/N	Y/N	Y/N	
SOLVENT TANKS	Y/N	Y/N	Y/N	
WATER SEPARATOR	Y/N	Y/N	Y/N	
STILL/MUCK COOKER	Y/N	Y/N	Y/N	
HALOGEN LEAK DETECTOR	Y/N	Y/N	Y/N	
DIVERTER VALVE	Y/N	Y/N	Y/N	
EXHAUST DAMPER	Y/N	Y/N	Y/N	
GASKET/LINT/BUTTON TRAP	Y/N	Y/N	Y/N	
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N	Y/N	
WASTE CONTAINERS	Y/N	Y/N	Y/N	
		WASTE CONTAINERS LABELED?	Y/N	DATED? Y/N COVERED? Y/N

PERC PURCHASES RUNNING TOTAL:

March 2009

Total from last month:		0
Feb 09 12 mo. Running Total		
Subtract PERC purchased		
March 2008		-45
SUBTOTAL		45
Purchase Date	Purchase Amount	12 Month Running Total
3/3	Mar 2009	
493.33	304	-15
	+	

REMINDER: DO NOT HAVE ANY FLOOD DRAINS LEADING TO A SEWER, A SEPTIC TANK, OR A STORMWATER DRAIN ANYWHERE NEAR THE AREA WHERE SOLVENT IS PRESENT.

Inspected	Leaking?				Parts Ordered	Parts Received		Repaired
	Date:					Date	Date	
HOSES	Y/N	Y/N	Y/N	Y/N				
DOORS	Y/N	Y/N	Y/N	Y/N				
PUMP	Y/N	Y/N	Y/N	Y/N				
SOLVENT TANKS	Y/N	Y/N	Y/N	Y/N				
WATER SEPARATOR	Y/N	Y/N	Y/N	Y/N				
STILL/MUCK COOKER	Y/N	Y/N	Y/N	Y/N				
HALOGEN LEAK DETECTOR	Y/N	Y/N	Y/N	Y/N				
DIVERter VALVE	Y/N	Y/N	Y/N	Y/N				
EXHAUST DAMPER	Y/N	Y/N	Y/N	Y/N				
GASKET/LINT/BUTTON TRAP	Y/N	Y/N	Y/N	Y/N				
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N	Y/N	Y/N				
WASTE CONTAINERS	Y/N	Y/N	Y/N	Y/N	WASTE CONTAINERS LABELED?	Y/N	DATED? Y/N	
							COVERED? Y/N	

PERC PURCHASES RUNNING TOTAL:

April 2009

Total from last month:			
Mar 09 12 mo. Running Total			-15
Subtract PERC purchased			- 0.
April 2008			
SUBTOTAL			-15
Purchase Date	Purchase Amount	12 Month Running Total	
	Apr 2009		
4/17	30+ 75	0 15	
	+		

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

Inspected	Leaking?				Parts Ordered	Parts Received	Repaired	
	Date:				Date	Date	Date	
HOSES	4/3	12/10	4/0	12/11				
	Y/N	Y/N	Y/N	Y/N				
DOORS	Y/N	Y/N	Y/N	Y/N				
PUMP	Y/N	Y/N	Y/N	Y/N				
SOLVENT TANKS	Y/N	Y/N	Y/N	Y/N				
WATER SEPARATOR	Y/N	Y/N	Y/N	Y/N				
STILL/MUCK COOKER	Y/N	Y/N	Y/N	Y/N				
HALOGEN LEAK DETECTOR	Y/N	Y/N	Y/N	Y/N				
DIVERTER VALVE	Y/N	Y/N	Y/N	Y/N				
EXHAUST DAMPER	Y/N	Y/N	Y/N	Y/N				
GASKET/LINT/BUTTON TRAP	Y/N	Y/N	Y/N	Y/N				
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N	Y/N	Y/N				
WASTE CONTAINERS	Y/N	Y/N	Y/N	Y/N	WASTE CONTAINERS LABELED?	Y/N	DATED? Y/N	COVERED? Y/N

CONDENSER TEMPERATURE LOG:

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
5/1/09		
5/11/09	40	Y/N
5/28/09	44	Y/N
5/15/09	41	Y/N
5/22/09	43	Y/N
5/29/09	40	Y/N

PERC PURCHASES RUNNING TOTAL:

Total from last month:		0.15
Apr 09 12 mo. Running Total		
Subtract PERC purchased May 2008		-30
SUBTOTAL		-30-15
Purchase Date	Purchase Amount May 2009	12 Month Running Total
	0+ 15 = -15	-15

May 2009

REMINDER:
TRAIN NEW PEOPLE ON THE PERC MACHINE, AND IN PARTICULAR THE EMERGENCY SHUT DOWN PROCEDURE.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:	5/1/09	5/1/09	5/1/09	5/1/09
HOSES	Y/N	Y/N	Y/N	Y/N
DOORS	Y/N	Y/N	Y/N	Y/N
PUMP	Y/N	Y/N	Y/N	Y/N
SOLVENT TANKS	Y/N	Y/N	Y/N	Y/N
WATER SEPARATOR	Y/N	Y/N	Y/N	Y/N
STILL/MUCK COOKER	Y/N	Y/N	Y/N	Y/N
HALOGEN LEAK DETECTOR	Y/N	Y/N	Y/N	Y/N
DIVERTER VALVE	Y/N	Y/N	Y/N	Y/N
EXHAUST DAMPER	Y/N	Y/N	Y/N	Y/N
GASKET/LINT/BUTTON TRAP	Y/N	Y/N	Y/N	Y/N
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N	Y/N	Y/N

CONDENSER TEMPERATURE LOG:

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
6/5/09		
6/5/09	41	Y/N
6/12	43	Y/N
6/19	45	Y/N
6/29	42	Y/N
		Y/N

PERC PURCHASES RUNNING TOTAL:

Total from last month: -15		
May 09 12 mo. Running Total		
Subtract PERC purchased June 2008		
SUBTOTAL	-45	0
Purchase Date	Purchase Amount	12 Month Running Total
June 2009	45	0
6/16	45 + -45	0

June 2009

REMINDER:
DO NOT HAVE ANY FLOOR DRAINS LEADING TO A SEWER, A SEPTIC TANK, OR A STORMWATER DRAIN ANYWHERE NEAR THE AREA WHERE SOLVENT IS PRESENT.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date: 6/5/09	6/12/09	6/29	Date	Date
HOSES	Y/N	Y/N		
DOORS	Y/N	Y/N		
PUMP	Y/N	Y/N		
SOLVENT TANKS	Y/N	Y/N		
WATER SEPARATOR	Y/N	Y/N		
STILL/MUCK COOKER	Y/N	Y/N		
HALOGEN LEAK DETECTOR	Y/N	Y/N		
DIVERTER VALVE	Y/N	Y/N		
EXHAUST DAMPER	Y/N	Y/N		
GASKET/LINT/BUTTON TRAP	Y/N	Y/N		
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N		

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CONDENSER TEMPERATURE LOG:

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
7/3	44	Y/N
7/9	43	Y/N
7/10/09	40	Y/N
7/26	42	Y/N
		Y/N

PERC PURCHASES RUNNING TOTAL:

Total from last month:		0
June 09 12 mo. Running Total		
Subtract PERC purchased July 2008		-15
SUBTOTAL		-15
Purchase Date	Purchase Amount	12 Month Running Total
7/27/09	30.15	415
	+	

July 2009

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

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:	7/3 7/9 7/15 7/26	Date	Date	Date
HOSES	Y/N	Y/N	Y/N	
DOORS	Y/N	Y/N	Y/N	
PUMP	Y/N	Y/N	Y/N	
SOLVENT TANKS	Y/N	Y/N	Y/N	
WATER SEPARATOR	Y/N	Y/N	Y/N	
STILL/MUCK COOKER	Y/N	Y/N	Y/N	
HALOGEN LEAK DETECTOR	Y/N	Y/N	Y/N	
DIVERTER VALVE	Y/N	Y/N	Y/N	
EXHAUST DAMPER	Y/N	Y/N	Y/N	
GASKET/LINT/BUTTON TRAP	Y/N	Y/N	Y/N	
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N	Y/N	

NO

CONDENSER TEMPERATURE LOG :

