



Sent Via Federal Express  
Airbill No. 3261359231

9 May 1995

Mr. Robert Snyder, P.E.  
Manager Hazardous Waste Section  
Florida Department of Environmental Protection  
3319 Maguire Blvd., Suite 232  
Orlando, FL 32803-3767

RE: Incident Report  
Sanford Branch  
Waste Accepted Without Generator EPA ID#

Dear Mr. Snyder:

Safety-Kleen accepted a number of hazardous waste shipments from Lynx Corp. (see attached service documents) without a generator EPA ID#. The company has applied for an EPA ID#. When the number is obtained unmanifested waste reports will be submitted for each shipment.

Safety-Kleen is currently manifesting SQG's which use our 150 solvent. Manifesting of SQG's who use this solvent will continue until the tolling agreement is in effect. At this time the Sanford Facility is receiving mostly 150 virgin solvent for distribution. When the branch starts to receive 150 recycled product, manifesting of 150 solvent for SQG's will be discontinued.

I attempted to obtain a copy of form 8700-12 filed by Lynx Corp., however we have not been able to locate any copies. It is expected that the facility will be receiving the EPA ID# in the near future. Safety-Kleen has discontinued servicing this customer until the number is obtained.

If you have any questions concerning this matter please call me at (904) 576-5979.

Sincerely,

Richard R. Morris  
Environmental Engineer  
North Florida Region

1000 North Randall Road  
Elgin, Illinois 60123-7857

TRANSPORTER

407-321-6080 DAVE MATOUSEK  
LDR NOT REQ'D 0-220 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
95- 2	02	787817
MANAGER'S NUMBER		XXXXX

3-130-01-1823-8

FL 32805

3-130-01-0831

LYNX CORP  
1200 W SOUTH ST  
ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
1-9-95	8800			C	10-240-6210	343.44			
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	583	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS	0029
230-17343		81.00	4.86	85.86			04			9	150R	
230-17346		81.00	4.86	85.86			04			9	150R	
230-18028		81.00	4.86	85.86			04			9	150R	
230-19163		81.00	4.86	85.86			04			9	150R	

<b>TOTAL SERVICE SECTION</b>	324.00	19.44	343.44	MACHINE CONDITION & CLEANLINESS	GOOD	POOR	DEPULS IN PLACE AND LEAKS	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
				LAMP ASSEMBLY CONDITION			FUEL/LEAK INSTALLED			LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
							EMERGENCY CLOSING DEPENDENT RESTRICTED			SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

WASTE INFORMATION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT)										
11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)										
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII D039 (ERG 27) 6.7 LBS/GAL										
12. CONTAINERS NO. TYPE										
4 DM										
13. TOTAL QUANTITY										
48										
14. UNIT WT/VOL										
G										
SK DOT NUMBER										
95653										
CONTAINER SIZE										
51.6 B055										
I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:										
0 TO 220 LBS/MONTH										
7.R.										
INITIALS										
220 LBS TO 2,200 LBS/MONTH										
INITIALS										
GREATER THAN 2,200 LBS/MONTH										
INITIALS										

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP. 600 CENTRAL PARK DRIVE SANFORD FL 32771	USA EPA ID NO.	FLD984171165
		STATE ID NO.	

PRODUCT NUMBER	DESCRIPTION	MSDS ON/OK	PRICE	UOM	QUANTITY DELIV/BROG	SALES AMOUNT	TAX	LINE TOTAL

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE	
INV. #	AMOUNT \$	<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	TOTAL SERVICE AMOUNT (FROM ABOVE)
PREVIOUS CREDIT CARD NO.			343.44
CREDIT CARD NO.			TOTAL DUE
AMEX VISA MC	EXP. DATE		343.44
CONSUMER REFERENCE INFORMATION			
Print Name			GENERATOR DESIGNATED REPRESENTATIVE SIGNATURE

BRANCH - TSP

SALES ORDER PROCESSING

X [Signature]

HPK 10 55 11:06 PM SHEFFER KLEEN  
 1000 North Randall Road  
 Elgin, Illinois 60123-7857

