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CNC CHARLESTON
5090.3a

PCB MANIFESTS 13740 TO 13897 DATED 1997 CNC CHARLESTON SC
11/3/1997
CNC CHARLESTON

PCB
MANIFESTS

~~13240~~

TO
13897

READ INSTRUCTIONS ON BACK OF MANIFEST



DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type **HH307-1**

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. SI191740122516113240		Manifest Document No 13240		2 Page 1 of 1		Information in the shaded areas is not required by Federal law							
3. Generator's Name and Mailing Address Environmental Detachment-Charleston 1899 North Hobson Avenue North Charleston SC 29405-2106						A. State Manifest Document Number MI 3456800		B. State Generator's ID							
4. Generator's Phone ()						C. State Transporter's ID		D. Transporter's Phone 80423818							
5. Transporter 1 Company Name Wills Trucking			6. US EPA ID Number 101110161891131409			E. State Transporter's ID		F. Transporter's Phone							
7. Transporter 2 Company Name			8. US EPA ID Number			G. State Facility's ID		H. Facility's Phone							
9. Designated Facility Name and Site Address Michigan Disposal Inc 49350 N. I-44 Service Drive Belleville MI 48111						10. US EPA ID Number									
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM						12. Containers No. Type		13. Total Quantity		14. Unit Mt/Vol		1. Waste No. NIH			
a. X RQ, Polychlorinated Biphenyls, 9, UN2315, II (None)						2101 CM		103987.8		K P		N I O N I E			
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above a) 047667; Soil w/ PCB's						K. Handling Codes for Wastes Listed Above		a/ /		b/ /		c/ /		d/ /	
15. Special Handling Instructions and Additional Information 24 HR Emergency # 8005355053 (579) Truck # ³³⁸410															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR: if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name William A. Drawdy			Signature <i>William A. Drawdy</i>			Date 11/10/3197									
17. Transporter 1 Acknowledgement of Receipt of Materials						Date									
Printed/Typed Name CARL BURGESS			Signature <i>Carl Burgess</i>			Date 11/10/3197									
18. Transporter 2 Acknowledgement or Receipt of Materials						Date									
Printed/Typed Name			Signature			Date									
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.															

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64, PA 1979, as amended and Act 136, PA 1969

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved. OMB No. 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No. 173240		2 Page 1 of		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address						A. State Manifest Document Number MI 3456800		B. State Generator's ID					
4. Generator's Phone ()						6. US EPA ID Number		C. State Transporter's ID					
5. Transporter 1 Company Name						8. US EPA ID Number		D. Transporter's Phone					
7. Transporter 2 Company Name						10. US EPA ID Number		E. State Transporter's ID					
9. Designated Facility Name and Site Address								F. Transporter's Phone					
								G. State Facility's ID					
								H. Facility's Phone					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste No. N/H	
a. Residue from...						2000 M		41909 P		N		NIE	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
a. 2000 M, 41909 P						a/ /							
b. 11/1/1						b/ /							
						c/ /							
						d/ /							
15. Special Handling Instructions and Additional Information													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name						Signature			Date				
									Month Day Year				
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature			Date				
									Month Day Year				
18. Transporter 2 Acknowledgement or Receipt of Materials													
Printed/Typed Name						Signature			Date				
									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						Signature			Date				
									Month Day Year				

ALL CALLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as _____
and specified on Manifest # _____, Line Item _____ has been landfilled on
_____, 199__ in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





READ INSTRUCTIONS ON BACK OF MANIFEST

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136. PA 1969

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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ATT. DIS. REJ. PR.