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
7/28/09	40	
14/8/09	42	Y/N
21/8/09	44	Y/N
28/07/09	40	Y/N
		Y/N

PERC PURCHASES RUNNING TOTAL :

Total from last month:		+ 15
July 09 12 mo. Running Total		
Subtract PERC purchased August 2008		- 45
SUBTOTAL		1-30
Purchase Date	Purchase Amount	12 Month Running Total
8/31	45 + 30 = 75	15
	+	15

August 2009

REMINDER:
TRAIN NEW PEOPLE ON THE PERC MACHINE, AND IN PARTICULAR THE EMERGENCY SHUT DOWN PROCEDURE.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:	7/8 7/14 7/18 7/22	Date	Date	Date
HOSES	Y/N	Y/N		
DOORS	Y/N	Y/N		
PUMP	Y/N	Y/N		
SOLVENT TANKS	Y/N	Y/N		
WATER SEPARATOR	Y/N	Y/N		
STILL/MUCK COOKER	Y/N	Y/N		
HALOGEN LEAK DETECTOR	Y/N	Y/N		
DIVERTER VALVE	Y/N	Y/N		
EXHAUST DAMPER	Y/N	Y/N		
GASKET/LINT/BUTTON TRAP	Y/N	Y/N		
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N		

W. H. H. H.
W. H. H. H.

CONDENSER TEMPERATURE LOG:

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
4/09/09	41	Y/N
11/09/09	40	Y/N
18/09/09	44	Y/N
25/09/09	40	Y/N
		Y/N
		Y/N

PERC PURCHASES RUNNING TOTAL:

Total from last month:		15
Aug 09 12 mo. Running Total		
Subtract PERC purchased September 2008		- 0
SUBTOTAL		15
Purchase Date	Purchase Amount	12 Month Running Total
	0 +	
	+	15

September 2009

REMINDER:
DO NOT HAVE ANY FLOOR DRAINS LEADING TO A SEWER, A SEPTIC TANK, OR A STORMWATER DRAIN ANYWHERE NEAR THE AREA WHERE SOLVENT IS PRESENT.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date: 12/9/09	9/14	9/15	9/12	
HOSES	Y/N	Y/N		
DOORS	Y/N	Y/N		
PUMP	Y/N	Y/N		
SOLVENT TANKS	Y/N	Y/N		
WATER SEPARATOR	Y/N	Y/N		
STILL/MUCK COOKER	Y/N	Y/N		
HALOGEN LEAK DETECTOR	Y/N	Y/N		
DIVERTER VALVE	Y/N	Y/N		
EXHAUST DAMPER	Y/N	Y/N		
GASKET/LINT/BUTTON TRAP	Y/N	Y/N		
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N		

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this the barbed

CONDENSER TEMPERATURE LOG:

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
10/21/09	40	
10/19/09	42	Y/N
10/16/09	43	Y/N
10/23/09	40	Y/N
10/30/2009	44	Y/N

PERC PURCHASES RUNNING TOTAL:

Total from last month:		15
Sep 09 12 mo. Running Total		
Subtract PERC purchased October 2008		- 30
SUBTOTAL		-15
Purchase Date	Purchase Amount	12 Month Running Total
10/19	45 + 4157	30
	+	

October 2009

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

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:	2/10/9	Date	Date	Date
HOSES	Y/N	Y/N	Y/N	
DOORS	Y/N	Y/N	Y/N	
PUMP	Y/N	Y/N	Y/N	
SOLVENT TANKS	Y/N	Y/N	Y/N	
WATER SEPARATOR	Y/N	Y/N	Y/N	
STILL/MUCK COOKER	Y/N	Y/N	Y/N	
HALOGEN LEAK DETECTOR	Y/N	Y/N	Y/N	
DIVERTER VALVE	Y/N	Y/N	Y/N	
EXHAUST DAMPER	Y/N	Y/N	Y/N	
GASKET/INT/BUTTON TRAP	Y/N	Y/N	Y/N	

10/16/09

Michael...

CONDENSER TEMPERATURE LOG:

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
6/11/09	40	Y/N
13/11/09	43	Y/N
20/11/09	40	Y/N
27/11/09	44	Y/N
		Y/N

PERC PURCHASES RUNNING TOTAL:

Total from last month:		30
Oct 09 12 mo. Running Total		
Subtract PERC purchased November 2008		-45
SUBTOTAL		-15
Purchase Date	Purchase Amount	12 Month Running Total
	Nov 2009	
11/23	30+	+15
	+	615

November 2009

REMINDER:
TRAIN NEW PEOPLE ON THE PERC MACHINE AND IN PARTICULAR THE EMERGENCY SHUT DOWN PROCEDURE.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:		Date	Date	Date
HOSES	Y/N			
DOORS	Y/N			
PUMP	Y/N			
SOLVENT TANKS	Y/N			
WATER SEPARATOR	Y/N			
STILL/MUCK COOKER	Y/N			
HALOGEN LEAK DETECTOR	Y/N			
DIVERTER VALVE	Y/N			
EXHAUST DAMPER	Y/N			
GASKET/LINT/BUTTON TRAP	Y/N			

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CONDENSER TEMPERATURE LOG:

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
5/12/09	40	
12/12/09	44	Y/N
12/12/09	43	Y/N
24/12/09	41	Y/N
		Y/N

PERC PURCHASES RUNNING TOTAL:

Total from last month:		Nov 09	12 mo. Running Total	415
Subtract PERC purchased December 2008				-45
SUBTOTAL				370
Purchase Date	Purchase Amount	12 Month Running Total		
	Dec 2009			
	+			-30

December 2009

REMEMBER:
DO NOT HAVE ANY FLOOR DRAINS LEADING TO A SEWER, A SEPTIC TANK, OR A STORMWATER DRAIN ANYWHERE NEAR THE AREA WHERE SOLVENT IS PRESENT.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:	6/14/09	Date:		
HOSES	Y/N			
DOORS	Y/N			
PUMP	Y/N			
SOLVENT TANKS	Y/N			
WATER SEPARATOR	Y/N			
STILL/MUCK COOKER	Y/N			
HALOGEN LEAK DETECTOR	Y/N			
DIVERTER VALVE	Y/N			
EXHAUST DAMPER	Y/N			
GASKET/LINT/BUTTON TRAP	Y/N			

CONDENSER TEMPERATURE LOG:

PERC PURCHASES RUNNING TOTAL:

January 2010

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
1/8	41	Y/N
1/15	43	Y/N
1/22	41	Y/N
1/29	42	Y/N
		Y/N

Total from last month: 0		30
Dec 09 12 mo. Running Total		
Subtract PERC purchased 0 January 2009		- 15
SUBTOTAL		15
Purchase Date	Purchase Amount	12 Month Running Total
1/15	30+	15
	+	45

REMINDER:

IF YOUR 12 MONTH RUNNING TOTAL IS 140 GALLONS OR MORE OF PERC, YOU MUST CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.

Inspected	Leaking?				Parts Ordered	Parts Received	Repaired
Date:	1/8	1/15	1/22	1/29	Date	Date	Date
HOSES	Y/N	Y/N	Y/N	Y/N			
DOORS	Y/N	Y/N	Y/N	Y/N			/
PUMP	Y/N	Y/N	Y/N	Y/N			
SOLVENT TANKS	Y/N	Y/N	Y/N	Y/N			
WATER SEPARATOR	Y/N	Y/N	Y/N	Y/N			
STILL/MUCK COOKER	Y/N	Y/N	Y/N	Y/N			
HALOGEN LEAK DETECTOR	Y/N	Y/N	Y/N	Y/N			
DIVERTER VALVE	Y/N	Y/N	Y/N	Y/N			
EXHAUST DAMPER	Y/N	Y/N	Y/N	Y/N			
GASKET/LINT/BUTTON TRAP	Y/N	Y/N	Y/N	Y/N			
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N	Y/N	Y/N			
WASTE CONTAINERS	Y/N	Y/N	Y/N	Y/N	WASTE CONTAINERS LABELED?	Y/N	DATED? Y/N COVERED? Y/N

CONDENSER TEMPERATURE LOG:

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
2/5/10	42	Y/N
2/12/10	44	Y/N
2/19/10	43	Y/N
2/26/10	42	Y/N

PERC PURCHASES RUNNING TOTAL:

Total from last month:			45
Jan 10 12 mo. Running Total			
Subtract PERC purchased			- 0
February 2009			45
SUBTOTAL			
Purchase Date	Purchase Amount	12 Month Running Total	
	Feb 2010		
	+		45-15
	+		

February 2010

REMINDER:
TRAIN NEW PEOPLE ON THE PERC MACHINE AND IN PARTICULAR THE EMERGENCY SHUT DOWN PROCEDURE!