TRANSPORTER

407-321-6080 DAVE MATOUSEK  
 LDR NOT REQ'D 0-220 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94-60	02	504747

3-130-01-1823-8  
 LYNX  
 555 N MCGRUDER  
 ORLANDO

FL 32805

3-130-01-0831  
 LYNX CDQP  
 1200 W SOUTH ST  
 ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
10/10/94	8800			C	10-240-6210	343.44			
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/B	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	683	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT EXPENT	SERVICE TEAM	CHANGE SERVICE TERM (WEEKS)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS	0033
230-17343		81.00	4.86	85.86			04			9	150R	
230-17344		81.00	4.86	85.86			04			9	150R	
230-18028		81.00	4.86	85.86			04			9	150R	
230-19163		81.00	4.86	85.86			04			9	150R	

TOTAL SERVICE SECTION	324.00	19.44	343.44	MACHINE CONDITION & CLEANLINESS	GOOD	POOR	DETAILS IN PLACE AND LEGIBLE	YES	NO	WASSES PROPERLY GROUND	YES	NO
				LAMP ASSEMBLY CONDITION	GOOD	POOR	EMERGENCY CLOSING	YES	NO	LOCAL INVOICE NO. STICKER APPLIED TO MACHINE	YES	NO

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	CONTAINER SIZE	CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039, D006, D008, D018, D040) 6.7LBS/GAL	4	46	G	653	5160055	<input type="checkbox"/> 0 TO 220 LBS./MONTH <input checked="" type="checkbox"/> 220 LBS. TO 2,200 LBS./MONTH <input type="checkbox"/> INITIALS GREATER THAN 2,200 LBS./MONTH

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP., 600 CENTRAL PARK DRIVE, SANFORD, FL 32771  
 USA EPA ID NO.: FL0984871165  
 STATE ID NO.:

PRODUCT NUMBER	DESCRIPTION	MEQS GIVEN	PRICE	QTY	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

PAYMENT SECTION	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT	TOTAL SERVICE AMOUNT (FROM ABOVE)	343.44
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION CONDITIONS AND OTHER INFORMATION AND PEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.	TOTAL DUE	343.44
PREVIOUS CREDIT CARD NO.	INV. #	AMOUNT \$		This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		
CREDIT CARD NO.	EXP. DATE	AMEX VISA MC		Print Name	Signature: <i>Ron Riccard</i> GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE	
CONSUMER REFERENCE INFO (NUMERIC ONLY)						

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

1000 North Randall Road  
Elgin, Illinois 60123-7857



TRANSPORTER

407-321-6080 DAVE MATOUSEK

LDR NOT REQ'D 0-220 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
90-46	02	211142
MANIFEST NUMBER		XXXXX

3-130-01-1823-B

LYNX  
555 N MCGRODER  
ORLANDO

FL 32805

3-130-01-0831  
LYNX CORP  
1200 N SOUTH ST  
ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS		
11-16-94	8800			H	10-240-6210	343.44			
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	983	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULED DATE (YY WWS)	INV. CODE	REMARKS	0020
230-17343		81.00	4.86	85.86	13	04			9	150R	
230-17344		81.00	4.86	85.86	12	04			9	150R	
230-18028		81.00	4.86	85.86	12	04			9	150R	
230-19163		81.00	4.86	85.86	13	04			9	150R	

<b>TOTAL SERVICE SECTION</b>	324.00	19.44	343.44	MACHINE CONDITION & CLEANLINESS	GOOD <input checked="" type="checkbox"/> POOR <input type="checkbox"/>	DECALS IN PLACE AND LEGIBLE	YES <input type="checkbox"/> NO <input type="checkbox"/>	MACHINE PROPERLY GROUNDED	YES <input type="checkbox"/> NO <input type="checkbox"/>
				LAMP ASSEMBLY CONDITION	GOOD <input type="checkbox"/> POOR <input type="checkbox"/>	RISER LINK INSTALLED	YES <input type="checkbox"/> NO <input type="checkbox"/>	LOCAL PHONE NO. STOKER AFFIXED TO MACHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>
						EMERGENCY CLOSING DEVIATION CENTER	YES <input type="checkbox"/> NO <input type="checkbox"/>	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	YES <input type="checkbox"/> NO <input type="checkbox"/>