Please print or type **HH307-1**

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SK1917002256013240		Manifest Document No 13240		2 Page 1 of 1		Information in the shaded areas is not required by Federal law						
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 North Hobson Avenue North Charleston SC 29405-2106						A. State Manifest Document Number MI 3456800								
4 Generator's Phone () 29405-2106						B. State Generator's ID								
5 Transporter 1 Company Name Wills Trucking			6 US EPA ID Number 01H10689113409			C. State Transporter's ID			D. Transporter's Phone 8004238181					
7. Transporter 2 Company Name						8 US EPA ID Number								
9 Designated Facility Name and Site Address Michigan Disposal Inc 49350 N. I-94 Drive Service Drive Belleville MI 48111						10 US EPA ID Number								
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers No Type		13 Total Quantity		14 Unit Wt/Vol		i. Waste No. NI/H		
a. X RQ, Polychlorinated Biphenyls, 9, UN2315, II (None)						0 0 1 1 CM		103987.8		K P		NONE		
b.														
c.														
d.														
J. Additional Descriptions for Materials Listed Above a) 047667; Soil w/ PCB's						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /								
15. Special Handling Instructions and Additional Information 24 HR Emergency # 8005355053 (579) Truck # ³³⁸410														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.														
Printed/Typed Name William A. Drawdy						Signature 			Date 11/03/97					
17 Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name CARL BURGESS			Signature Carl Burgess			Date 11/03/97		
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name			Signature			Date		
19. Discrepancy Indication Space														
20 Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.														

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9602 24 HOURS PER DAY.

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston / N. Charleston, SC

EPA I.D. Number: SC 0170022 560

Waste Profile or ARF Designation: 047667

Manifest Number: W3456800/13840

EPA Waste Number(s): none

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment [check all that apply]:

- §268.45(b)(1)- Toxicity characteristic debris;
- §268.45(b)(2)- Debris contaminated with listed waste;
- §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting of false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-3-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, P.A. 1969

Please print or type. HH307-2

Form Approved. OMB No. 2050-0039 Expires 9-30-94

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE. DATE 11-10-2010 BY 60322 UCBAW

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. <u>SC017002256013241</u>		Manifest Document No. <u>13241</u>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law															
3. Generator's Name and Mailing Address <u>Environmental Detachment Charleston</u> <u>1899 North Hobson Avenue</u> <u>North Charleston, SC 29405-2106</u>						A. State Manifest Document Number <u>MI 3456801</u>																	
4. Generator's Phone ()						B. State Generator's ID																	
5. Transporter 1 Company Name <u>Wills Trucking</u>			6. US EPA ID Number <u>19HD0168913409</u>			C. State Transporter's ID																	
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone <u>8004238181</u>																	
9. Designated Facility Name and Site Address <u>Michigan Disposal, Inc</u> <u>44350 N. I-94 Drive</u> <u>Belleville, MI 48111</u>			10. US EPA ID Number			E. State Transporter's ID																	
						F. Transporter's Phone																	
						G. State Facility's ID																	
						H. Facility's Phone																	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)						12. Containers		13. Total Quantity		14. Unit		1. Waste No.		N/H									
a. <u>X</u> <u>RQ Polychemical Biphenyls, 9, UN2315, 11 (None)</u>						<u>001 CM</u>		<u>100371.6</u>		<u>K</u>		<u>P NONE</u>											
b.																							
c.																							
d.																							
J. Additional Descriptions for Materials Listed Above <u>a) 047607; Soil w/ PCBs</u>						K. Handling Codes for Wastes Listed Above						a/ <u>/</u>		b/ <u>/</u>		c/ <u>/</u>		d/ <u>/</u>					
15. Special Handling Instructions and Additional Information <u>24HR Emergency # 8005355053 (579) Truck #</u>																							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																							
Printed/Typed Name <u>William A. Dransky</u>						Signature <u>William A. Dransky</u>						Date <u>11/10/97</u>											
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name <u>HENRY L JACKSON</u>						Signature <u>Henry L Jackson</u>						Date <u>11/10/97</u>					
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name						Signature						Date					
19. Discrepancy Indication Space																							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.																							
Printed/Typed Name						Signature						Date											

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as P-13 S/LD
and specified on Manifest # 345080, Line Item A has been landfilled on
1/14, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

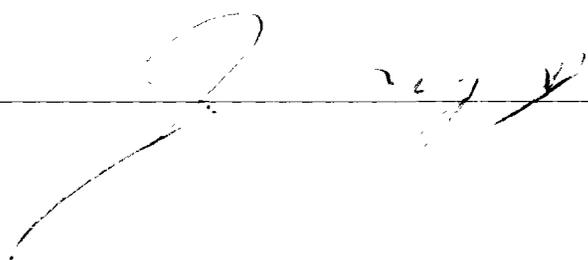
49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____



READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

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Please print or type HH307-2

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No. SC1017002256073241 Manifest Document No. 13241

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

3 Generator's Name and Mailing Address
Environmental Detachment Charleston
1899 North Hobson Avenue
North Charleston, SC 29405-2106