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:	2/5	2/12	2/19	2/26
HOSES	Y/N	Y/N	Y/N	Y/N
DOORS	Y/N	Y/N	Y/N	Y/N
PUMP	Y/N	Y/N	Y/N	Y/N
SOLVENT TANKS	Y/N	Y/N	Y/N	Y/N
WATER SEPARATOR	Y/N	Y/N	Y/N	Y/N
STILL/MUCK COOKER	Y/N	Y/N	Y/N	Y/N
HALOGEN LEAK DETECTOR	Y/N	Y/N	Y/N	Y/N
DIVERTER VALVE	Y/N	Y/N	Y/N	Y/N
EXHAUST DAMPER	Y/N	Y/N	Y/N	Y/N
GASKET/LINT/BUTTON TRAP	Y/N	Y/N	Y/N	Y/N
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N	Y/N	Y/N
WASTE CONTAINERS LABELED?	Y/N	Y/N	Y/N	Y/N
DATED?	Y/N	Y/N	Y/N	Y/N
COVERED?	Y/N	Y/N	Y/N	Y/N

CONDENSER TEMPERATURE LOG :

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
3/09/2010	41	
3/05/2010	41	0/N
3/12/10	44	0/N
3/19/10	43	0/N
3/26/10	44	0/N

PERC PURCHASES RUNNING TOTAL :

Total from last month:		
Feb 10	12 mo. Running Total	45.16
Subtract PERC purchased March 2009		- 30
SUBTOTAL		15.16
Purchase Date	Purchase Amount	12 Month Running Total
3/1	45.16	45.16
+		

March 2010

REMEMBER:
DO NOT HAVE ANY FLOOR DRAINS
LEADING TO A SEWER, A SEPTIC
TANK, OR A STORMWATER DRAIN
ANYWHERE NEAR THE AREA
WHERE SOLVENT IS PRESENT.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:	3/05	3/12	3/19	3/26
HOSES	Y/0	Y/0	Y/0	Y/N
DOORS	Y/0	Y/0	Y/0	Y/N
PUMP	Y/0	Y/0	Y/0	Y/N
SOLVENT TANKS	Y/0	Y/0	Y/0	Y/N
WATER SEPARATOR	Y/0	Y/0	Y/0	Y/N
STILL/MUCK COOKER	Y/N	Y/N	Y/N	Y/N
HALOGEN LEAK DETECTOR	Y/0	Y/0	Y/0	Y/N
DIVERTER VALVE	Y/0	Y/0	Y/0	Y/N
EXHAUST DAMPER	Y/0	Y/0	Y/0	Y/N
GASKET/LINT/BUTTON TRAP	Y/0	Y/0	Y/0	Y/N
CARTRIDGE FILTER/SPIN DISK	Y/0	Y/0	Y/0	Y/N

CONDENSER TEMPERATURE LOG:

PERC PURCHASES RUNNING TOTAL:

60

April 2010

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
4/02/10	40	<input checked="" type="checkbox"/> N
4/02/10	40	<input checked="" type="checkbox"/> N
4/09/10	43	<input checked="" type="checkbox"/> N
4/16/10	41	<input checked="" type="checkbox"/> N
4/30/10	44	<input checked="" type="checkbox"/> N
		Y/N

Total from last month:		
Mar 10 12 mo. Running Total		
Subtract PERC purchased April 2009		
SUBTOTAL		
Purchase Date	Purchase Amount Apr 2010	12 Month Running Total
4/6	45	15
	+	

REMINDER:
IF YOUR 12 MONTH RUNNING TOTAL IS 140 GALLONS OR MORE OF PERC, YOU MUST CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:		Date	Date	Date
HOSES	4/2/10 Y/N 4/10/10 Y/N 4/16/10 Y/N 4/30/10 Y/N			
DOORS	Y/N Y/N Y/N Y/N			
PUMP	Y/N Y/N Y/N Y/N			
SOLVENT TANKS	Y/N Y/N Y/N Y/N			
WATER SEPARATOR	Y/N Y/N Y/N Y/N			
STILL/MUCK COOKER	Y/N Y/N Y/N Y/N			
HALOGEN LEAK DETECTOR	Y/N Y/N Y/N Y/N			
DIVERTER VALVE	Y/N Y/N Y/N Y/N			
EXHAUST DAMPER	Y/N Y/N Y/N Y/N			
GASKET/LINT/BUTTON TRAP	Y/N Y/N Y/N Y/N			
CARTRIDGE FILTER/SPIN DISK	Y/N Y/N Y/N Y/N			

COVERED? Y/N

DATED? Y/N

Y/N

CONTAINED? Y/N

CONDENSER TEMPERATURE LOG:

PERC PURCHASES RUNNING TOTAL:

May 2010

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
5/07/10	41	Y/N
5/07/10	41	Y/N
5/14/10	44	Y/N
5/20/10	40	Y/N
		Y/N
		Y/N

Total from last month:			15
Apr 10	12 mo. Running Total		
Subtract PERC purchased May 2009			- 0
SUBTOTAL			15
Purchase Date	Purchase Amount May 2010	12 Month Running Total	
	0 +		
	+		15

REMINDER:
THAT IN NEW PEOPLE ON THE PERC
MACHINE, AND IN PARTICULAR
THE EMERGENCY SHUT DOWN
PROCEDURE.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:		Date	Date	Date
HOSES	Y/N	Y/N	Y/N	
DOORS	Y/N	Y/N	Y/N	
PUMP	Y/N	Y/N	Y/N	
SOLVENT TANKS	Y/N	Y/N	Y/N	
WATER SEPARATOR	Y/N	Y/N	Y/N	
STILL/MUCK COOKER	Y/N	Y/N	Y/N	
HALOGEN LEAK DETECTOR	Y/N	Y/N	Y/N	
DIVERTER VALVE	Y/N	Y/N	Y/N	
EXHAUST DAMPER	Y/N	Y/N	Y/N	
GASKET/LINT/BUTTON TRAP	Y/N	Y/N	Y/N	
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N	Y/N	
WASTE CONTAINERS	Y/N	Y/N	Y/N	Y/N

CONDENSER TEMPERATURE LOG :

PERC PURCHASES RUNNING TOTAL :

June 2010

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
6/24/10	90	Y/N
6/4/10	40	Y/N
6/11/10	43	Y/N
6/18/10	44	Y/N
6/25/10	41	Y/N
		Y/N

Total from last month:	15
May 10 12 mo. Running Total	
Subtract PERC purchased June 2009	-45
SUBTOTAL	-30
Purchase Date	6/29/10
Purchase Amount June 2010	45
12 Month Running Total	15
	+

REMINDER:

DO NOT HAVE ANY FLOOR DRAINS LEADING TO A SEWER, A SEPTIC TANK, OR A STORMWATER DRAIN ANYWHERE NEAR THE AREA WHERE SOLVENT IS PRESENT.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:	6/21/10 6/21/10 6/21/10 6/21/10 6/21/10	Date	Date	Date
HOSES	Y/N Y/N Y/N Y/N Y/N			
DOORS	Y/N Y/N Y/N Y/N Y/N			
PUMP	Y/N Y/N Y/N Y/N Y/N			
SOLVENT TANKS	Y/N Y/N Y/N Y/N Y/N			
WATER SEPARATOR	Y/N Y/N Y/N Y/N Y/N			
STILL/MUCK COOKER	Y/N Y/N Y/N Y/N Y/N			
HALOGEN LEAK DETECTOR	Y/N Y/N Y/N Y/N Y/N			
DIVERTE VALVE	Y/N Y/N Y/N Y/N Y/N			
EXHAUST DAMPER	Y/N Y/N Y/N Y/N Y/N			
GASKET/LINT/BUTTON TRAP	Y/N Y/N Y/N Y/N Y/N			
CARTRIDGE FILTER/SPIN DISK	Y/N Y/N Y/N Y/N Y/N			
WASTE CONTAINERS	Y/N Y/N Y/N Y/N Y/N	WASTE CONTAINERS LABELED?	DATED? Y/N	COVERED? Y/N