WASTE INFORMATION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT)		TRANSPORTER MEMO NO. IL 8984908202	GENERATOR MEMO NO.	GENERATOR DATED			
11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	13. TYPE	14. TOTAL QUANTITY	15. UNIT WT/AVL	SK DOT NUMBER	CONTAINER SIZE	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES: 0 TO 220 LBS/MONTH 220 LBS TO 2,200 LBS/MONTH GREATER THAN 2,200 LBS/MONTH
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGLII (D039, D006, D008, D018, D040) 6.7 LBS/GAL	4	DM	50	G	653		INITIALS L/R

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP. 600 CENTRAL PARK DRIVE SANFORD FL 32771	USA EPA ID NO.	FL 0984171165
STATE ID NO.			

PRODUCT NUMBER	DESCRIPTION	MBDS GIVEN	PRICE	QTY	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE	TOTAL SERVICE AMOUNT (FROM ABOVE) 343.44
INV. #	AMOUNT \$	<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	TOTAL DUE 343.44
PREVIOUS CREDIT CARD NO.			CHARGE: MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE CLAIMS AND AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.
CREDIT CARD NO.	AMEX VISA MC	EXP. DATE	This is to certify that the above-stated materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.
CONSUMER REFERENCE INFORMATION			Print Name: Ron Richard
			GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE: [Signature]

BRANCH: TSN

INITIALS

HFR 10 33 11:00 PM SAFETY KLEEN  
 1000 North Randall Road  
 Elgin, Illinois 60123-7857

TRANSPORTER

407-321-6080 DAVE MATOUSEK  
 LDR NOT REQ'D 0-220 GP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94-42	02	925629
CHANGES NUMBER		XXXXX

3-130-01-1823-8  
 LYNX  
 555 N MCGRUDER  
 ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
10-20-94	8800			D	10-240-6210	1030.32	343.44		
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	S83	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SPIRIT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS
1	230-17343	81.00	4.86	85.86	12	04				9	150R
2	230-17344	81.00	4.86	85.86	13	04				9	150R
3	230-18028	81.00	4.86	85.86	13	04				9	150R
4	230-19163	81.00	4.86	85.86	12	04				9	150R

NAME:  
 PHONE #:  
 COMMENTS:

TOTAL SERVICE SECTION	324.00	19.44	343.44	MACHINE CONDITION & CLEANLINESS	GOOD <input checked="" type="checkbox"/>	POOR <input type="checkbox"/>	DETAILS IN PLACE AND LEGIBLE	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	MACHINE PROPERLY GROUNDED	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
				LAMP ASSEMBLY CONDITION	GOOD <input checked="" type="checkbox"/>	POOR <input type="checkbox"/>	RISER LAMP INSTALLED	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	LOCAL PHONE NO. STORED	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
							EMERGENCY CLOSING	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	SPENT SOLVENT METERS	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

WASTE INFORMATION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT)	11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO. & TYPE	13. TOTAL QUANTITY	14. UNIT WT/WOL	15. SK DOT NUMBER	16. CONTAINER SIZE	17. CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGII DO39, D006, D008, D018, D040 16.7LBS/GAL	4 DM	50	G	653		0 TO 220 LBS/MONTH INITIALS 220 LBS TO 2,200 LBS/MONTH RSR GREATER THAN 2,200 LBS/MONTH INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP., 600 CENTRAL PARK DRIVE, SANFORD, FL 32771  
 USA EPA ID NO. FLD984171165  
 STATE ID NO.

