

TELEPHONE COMPLAINTS

NO. 91-122 Section referred to: \_\_\_\_\_

Date 12-12-91 Time am County Volusia

Name of site A.R. Paguette & Co

Address 2195 Guava St.

Glenwood, Fl. 32720 Phone \_\_\_\_\_

Description of Complaint Above referenced transporter removed  
HW from a SOG and filled out the  
manifest as a ~~low~~ CESOG

Length of Problem 1 time <sup>Call</sup> Received by via mail (John White  
talked to Cheryl Marx DER-5  
Dist.)

Directions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant Cheryl Marx

Name DER-5w Dist. Phone \_\_\_\_\_

Address \_\_\_\_\_

Outcome \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(over)

FLD982075715 (3-13-89)

FORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C.O.N.D.I.T. - E.X.E.M.P. Manifest Document No. 97.0.01

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

3. Generator's Name and Mailing Address BOMANITE GULFCOAST 15820 CHIEF COURT, FORT MYERS, FL 33912 4. Generator's Phone (813) 481-0085 ATTN: SCOTT PAUL

A. State Manifest Document Number B. State Generator's ID CONDIT-EXEMP

5. Transporter 1 Company Name A.R. PAQUETTE & COMPANY 6. US EPA ID Number F.L.D.9.8.2.1.0.5.8.8.4

C. State Transporter's ID D. Transporter's Phone 904-736-1978

7. Transporter 2 Company Name 8. US EPA ID Number

E. State Transporter's ID F. Transporter's Phone

9. Designated Facility Name and Site Address QUADREX ENVIRONMENTAL COMPANY 1940 NORTHWEST 67TH PLACE GAINESVILLE, FL 32606-1649 10. US EPA ID Number F.L.D.9.8.0.7.1.1.0.7.1

G. State Facility's ID H. Facility's Phone 904-373-6066

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM a. X RQ WASTE FLAMMABLE LIQUID, N.O.S. (CONTAINS XYLENE) FLAMMABLE LIQUID UN1993 (D001F003)

12. Containers No. Type 13. Total Quantity 14. Unit Wt/Vol 15. Waste No. D001 F003

b. c. d.

J. Additional Descriptions for Materials Listed Above 11.a XYLENE, PIGMENTS, ACRYLICS. ERG #27

K. Handling Codes for Wastes Listed Above 11.a QUADREX-002299

15. Special Handling Instructions and Additional Information 24 HOUR EMERGENCY CONTACT: 813 275 0280

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name LEE WHITE Signature Lee White Month Day Year 10/31/89

17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ALLEN PAQUETTE Signature Allen Paquette Month Day Year 10/31/89

18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name RUSSELL H. PENOLETON Signature Russell H. Penoleton Month Day Year 10/31/89

GENERATOR TRANSPORTER FACILITY