CONDENSER TEMPERATURE LOG :

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
7/2/10	40	Y/N
7/9/10	41	Y/N
7/16/10	43	Y/N
7/23/10	40	Y/N
7/30/10	41	Y/N

PERC PURCHASES RUNNING TOTAL :

Total from last month: June 10 12 mo. Running Total	15
Subtract PERC purchased July 2009	-30
SUBTOTAL	-15
Purchase Date	12 Month Running Total
Purchase Amount July 2010	0 + 0
	+

July 2010

REMINDER:
IF YOUR 12 MONTH RUNNING TOTAL IS 140 GALLONS OR MORE OF PERC, YOU MUST CONDUCT AND RECORD LEAK INSPECTIONS WEEKLY.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:		Date	Date	Date
HOSES	Y/N	Y/N	Y/N	
DOORS	Y/N	Y/N	Y/N	
PUMP	Y/N	Y/N	Y/N	
SOLVENT TANKS	Y/N	Y/N	Y/N	
WATER SEPARATOR	Y/N	Y/N	Y/N	
STILL/MUCK COOKER	Y/N	Y/N	Y/N	
HALOGEN LEAK DETECTOR	Y/N	Y/N	Y/N	
DIVERTER VALVE	Y/N	Y/N	Y/N	
EXHAUST DAMPER	Y/N	Y/N	Y/N	
GASKET/LINT/BUTTON TRAP	Y/N	Y/N	Y/N	
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N	Y/N	

CONDENSER TEMPERATURE LOG :

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
8/6/10	40	Y/N
8/6/10	40	Y/N
8/14/10	43	Y/N
8/20/10	44	Y/N
8/24/10	40	Y/N

PERC PURCHASES RUNNING TOTAL :

Total from last month:			-15
July 10 12 mo. Running Total			
Subtract PERC purchased August 2009			-45
SUBTOTAL			-60
Purchase Date	Purchase Amount	12 Month Running Total	
	Aug 2010		+0
			+ -60

August 2010

REMINDER:
TRAIN NEW PEOPLE ON THE PERC MACHINE, AND IN PARTICULAR THE EMERGENCY SHUT DOWN PROCEDURE.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date: 8/6/10	8/6/10	8/24/10	Date	Date
HOSES	Y/N	Y/N	Y/N	
DOORS	Y/N	Y/N	Y/N	
PUMP	Y/N	Y/N	Y/N	
SOLVENT TANKS	Y/N	Y/N	Y/N	
WATER SEPARATOR	Y/N	Y/N	Y/N	
STILL/MUCK COOKER	Y/N	Y/N	Y/N	
HALOGEN LEAK DETECTOR	Y/N	Y/N	Y/N	
DIVERTER VALVE	Y/N	Y/N	Y/N	
EXHAUST DAMPER	Y/N	Y/N	Y/N	
GASKET/LINT/BUTTON TRAP	Y/N	Y/N	Y/N	

CONDENSER TEMPERATURE LOG:

Date	Temperature	Is Temp less than or equal to 45° F (7.2°C)?
9/3/10	40	
9/3/10	40	Y/N
9/10/10	44	Y/N
9/17/10	42	Y/N
9/24/10	43	Y/N

PERC PURCHASES RUNNING TOTAL:

Total from last month:		-60
Aug 10 12 mo. Running Total		
Subtract PERC purchased September 2009		-0
SUBTOTAL		-60
Purchase Date	Purchase Amount	12 Month Running Total
	Sept 2010	
	0+	-60
	+	


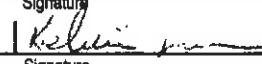
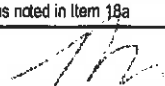
September 2010

REMEMBER:
DO NOT HAVE ANY FLOOD DRAINS
LEADING TO A SEWER A SEPTIC
TANK, OR A STORM WATER DRAIN
ANYWHERE NEAR THE AREA
WHERE SOLVENT IS PRESENT.

Inspected	Leaking?	Parts Ordered	Parts Received	Repaired
Date:	Date:	Date:	Date:	Date:
HOSES	Y/N	Y/N	Y/N	
DOORS	Y/N	Y/N	Y/N	
PUMP	Y/N	Y/N	Y/N	
SOLVENT TANKS	Y/N	Y/N	Y/N	
WATER SEPARATOR	Y/N	Y/N	Y/N	
STILL/MUCK COOKER	Y/N	Y/N	Y/N	
HALOGEN LEAK DETECTOR	Y/N	Y/N	Y/N	
DIVERTER VALVE	Y/N	Y/N	Y/N	
EXHAUST DAMPER	Y/N	Y/N	Y/N	
GASKET/LINT/BUTTON TRAP	Y/N	Y/N	Y/N	
CARTRIDGE FILTER/SPIN DISK	Y/N	Y/N	Y/N	

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917573	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 001449632 SKS		
5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JGG RD LAKE WORTH FL 33467					Generator's Site Address (if different than mailing address)		
6. Generator's Phone: 561-642-3023					U.S. EPA ID Number TXR000050930		
6. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC.					U.S. EPA ID Number		
7. Transporter 2 Company Name					U.S. EPA ID Number		
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 3610 ALPHA DRIVE BOYNTON BEACH FL 33426					U.S. EPA ID Number 309701		
Facility's Phone: 561-736-1339					FLD984167791		
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	X	WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 3.1 UN2810 PGIII RQ(F002)	4	DF	784	P	F002 D007 D039 D040
14. Special Handling Instructions and Additional Information 1) ERG#153 SK TRCK#109908797 0037410/16 0000821880 0841 03							
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 classified, 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/Offoror's Printed/Typed Name Edwin Garcia					Signature 		Month Day Year 10 6 07
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Kelvin Mendoza				Signature 		Month Day Year 10 6 07
	Transporter 2 Printed/Typed Name				Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> 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)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
	1. H141		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name F. McHugh					Signature 		Month Day Year 11 1 07

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917575	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 004331716 FLE		
5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467				Generator's Site Address (if different than mailing address)			
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			
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH FL 33426				U.S. EPA ID Number FLD984167791			
Facility's Phone: 561-736-1339							

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002)	2	DF	390	P	D007	D029	D039
	2.					0040	F002	
	3.							
	4.							

14. Special Handling Instructions and Additional Information SK SHIP#201893434 51975738 821880 201040 CSB:3 1) ERG#153; 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 classified, 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/Offor's Printed/Typed Name <i>Eduard...</i>	Signature <i>[Signature]</i> Month Day Year <i>12 10 10</i>
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:	
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: Signature: Month Day Year: Transporter 2 Printed/Typed Name: Signature: Month Day Year:	
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> 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) Month Day Year:	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 4. H141 2. 3. 4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name: Signature: Month Day Year:	

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917575	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 000346524 CEX					
5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-Y JOB RD LAKE WORTH FL 33467					Generator's Site Address (if different than mailing address)					
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					
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH FL 33426					U.S. EPA ID Number FLD984167791					
Facility's Phone: 561-736-1339										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes		
	X	1. WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002)		4	DF	780	P	D007 D029 D039		
	X	2. WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002)		3	DF	210	P	D007 D029 D039		
		3.						D040 F002		
		4.								
14. Special Handling Instructions and Additional Information SK SHIP#201768701 51857149 821880 201038 CSG:3 1) ERG#153; 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 classified, 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/Offor's Printed/Typed Name Jeff Cohen										
Signature <i>[Signature]</i>										
Month Day Year 09/14/10										
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:									
	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name Jeff Baker									
	Signature <i>[Signature]</i>									
	Month Day Year 09/14/10									
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number									
	Facility's Phone:									
	18c. Signature of Alternate Facility (or Generator) Month Day Year									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. H141 2. 3. 4.										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name J. Smith										
Signature <i>[Signature]</i>										
Month Day Year 9/14/10										