PRODUCT NUMBER	DESCRIPTION	UNITS	PRICE	QTY	AMOUNT	TAX	LINE TOTAL

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT
CHECK NUMBER		TODAY'S SERVICE/SALE	TOTAL SERVICE AMOUNT (FROM ABOVE)
INV. #	AMOUNT \$	PREVIOUS BALANCE AS FOLLOWS	TOTAL DUE
PREVIOUS CREDIT CARD NO.			343.44
CREDIT CARD NO.			343.44
CONSUMER REFERENCE INFO (NUMERIC ONLY)			

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

This is to certify that the above named materials are properly classified, packaged, labeled and stored, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Signature: \_\_\_\_\_  
 GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

IN THE EVENT OF AN EMERGENCY CALL 800-800-8000

SEE REVERSE SIDE FOR IMPORTANT INFORMATION



1000 North Flanell Road  
Elgin, Illinois 60123-7857

APR 10 '95 11:57 FR SHEET KLEEN

TRANSPORTER

407-321-6080 DAVE MATOUSEK  
LDR NOT REQ'D 0-220 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94-38	02	640396
MACHINE NUMBER		XXXXX

3-130-01-1823-8

LYNX CORP  
555 N McGRUDER  
ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
4-21-94	8800			0	10-240-6210	343.44			
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NG	983	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS	0027
1	230-17343	81.00	4.86	85.86			04			9	150R	
2	230-17344	81.00	4.86	85.86			04			9	150R	
3	230-18028	81.00	4.86	85.86			04			9	150R	
4	230-19163	81.00	4.86	85.86			04			9	150R	

TOTAL SERVICE SECTION	324.00	19.44	343.44	MACHINE CONDITION & CLEANLINESS	GOOD	POOR	DECALS IN PLACE AND LEGIBLE	<input type="checkbox"/>	<input type="checkbox"/>	RUBBLE LK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CLOSING DELO INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	MACHINE PROPERLY GROUNDED	<input type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER APPLIED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>	SPENT SOLVENT METRS ACCORDANCE CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>
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WASTE INFORMATION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) → LAMP ASSEMBLY CONDITION  GENERATOR REPAIRING

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	15. BK DOT NUMBER	16. CONTAINER SIZE	17. CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
A. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039, D006, D008, D018, D040) 6.7 LBS/GAL	4	48	G	653		INITIALS GREATER THAN 2200 LBS/MONTH <i>Jim</i>
B.						INITIALS 220 LBS TO 2200 LBS/MONTH
C.						INITIALS 9 TO 220 LBS/MONTH
D.						INITIALS LESS THAN 9 LBS/MONTH

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN CORP., 600 CENTRAL PARK DRIVE SANFORD FL 32771  
USA EPA ID NO. FLD984171165  
STATE ID NO.

PRODUCT NUMBER	DESCRIPTION	MRDG GIVEN	OFFICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
INV. #	AMOUNT \$		TOTAL SERVICE AMOUNT (FROM ABOVE) 343.44
PREVIOUS CREDIT CARD NO.			TOTAL DUE 343.44
CREDIT CARD NO.	AMEX VISA MC	EXP. DATE	CHARGE MY ACCOUNT FOR THIS TRANSAC. IF I DO NOT RECEIVE A NOTICE IN THE PAYMENT RECEIVED SECTION OF THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.
CONSUMER REFERENCE INFO (NUMERIC ONLY)			Print Name RAY MAK X Ray Mak GENERATOR DESIGNATED REPRESENTATIVE SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION



1000 North Randall Road  
Egin, Illinois 60123-7867

TRANSPORTER

407-321-6080 DAVE MATOUSEK

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94-34	10	359484
MANIFEST NUMBER		XXXXX

3-130-01-1823-3

LDR NOT REQ'D 0-220 DP

LYNX CORP  
555 N MCGRUDER  
ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS		
5/25/94	8800			D	10-240-6210				
RESERVED	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	983	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT EXPEND	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIALS)	CHANGE SCHEDULED DATE (YY,MM)	INV. CODE	REMARKS	Q323
1	230-17343	81.00	4.86	85.86			04			9	150R	
2	230-17344	81.00	4.86	85.86			04			9	150R	
3	230-18028	81.00	4.86	85.86			04			9	150R	
4	230-19163	81.00	4.86	85.86			04			9	150R	