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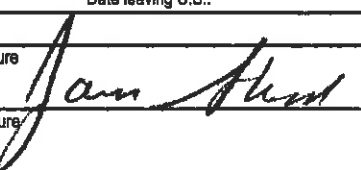


EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

GENERATOR'S INITIAL COPY

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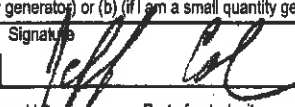
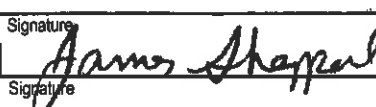

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917575	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 002432697 SKS		
5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467				Generator's Site Address (if different than mailing address)			
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			
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH FL 33426				U.S. EPA ID Number FLD984167791			
Facility's Phone: 561-736-1339							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002)	3	DF	588	P	D007 D029 D039 D040 F002
	X	2. WASTE TOXIC LIQUID, ORGANIC, N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII (FILTERS)		DF		P	D007 D029 D039 D040 F002
		3.					
		4.					
14. Special Handling Instructions and Additional Information SK SHIP#201421644 51468089 821880 201032 CSB: 3 1) ERGN0153; 2) ERGN0153; 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 classified, 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/Offor's Printed/Typed Name X Edwin Garcia				Signature 		Month Day Year 8 5 10	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.				Port of entry/exit: Date leaving U.S.:		
	Transporter signature (for exports only):						
DESIGNATED FACILITY	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name James Sheppard				Signature 		Month Day Year 8 5 10
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> 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)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H141		2. H141		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name 				Signature 		Month Day Year 8 5 10	

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917575		2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760		4. Manifest Tracking Number 002437543 SKS		
5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467					Generator's Site Address (if different than mailing address)				
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				
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH FL 33426					U.S. EPA ID Number FLD984167791				
Facility's Phone: 561-736-1339									
GENERATOR	9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002)			No.	Type	244	P	D007 D029 D039 D040 F002
		Three Filters			3				
		WASTE TOXIC LIQUID, ORGANIC N.O.S. TETRACHLOROETHYLENE, TRICHLOROETHYLENE 6.1 UN2810 PGIII RQ(F002)			3				
		61 UN2810 PGIII ERG #153 Filters			3		366 P		F002 D007 D039 D040
14. Special Handling Instructions and Additional Information SK SHIP#201270179 51334465 821880 201030 CS6:3 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 classified, 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/Officer's Printed/Typed Name Jeff Cohen					Signature 			Month Day Year 7 22 10	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:								
	17. Transporter Acknowledgment of Receipt of Materials								
TRANSPORTER	Transporter 1 Printed/Typed Name James Sheppard					Signature 			Month Day Year 7 22 10
	Transporter 2 Printed/Typed Name					Signature			Month Day Year
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	Manifest Reference Number:								
	18b. Alternate Facility (or Generator)					U.S. EPA ID Number			
	Facility's Phone:								
DESIGNATED FACILITY	18c. Signature of Alternate Facility (or Generator)					Month Day Year			
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
	1. H141		2.		3.		4.		
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
	Printed/Typed Name L. SMITH					Signature 			Month Day Year 7 22 10

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917575	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 002245687 SKS		
5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467 Generator's Phone: 561-642-5023				Generator's Site Address (if different than mailing address)			
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			
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH FL 33426 Facility's Phone: 561-736-1339				U.S. EPA ID Number 7095 FL0984167791			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002)	3	DF	585		D007 D029 D039 D040 F002
	X	2. WASTE TOXIC LIQUID, ORGANIC, N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE, 6.1 UN2810 PGIII (ERG#153) FILTERS	3	DF	210	P	D007 D029 D039 D040 F002
14. Special Handling Instructions and Additional Information SK SHIP#200794584 50853423 321880 201022 C50.5 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 classified, 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/Offoror's Printed/Typed Name Edwin Garcia		Signature 		Month Day Year 06/03/10			
TRANSPORTER INPL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:				
	17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Jeff Hebel		Signature 		Month Day Year 06/03/10			
Transporter 2 Printed/Typed Name		Signature		Month Day Year			
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> 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)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. M141		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name John Gold		Signature 		Month Day Year 06/03/10			

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917375		2. Page 1 of 1		3. Emergency Response Phone 1-800-468-1760		4. Manifest Tracking Number 002257492 SKS									
		5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467 Generator's Phone: 561-642-5029								Generator's Site Address (if different than mailing address)							
GENERATOR		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									
DESIGNATED FACILITY		8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH FL 33426 Facility's Phone: 561-736-1339						U.S. EPA ID Number 7095 FLD984167791									
		9a. HM						9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity		12. Unit Wt./Vol.		13. Waste Codes	
TRANSPORTER		X		1. WASTE TOXIC LIQUID, ORGANIC, N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002)				2		DF		392		P		D007 D029 D039 D040 F002	
		X		2. WASTE TOXIC LIQUID, ORGANIC, N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII (FILTERS)				3		DF		210		P		D007 D029 D039 D040 F002	
				3.													
				4.													
DESIGNATED FACILITY		14. Special Handling Instructions and Additional Information SK SHIP#200666690 50713033 821880 201020 CSG 32 1) ERG#0153; 2) 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 classified, 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.															
DESIGNATED FACILITY		Generator's/Offor's Printed/Typed Name <i>John J. Garcia</i>						Signature <i>[Signature]</i>				Month Day Year 12/1/10					
		16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.						Port of entry/exit: Date leaving U.S.:									
DESIGNATED FACILITY		17. Transporter Acknowledgment of Receipt of Materials															
		Transporter 1 Printed/Typed Name <i>Kelvin Martinez</i>						Signature <i>[Signature]</i>				Month Day Year 5/14/10					
DESIGNATED FACILITY		Transporter 2 Printed/Typed Name						Signature				Month Day Year					
		18. Discrepancy															
DESIGNATED FACILITY		18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection															
		Manifest Reference Number:															
DESIGNATED FACILITY		18b. Alternate Facility (or Generator)						U.S. EPA ID Number									
		Facility's Phone:															
DESIGNATED FACILITY		18c. Signature of Alternate Facility (or Generator)															
		Month Day Year															
DESIGNATED FACILITY		19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)															
		1. H241				2. H141				3.				4.			
DESIGNATED FACILITY		20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a															
		Printed/Typed Name <i>Jeff L. Ballo</i>						Signature <i>[Signature]</i>				Month Day Year 5/14/10					

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917575	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 002429739 SKS		
5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467 Generator's Phone: 561-442-5023				Generator's Site Address (if different than mailing address)			
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			
8. Designated Facility Name and Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH FL 33426 Facility's Phone: 561-736-1339				U.S. EPA ID Number 7095 FLO984167791			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002)	2	DF	248	P	0007 0029 0039 0040 F002
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information SK SHIP 20104741 51102845 821880 201026 DGB:5 10ERG0153; 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 classified, 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/Offor's Printed/Typed Name Jeff Cohen				Signature <i>Jeff Cohen</i>		Month Day Year 6 23 10	
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
	17. Transporter Acknowledgment of Receipt of Materials						
TRANSPORTER	Transporter 1 Printed/Typed Name James Sheppard				Signature <i>James Sheppard</i>		Month Day Year 6 23 10
	Transporter 2 Printed/Typed Name				Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> 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)						Month Day Year
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
	1. H141	2.	3.	4.			
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
	Printed/Typed Name				Signature		Month Day Year

095

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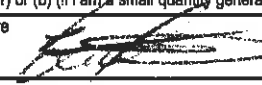
Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917575		2. Page 1 of 1		3. Emergency Response Phone 1-800-468-1760		4. Manifest Tracking Number 002428027 SKS				
		5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467 Generator's Phone: 561-642-5023		Generator's Site Address (if different than mailing address)								
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										
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH FL 33426 Facility's Phone: 561-736-1339		U.S. EPA ID Number FLD984167791										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
	X	1. WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002)				No. 7	Type DF	1,372	F	F002	D007	D029
										D039	D040	
14. Special Handling Instructions and Additional Information SK SHIP#200431059 50472526 821880 201016 CSB: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 classified, 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/Offor's Printed/Typed Name Edwin Garcia Signature [Signature] Month Day Year 4/13/10												
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:											
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: Kelvin Mendez Signature: [Signature] Month Day Year: 4/13/10 Transporter 2 Printed/Typed Name: Signature: Month Day Year:											
TRANSPORTER	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: U.S. EPA ID Number:											
	18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year:											
DESIGNATED FACILITY	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H141 2. 3. 4.											
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name: Jeff W. Belsky Signature: [Signature] Month Day Year: 4/17/10											