<b>TOTAL SERVICE SECTION</b>	324.00	19.44	343.44	MACHINE CONDITION & CLEANLINESS	GOOD <input type="checkbox"/> POOR <input type="checkbox"/>	DEGAS IN PLACE AND LABELS REBLENK INSTALLED	YES <input type="checkbox"/> NO <input type="checkbox"/>	MACHINE PROPERLY OILCHANGED	YES <input type="checkbox"/> NO <input type="checkbox"/>
				LAMP ASSEMBLY CONDITION	GOOD <input type="checkbox"/> POOR <input type="checkbox"/>	SAFETY CLOSING DETAIL INSTRUCTED	YES <input type="checkbox"/> NO <input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>

(PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	15. BK DOT NUMBER	CONTAINER RISK	CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
A. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII(ERG427) (D039, D006, D008, D018, D040) 6.7 LBS/GAL	4 DM	48	G	553		<input type="checkbox"/> 0 TO 220 LBS/MONTH <input type="checkbox"/> 220 LBS TO 2,200 LBS/MONTH <input checked="" type="checkbox"/> GREATER THAN 2,200 LBS/MONTH

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP., 600 CENTRAL PARK DRIVE, SANFORD, FL 32771  
 USA EPA ID NO.: FLD984171165  
 STATE ID NO.:

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	QTY	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT
CHECK NUMBER		TODAY'S SERVICE/SALE <input type="checkbox"/>	TOTAL SERVICE AMOUNT (FROM ABOVE) 343.44
INV. #	AMOUNT \$	PREVIOUS BALANCE AS FOLLOWS <input type="checkbox"/>	TOTAL DUE 343.44
PREVIOUS CREDIT CARD NO.			
CREDIT CARD NO.	AMEX VISA MC	EXP. DATE	
CONSUMER REFERENCE INFO (NUMERIC ONLY)			

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE EXPLANATION OF PAYMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Print Name: RAY MAKI x Ray Mak  
 GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE



1000 North Randall Road  
Elgin, Illinois 60123-7857

TRANSPORTER

407-321-6080 BILL MUNIER

LDR NOT REQ'D 0-220 0P

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94-30	10	070812
MUNIER		XXXXX

3-130-01-1823-8

LYNX CORP  
555 N MCGRUDER  
ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
				0	10-240-6210				
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PRCD P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	983	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	BOLVENT CLEAN	BOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (YEARS)	CHANGE SCHEDULED DATE (YY WW)	RV. CODE	REMARKS
1	230-17343	81.00	4.86	85.86			04			9	150R
2	230-17344	81.00	4.86	85.86			04			9	150R
3	230-19020	81.00	4.86	85.86			04			9	150R
4	230-19163	81.00	4.86	85.86			04			9	150R

<b>TOTAL SERVICE SECTION</b>	324.00	19.44	343.44	MACHINE CONDITION & CLEANLINESS	GOOD	POOR	DETAILS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
				LAID ASSEMBLY CONDITION			FUEL/LEAK INSTALLED			LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
							EMERGENCY CLOSING RELIEF IN PLACE			SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

MACHINE IDENTIFICATION NUMBER	(PLEASE CHECK APPROPRIATE BOXES ON RIGHT)	GENERATOR IDENTIFICATION NUMBER	GENERATOR IDENTIFICATION NUMBER			
TL0934908202						
11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINER NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	15. BK DOT NUMBER	CONTAINER SIZE	CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII(ERG#27) (0006, 0008, 0018, 0039, 0040) 6.7LBS/GAL	4 DM	4.8 G		653		<input type="checkbox"/> 0 TO 220 LBS/MONTH <input type="checkbox"/> 220 LBS TO 2,200 LBS/MONTH <input checked="" type="checkbox"/> GREATER THAN 2,200 LBS/MONTH

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP., 600 CENTRAL PARK DRIVE, SANFORD, FL 32771  
 USA EPA ID NO. FLD984171165  
 STATE ID NO.