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917575	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 002399121 SKS		
5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467				Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC.				U.S. EPA ID Number TXR000050730			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH FL 33426				U.S. EPA ID Number FLD984167791			
Facility's Phone: 561-736-1339							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002)	4	DF	784	P	F002 D007 D029 D039 D040
		2. WASTE TOXIC LIQUID ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002) (FILED)	3		210		F002 D007 D029 D039 D040
		3.					
		4.					
14. Special Handling Instructions and Additional Information SK SHIP#200026462 50071539 021290 001010 C56 32 1) ERG#0153; 24 HR EMERGENCY #1-800-468-1760 (SAFETY-KLEEN - 94138) OK 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 classified, 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/Offeree's Printed/Typed Name STRAKE/COHEN				Signature <i>[Signature]</i>		Month Day Year 3 2 10	
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	Transporter signature (for exports only): _____						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Kevin Mendez				Signature <i>[Signature]</i>		Month Day Year 3 2 10
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name				Signature		Month Day Year
	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> 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) _____ Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H141		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Jeff L. Bell				Signature <i>[Signature]</i>		Month Day Year 3 2 10	

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917575	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 001815807 SKS		
5. Generator's Name and 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		
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH FL 33426 Facility's Phone: 561-736-1339					U.S. EPA ID Number FLD984167791		
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(P002)	3	DP		P	F002 D007 D029 D039 D040
	X	2. WASTE TOXIC LIQUID, ORGANIC, N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII	3	DP		P	F002 D007 D029 D039 D040
		3.					
		4.					
14. Special Handling Instructions and Additional Information 1)ERG#153; 2)ERG#153 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 classified, 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/Offor's Printed/Typed Name Edwin C. GARCIA		Signature 		Month, Day, Year ____/____/____			
INTL	16. International Shipments: <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials						
TRANSPORTER	Transporter 1 Printed/Typed Name		Signature		Month, Day, Year		
	Transporter 2 Printed/Typed Name		Signature		Month, Day, Year		
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> 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)	
Month, Day, Year ____/____/____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H141		2. H141		3. H141		4. H141	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name		Signature		Month, Day, Year			
				____/____/____			

J-097-01

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST.		1. Generator ID Number FL0000917575	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 001829605 SKS			
5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JDB RD LAKE WORTH FL 33467					Generator's Site Address (If different than mailing address)			
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			
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH FL 33426					U.S. EPA ID Number FLD9B4167791			
Facility's Phone: 561-736-1339								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol	13. Waste Codes	
			No.	Type				
	X	WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002)	1	DF	1/10	P	F002 D007 D029 D039 D040	
14. Special Handling Instructions and Additional Information SK TRCK#111147111 0040468101 0000821880 1002 32 1)ER8W153								
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 classified, 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/Officer's Printed/Typed Name <i>[Signature]</i>					Signature <i>[Signature]</i>			
					Month Day Year			
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____							
	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name					Signature		
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name					Signature		
						Month Day Year		
						Month Day Year		
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> 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)					Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems).								
1. H141		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name					Signature			
					Month Day Year			

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917575		2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760		4. Manifest Tracking Number 000330846 CEX		
5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467					Generator's Site Address (if different than mailing address)				
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				
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 3610 ALPHA DRIVE BOYNTON BEACH FL 33426 561-736-1339					U.S. EPA ID Number FLD984167791				
Facility's Phone:									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
					No.	Type			
	X	1. WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002)				DF		P	F002 D007 D029 D039 D040
		2.							
		3.							
	4.								
14. Special Handling Instructions and Additional Information SK TRCKN111004174 0040110601 0000821880 0946 32 1)ERGN153									
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 classified, 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/Offerr's Printed/Typed Name					Signature		Month		Day
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____								
	17. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/Typed Name				Signature		Month		Day
	Transporter 2 Printed/Typed Name				Signature		Month		Day
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> 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) _____ Month _____ Day _____ Year _____								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
	1. H141		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name					Signature		Month		Day

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 0917575		2. Page 1 of 1		3. Emergency Response Phone 1-800-468-1760		4. Manifest Tracking Number 002206019 SKS		
5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JOE RD LAKE WORTH Generator's Phone: 561-642-5023 FL 33467										
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:										
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH Facility's Phone: 561-736-1339 FL 33426 U.S. EPA ID Number: FLD984157791										
GENERATOR	9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes			
	X	WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGII RQ(F002)	3	DF	25	P	F002	D007	D029	
	X	WASTE TOXIC LIQUID, ORGANIC, N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII	3	DF	210	P	F002	D007	D029	
14. Special Handling Instructions and Additional Information SK TRCK#111153253 0040503626 0000821880 0951 32 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 classified, 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/Offor's Printed/Typed Name: Edwin Garcia Signature: <i>[Signature]</i> Month: 11 Day: 23 Year: 2000										
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:									
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: Signature: Month: Day: Year: Transporter 2 Printed/Typed Name: Signature: Month: Day: Year:									
TRANSPORTER	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: U.S. EPA ID Number: 18b. Alternate Facility (or Generator) Facility's Phone: Month: Day: Year: 18c. Signature of Alternate Facility (or Generator) Month: Day: Year:									
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H141 2. H141 3. 4.									
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a. Printed/Typed Name: Signature: Month: Day: Year:									

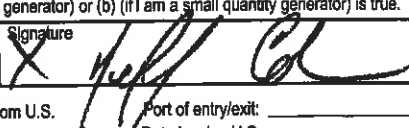
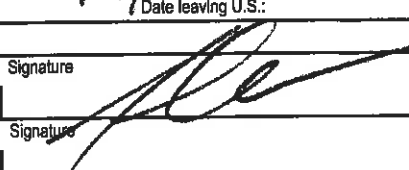
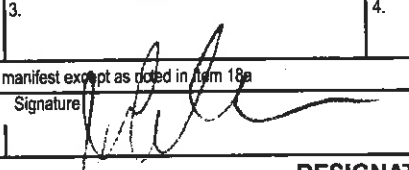
Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917575		2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760		4. Manifest Tracking Number 002122632 SKS			
5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467					Generator's Site Address (if different than mailing address)					
Generator's Phone: 361-642-5023										
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					
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 3610 ALPHA DRIVE BOYNTON BEACH FL 33426					309/01		U.S. EPA ID Number FL0984167791			
Facility's Phone: 361-736-1339										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes	
	X	WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(F002)			DF		1176	P	F002 D007 D029 D039 D040	
	2.									
	3.									
	4.									
14. Special Handling Instructions and Additional Information SK TRCK#110893418 0039834798 0000821880 0740 32 1)ERG#153										
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 classified, 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/Offor's Printed/Typed Name <i>[Signature]</i>					Signature <i>[Signature]</i>					Month Day Year
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.					Port of entry/exit: Date leaving U.S.:				
	Transporter signature (for exports only):									
	17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name <i>[Signature]</i>					Signature <i>[Signature]</i>					Month Day Year
Transporter 2 Printed/Typed Name					Signature					Month Day Year
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> 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)									Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. H141			2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name:					Signature					Month Day Year

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917575	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 001730802 SKS		
5. Generator's Name and Mailing Address COST LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467				Generator's Site Address (if different than mailing address)			
6. Generator's Phone: 561-642-5023				U.S. EPA ID Number TXR000050930			
6. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC.				U.S. EPA ID Number			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH FL 33426				U.S. EPA ID Number FLD984167791			
Facility's Phone: 561-736-1339							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(P002)	2	DF	390	P	P002 D007 D029 D039 D040
	X	2. WASTE TOXIC LIQUID, ORGANIC, N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII (Filters)	3	DF	210	P	P002 D007 D029 D039 D040
		3.					
		4.					
14. Special Handling Instructions and Additional Information SK TRCK#110864311 0039780397 0000821880 0935 32 1)ERG#153; 2)ERG#153							
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 classified, 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/Offor's Printed/Typed Name X Jeff Cohen				Signature 		Month Day Year 09 16 09	
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:				
	Transporter signature (for exports only):						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials		Signature		Month Day Year		
	Transporter 1 Printed/Typed Name Jeff LeBelle				09 16 09		
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> 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) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H141		2. H141		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name John Gordon				Signature 		Month Day Year 09 16 09	

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FL0000917575	2. Page 1 of	3. Emergency Response Phone 1 1-800-424-6330	4. Manifest Tracking Number 001833044 SKS		
5. Generator's Name and Mailing Address COSE LESS CLEANERS 4180-9 JOG RD LAKE WORTH FL 33467			Generator's Site Address (if different than mailing address)				
Generator's Phone: 561-642-5023							
6. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC.			U.S. EPA ID Number				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 5610 ALPHA DRIVE BOYNTON BEACH FL 33426			U.S. EPA ID Number 309701				
Facility's Phone: 561-736-1339							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt/Vol.	13. Waste Codes
			No.	Type			
		WASTE TOXIC LIQUID, ORGANIC N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII RQ(PO02)	3	DF	548	DF	P
		WASTE TOXIC LIQUID, ORGANIC, N.O.S. (TETRACHLOROETHYLENE, TRICHLOROETHYLENE) 6.1 UN2810 PGIII	3	DF	210	DF	P
14. Special Handling Instructions and Additional Information 1)ERG#153; 2)ERG#153 SK TRCK#110774336 0039553968 0000821880 0930 32							
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 classified, 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/Officer's Printed/Typed Name				Signature		Month Day Year	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name			Signature		Month Day Year	
	Transporter 2 Printed/Typed Name			Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number						
	Facility's Phone:						
	18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H141		2. H141		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name				Signature		Month Day Year	



Safety-Kleen®
SAFETY-KLEEN SYSTEMS, INC.
5390 LEGACY DRIVE
PLANO, TX 75024
DUNS NO: 05-397-8551
FED ID NO: 38-6080019

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

BILL TO ADDRESS
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

SK Service Facility
BR BOYNTON BEACH

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

Special Billing Code # 003 16



Department #	Department	Release #	Transporter	Manifest #	Tax Status/#	PO Number
1.000	13 GAL LIQUID PERC SVC			000382444cex		
	0000055366-02-0000000000-00000000					
	PERCHLOROETHYLENE - DRY CLEAN F002					
1.000	FEE, FUEL SURCHARGE					
	0000100001-52-0000000000-00000000					
	16 GAL SPLIT PERC SVC					
	0000055364-06-0000000000-00000000					
	PERCHLOROETHYLENE PERC FILTERS F002					

SUBTOTAL
TOTAL TAX
TOTAL AMOUNT DUE

PAID 9/20/10 CASH 2623

Comments
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 ensure that all payments are received by the invoice due date.

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SAFETY-KLEEN SYSTEMS, INC.
5380 LEGACY DRIVE
PLANO, TX 75024

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

ORIGINAL INVOICE

Page 1 of 1

Account Number	Invoice Number	Invoice Date	Terms
0000821880	51468089	08/07/10	Net 30

BILL TO ADDRESS

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

SK Service Facility

BR BOYNTON BEACH

Special Billing Code #

003 16

Facility Phone

561-736-1339

Service Date

08/05/2010

Service Number

0000821880

Department #

Department

Release #

Transporter

Manifest #

Tax Status/#

PO Number

002432697SKS

QUANTITY

DESC./REFERENCE NUMBER

PRICE PER

SALES TAX

ITEM TOTAL

3.000

13 GAL LIQUID PERC SVC

95.8400 EA

0.00

287.52

1.000

PERCHLOROETHYLENE - DRY CLEAN F002

12.2600 EA

0.00

12.26

FEE, FUEL SURCHARGE

0000100001-52-000000000-00000000

SUBTOTAL
TOTAL TAX
TOTAL AMOUNT DUE

299.78

Comments

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 ensure that all payments are received by the invoice due date.

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SAFETY-KLEEN SYSTEMS, INC.
5380 LEGACY DRIVE
PLANO, TX 75024
DUNS NO: 06-387-6551
FED ID NO: 38-0080018

BILL TO ADDRESS
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

SK Service Facility
BR BOYNTON BEACH
003 16
Special Billing Code #
Facility Phone 561-736-1339
Service Date 07/22/2010
Service Number 0000821880

ORIGINAL INVOICE				Page 1 of 1
Account Number	Invoice Number	Invoice Date	Terms	
0000821880	51221901	07/27/10	Net 30	



Department #	Department	Release #	Transporter	Manifest #	Tax Status/#	PO Number	
QUANTITY	DESC./REFERENCE NUMBER				PRICE PER	SALES TAX	ITEM TOTAL
5.000	13 GAL LIQUID PERC SVC 0000055386-02-000000000-0000000 PERCHLOROETHYLENE - DRY CLEAN F002			002437543SKS	95.8400 EA	0.00	
1.000	FEE, FUEL SURCHARGE 0000100001-52-000000000-0000000				12.2600 EA	0.00	

SUBTOTAL
TOTAL TAX
TOTAL AMOUNT DUE

Comments

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 ensure that all payments are received by the invoice due date.

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W. 9/6/10
Ch 26/10

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ORIGINAL INVOICE				Page 1 of 1
Account Number	Invoice Number	Invoice Date	Terms	
0000821880	51102845	06/24/10	Net 30	

BILL TO ADDRESS
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

SK Service Facility
BR BOYNTON BEACH
003 16

Facility Phone 561-736-1339
Service Date 06/23/2010
Service Number 0000821880

Department #	Department	Release #	Transporter	Manifest #	Tax Status/#	PO Number
				002429739SKS		
QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL		
2.000	13 GAL LIQUID PERC SVC 0000055366-02-000000000-00000000 PERCHLOROETHYLENE - DRY CLEAN F002	95.8400 EA	0.00			
1.000	FEE, FUEL SURCHARGE 0000100001-52-000000000-00000000	12.2600 EA	0.00			

SUBTOTAL
TOTAL TAX
TOTAL AMOUNT DUE

Handwritten signature and date: 7/14/10

Comments
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SAFETY-KLEEN SYSTEMS, INC.
6360 LEGACY DRIVE
PLANO, TX 75024

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

ORIGINAL INVOICE				Page 1 of 1
Account Number	Invoice Number	Invoice Date	Terms	
0000821880	50853423	06/04/10	Net 30	

BILL TO ADDRESS
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

SK Service Facility
BR BOYNTON BEACH
003 16

Special Billing Code #

Facility Phone 561-736-1339
Service Date 06/03/2010
Service Number 0000821880

Department #	Department	Release #	Transporter	Manifest #	Tax Status/#	PO Number
				002245687/sks		
QUANTITY	DESC./REFERENCE NUMBER				PRICE PER	SALES TAX
3.000	13 GAL LIQUID PERC SVC 0000055366-02-000000000-00000000 PERCHLOROETHYLENE - DRY CLEAN F002				95.8400 EA	0.00
1.000	FEE, FUEL SURCHARGE 0000100001-52-000000000-00000000 16 GAL SPLIT PERC SVC				12.2600 EA	0.00
3.000	0000055364-12-000000000-00000000 PERCHLOROETHYLENE PERC FILTERS F002				108.9000 EA	0.00
						ITEM TOTAL

SUBTOTAL
TOTAL TAX
TOTAL AMOUNT DUE

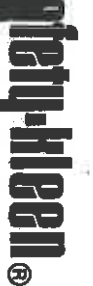
Comments

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 ensure that all payments are received by the invoice due date.

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DUNS NO: 06-397-6551
FED ID NO: 38-6090018

Page 1 of 1

Net 30

Special Billing Code

003 16

0000821880

0.00

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SAFETY-KLEEN SYSTEMS, INC.
5390 LEGACY DRIVE
PLANO, TX 75024
DUNS NO: 05-397-8551
FED ID NO: 39-9090019

BILL TO ADDRESS
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

SK Service Facility
BR BOYNTON BEACH
Special Billing Code #
003 16
Facility Phone
561-736-1339
Service Date
04/13/2010
Service Number
0000821880

ORIGINAL INVOICE				Page 1 of 1
Account Number	Invoice Number	Invoice Date	Terms	
0000821880	50472526	04/17/10	Net 30	

Department #	Department	Release #	Transporter	Manifest #	Tax Status/#	PO Number
				002428027SKS		
QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL		
7.000	13 GAL LIQUID PERC SVC 0000053366-02-000000000-00000000 PERCHLORDETHYLENE - DRY CLEAN F002	95.8400 EA	0.00			
1.000	FEE, FUEL SURCHARGE 0000100001-52-000000000-00000000	12.2600 EA	0.00			

SUBTOTAL
TOTAL TAX
TOTAL AMOUNT DUE

Comments

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 ensure that all payments are received by the invoice due date.