PRODUCT NUMBER	DESCRIPTION	MOVB GIVEN	PRICE	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT
CHECK NUMBER		TODAY'S SERVICE/SALE	TOTAL SERVICE AMOUNT (FROM ABOVE)
INV. #	AMOUNT \$	PREVIOUS BALANCE AS FOLLOWS	TOTAL DUE 343.44
PREVIOUS CREDIT CARD NO.			
CREDIT CARD NO.	AMEX VISA MC	EXP. DATE	
CONSUMER REFERENCE INFO (NUMERIC ONLY)			

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

This is to certify that the above listed materials are properly contained, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Print Name: Dan Baker  
 GENERATOR IDENTIFIED REPRESENTATIVE SIGNATURE: [Signature]

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

BRANCH - TSP

WASTE STREAMS



1000 North Randall Road  
Elgin, Illinois 60123-7857

TRANSPORTER

407-321-6080 BILL MUNIER  
LDR NOT REQ'D 0-220 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94- 26	10	768560
XXXXX		

3-130-01-1823-8

LYNX CORP  
555 N MCGRUDER  
ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS		
7-1-94	8800			D	10-240-6210				
GENERATOR TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. RS	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
.07	NO		407-841-2279	NO	983	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WESS) (INITIAL)	CHANGE SCHEDULED DATE (DY WY)	SOLVENT CLEAN	SOLVENT SPENT	SW. CODE	REMARKS	0272
230-17343		81.00	4.86	85.86	04			XXXXXX		9	150R 12	
230-17344		81.00	4.86	85.86	04			XXXXXX		9	150R 12	
230-18028		81.00	4.86	85.86	04			XXXXXX		9	150R 12	
230-19163		81.00	4.86	85.86	04			XXXXXX		9	150R 12	

<b>TOTAL SERVICE SECTION</b>	324.00	19.44	343.44	MACHINE CONDITION & CLEANLINESS	GOOD <input checked="" type="checkbox"/> POOR <input type="checkbox"/>	DECALS IN PLACE (MACHINE LABELS) <input type="checkbox"/> FUEL PUMP INSTALLED <input type="checkbox"/> EMERGENCY CLOSING OF LID ASSEMBLY <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	MACHINE PROPERLY GROUNDED <input type="checkbox"/> LOCAL PHONE NO. STORED APPLIED TO MACHINE <input type="checkbox"/> SPENT SOLVENT LABELS ACCEPTANCE CRITERIA <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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MACHINE INSPECTION SECTION	(PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →	LAMP ASSEMBLY CONDITION	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
WASTE INFORMATION SECTION	USEPA TRANSPORTER ID NO. ILJ984908202			

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	CONTAINERS NO.   TYPE	TOTAL QUANTITY	UNIT WT/VOL	EK DOT NUMBER	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.
WASTE COMBUSTIBLE LIQUID, N.O.D.S. (PETROLEUM NAPHTHA) NA1993 PGIII (ERG#27) (D006, D008, D018, D039, D040) 6.7LBS/GAL	4 DM	48	G	653	<input type="checkbox"/> 0 TO 220 LBS/MONTH <input checked="" type="checkbox"/> 220 LBS. TO 2200 LBS/MONTH <input type="checkbox"/> GREATER THAN 2200 LBS/MONTH

DESIGNATED FACILITY NAME AND ADDRESS 600 CENTRAL PARK DRIVE SANFORD FL 32771	SAFETY-KLEEN CORP. FL 32771	USA EPA ID NO. FLD984171165	STATE ID NO.
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BOLD ON PREVIOUS SERVICES	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	UM	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR			<input type="checkbox"/>						
PRIOR			<input type="checkbox"/>						
LAST			<input type="checkbox"/>						

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

TOTAL PRODUCT AMOUNTS	
CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 12% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.	TOTAL SERVICE AMOUNT (FROM ABOVE) 343.44
	TOTAL DUE 343.44
IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. X <i>Ray Mark</i> GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE Print Name RAY MARK	

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