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

DUNS NO: 06-397-6551
FED ID NO: 39-6090019

BILL TO ADDRESS
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

SK Service Facility
BR BOYNTON BEACH
003 16

Special Billing Code #
003 16

Facility Phone 561-736-1339
Service Date 03/02/2010
Service Number 0000821880

ORIGINAL INVOICE				Page 1 of 2
Account Number	Invoice Number	Invoice Date	Terms	
0000821880	50071539	03/05/10	Net 30	

Department #	Department	Release #	Transporter	Manifest #	Tax Status/#	PO Number
1.000	13 GAL LIQUID PERC SVC	0000055366-02-000000000-0000000		002399121sls		
	PERCHLOROETHYLENE - DRY CLEAN F002					
1.000	FEE, FUEL SURCHARGE	0000100001-000000000-0000000				
1.000	13 GAL LIQUID PERC SVC	0000055366-02-000000000-0000000				
	PERCHLOROETHYLENE - DRY CLEAN F002					
1.000	13 GAL LIQUID PERC SVC	0000055366-02-000000000-0000000				
	PERCHLOROETHYLENE - DRY CLEAN F002					
1.000	13 GAL LIQUID PERC SVC	0000055366-02-000000000-0000000				
	PERCHLOROETHYLENE - DRY CLEAN F002					
1.000	16 GAL SPLIT PERC SVC	0000055364-12-000000000-0000000				
	PERCHLOROETHYLENE PERC FILTERS F002					
1.000	16 GAL SPLIT PERC SVC	0000055364-12-000000000-0000000				
	PERCHLOROETHYLENE PERC FILTERS F002					

10. 4/4/10 6560

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Safety-Kleen®
SAFETY-KLEEN SYSTEMS, INC.
8390 LEGACY DRIVE
PLANO, TX 75024

DUNS NO: 05-397-8551
FED ID NO: 39-6090019

ORIGINAL INVOICE

Page 1 of 1

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

BILL TO ADDRESS

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

SERVICE LOCATION

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

SK Service Facility

BR BOYNTON BEACH

Special Billing Code

003 16

Facility Phone
561-736-1339

Service Date
03/02/2009

Service Number
0000821880

Department #	Department	Release #	Transporter	Manifest #	Tax Status/#	PO Number
00				001047755SKS		

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.000	DC WATER SEPARATOR @ EXISTING CUSTOMER 0000037100-08-003702827-00000000	0.0000 EA	0.00	0.00
3.000	13-GALLON LIQUID PERC SERVICE 0000055366-06-000000000-00000000	87.1300 EA	0.00	261.39
3.000	16-GALLON SPLIT PERC SERVICE 0000055364-12-000000000-00000000	120.0500 EA	0.00	360.15
1.000	FEE, FUEL SURCHARGE 0000100001-00-000000000-00000000	9.2200 EA	0.60	9.82

SUBTOTAL
TOTAL TAX
TOTAL AMOUNT DUE

00000000
00000000
00000000

Comments

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 ensure that all payments are received by the invoice due date.

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

BILL TO ADDRESS
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

SK Service Facility
BR BOYNTON BEACH
Special Billing Code #
003 16
Facility Phone
561-736-1339
Service Date
01/29/2010
Service Number
0000821880

Department #	Department	Release #	Transporter	Manifest #	Tax Status/#	PO Number
00						
QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL		
3.000	16-GALLON SPLIT PERC SERVICE 0000055364-12-000000000-00000000	108.9000 EA	0.00	326.70		
3.000	13-GALLON LIQUID PERC SERVICE 0000055366-02-000000000-00000000	95.8400 EA	0.00	287.52		
1.000	FEE, FUEL SURCHARGE NON TAXABL 0000100007-00-000000000-00000000	11.4900 EA	0.00	11.49		

SUBTOTAL
TOTAL TAX
TOTAL AMOUNT DUE

Comments

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 ensure that all payments are received by the invoice due date.

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SAFETY-KLEEN SYSTEMS, INC.
5360 LEGACY DRIVE
PLANO, TX 75024
DUNS NO: 05-387-6551
FED ID NO: 38-6080019

ORIGINAL INVOICE

Page 1 of 1

Account Number	Invoice Number	Invoice Date	Terms
0000821880	0040468101	01/12/10	Net 30

BILL TO ADDRESS

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

SK Service Facility

BR BOYNTON BEACH

Special Billing Code #

003 16

Facility Phone

561-736-1339

Service Date

01/11/2010

Service Number

0000821880

Department #	Department	Release #	Transporter	Manifest #	Tax Status/#	PO Number
00				001829605SKS		

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.000	13-GALLON LIQUID PERC SERVICE	95.8400 EA	0.00	
1.000	0000055366-02-000000000-00000000			
	FEE, FUEL SURCHARGE NON TAXABL	11.4900 EA	0.00	
	0000100007-00-000000000-00000000			

SUBTOTAL
TOTAL TAX
TOTAL AMOUNT DUE

Comments

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 ensure that all payments are received by the Invoice due date.

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

Please detach and enclose this coupon with your payment.





SAFETY-KLEEN SYSTEMS, INC.
6390 LEGACY DRIVE
PLANO, TX 75024
DUNS NO: 05-397-8551
FED ID NO: 39-6090019

ORIGINAL INVOICE				Page 1 of 1
Account Number	Invoice Number	Invoice Date	Terms	
0000821880	M006242274	01/04/10	Net 30	

BILL TO ADDRESS
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

SK Service Facility
BR BOYNTON BEACH
Facility Phone 561-736-1339
Service Date 12/31/2009
Service Number 0000821880
Special Billing Code # 003 16

Department #	Department	Release #	Transporter	Manifest #	Tax Status/#	PO Number
00						
QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL		
3.000	13-GALLON LIQUID PERC SERVICE 0000055366-02-000000000-00000000	95.8400 EA	0.00			
3.000	16-GALLON SPLIT PERC SERVICE 0000055364-12-000000000-00000000	108.9000 EA	0.00			
1.000	FEE, FUEL SURCHARGE 0000100001-00-000000000-00000000	11.4900 EA	0.75			

SUBTOTAL
TOTAL TAX
TOTAL AMOUNT DUE

Comments

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 ensure that all payments are received by the invoice due date.

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Please detach and enclose this coupon with your payment.





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: WISCONSIN CORP License No. 50 - 73 - 03079

Type: ☒ Inspection
☐ Reinspection

The annual license inspection conducted by JEFF DIUK

on 4/30/10, resulted in a field determination of:

☒ Satisfactory compliance demonstrated

☐ Unsatisfactory compliance demonstrated (see reasons below)

Receipt acknowledged by: [Signature], 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.



PALM BEACH COUNTY HEALTH DEPARTMENT
Post Office Box 29 / 800 Clematis Street, West Palm Beach, FL. 33402
Office: (561) 837-5900 Fax: (561) 837-5295

Hazardous Waste Tracking Log

[illegible]

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.

Jog Road

North

Front of store

Front of store

EXIT

Sewing Machines

Fitting Room

Front Counters

Front Counters

Front Counters

Check in Counter

Desk

Safety Rail

Presser

Presser

Presser

Presser

Desk

KEY

Fire Extinguisher

Chemicals

Hot Water Tank

Spill Control material

Return Tank

MSD Sheets

Hazardous Manifests

Phone

Vacuum

Hazardous waste containers

Power Panel and Fuses

Spotting Board

Dry Clean Machine

Water

Boiler

BOILER ROOM

Washing Machine

Dryer

Men's Bathroom

Woman's Bathroom

Shirt Presser

Compressor

Compressor

EXIT

Gas Lines