A. State Manifest Document Number
MI 3456801

4 Generator's Phone ()

B. State Generator's ID

5 Transporter 1 Company Name Wills Trucking 6 US EPA ID Number 1941D06189113409

C. State Transporter's ID

D. Transporter's Phone 804238181

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
Michigan Disposal, Inc
49350 N. I-94 Drive
Belleville, MI 48111

10 US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers No. Type 13 Total Quantity 14 Unit M/Vol I. Waste No. NI/H

a. X RQ Polychemical Biphenyls, 9, UN2315, 11 (None)

<u>001</u>	<u>CM</u>	<u>1,00371.6</u>	<u>K</u>	<u>P</u>	<u>NONE</u>	<u>NONE</u>

b.
 c.
 d.

J. Additional Descriptions for Materials Listed Above
a) 047607; Soil w/ PCB's

K. Handling Codes for Wastes Listed Above
 a/ /
 b/ /
 c/ /
 d/ /

15. Special Handling Instructions and Additional Information
24HR Emergency # 8005355053 (579) Truck # 410

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name William A. Dravsky Signature William A. Dravsky Date 11/03/97

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name HENRY J. VACKER Signature Henry J. Vacker Date 11/03/97

18. Transporter 2 Acknowledgement or Receipt of Materials
 Printed/Typed Name _____ Signature _____ Date _____

19. Discrepancy Indication Space

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston / N. Charleston, SC

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 047667

Manifest Number: MI 3456801 / 13241

EPA Waste Number(s): none

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).
NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on **FORM B**, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1)- Toxicity characteristic debris;
 §268.45(b)(2)- Debris contaminated with listed waste;
 §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on **Form B**, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-3-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

Sec. 268.48 Table UTS — Universal Treatment Standards

Legend #	Regulated constituent — common name	Wastewater standard Concentration in mg/l/l	Nonwastewater standard Concentration in mg/kg/l unless noted as "mg/l TCLP"	Legend #	Regulated constituent — common name	Wastewater standard Concentration in mg/l/l	Nonwastewater standard Concentration in mg/kg/l unless noted as "mg/l TCLP"	Legend #	Regulated constituent — common name	Wastewater standard Concentration in mg/l/l	Nonwastewater standard Concentration in mg/kg/l unless noted as "mg/l TCLP"
49	Acetophenone	0.059	3.4	127	cis-1,3-Dichloropropylene	0.036	18	205	Total PCBs (sum of all PCB isomers, or all Arochlors)	0.10	10
50	Acetophenone	0.059	3.4	128	trans-1,3-Dichloropropylene	0.036	18	206	Pentachlorobenzene	0.055	10
51	Acetone	0.28	160	129	Dieldrin	0.017	0.13	207	PCDDs (All Pentachlorodibenzo-p-dioxins)	0.00003	0.001
52	Acetonitrile	5.6	1.8	130	Diethyl phthalate	0.20	28	208	PCDFs (All Pentachlorodibenzofurans)	0.00003	0.001
53	Acetophenone	0.010	9.7	131	2,4-Dimethyl phenol	0.036	14	209	Pentachloroethane	0.055	6.0
54	2-Acetylaminofluorene	0.059	140	132	Dimethyl phthalate	0.047	28	210	Pentachloronitrobenzene	0.055	4.8
55	Acetone	0.29	NA	133	Di-n-butyl phthalate	0.057	28	211	Pentachlorophenol	0.089	7.4
56	Acrylamide	19	23	134	1,4-Dinitrobenzene	0.32	2.3	212	Phenacetin	0.081	16
57	Acrylonitrile	0.24	84	135	4,6-Dinitro-o-cresol	0.28	160	213	Phenanthrene	0.059	5.0
58	Aldrin	0.071	0.066	136	2,4-Dinitrophenol	0.12	160	214	Phenol	0.039	6.2
59	4-Aminobiphenyl	0.13	NA	137	2,4-Dinitrotoluene	0.32	140	215	Phorate	0.021	4.6
60	Aniline	0.81	14	138	2,6-Dinitrotoluene	0.35	28	216	Phthalic acid	0.055	28
61	Anthracene	0.059	3.4	139	Di-n-octyl phthalate	0.017	28	217	Phthalic anhydride	0.055	28
62	Aramid	0.36	NA	140	p-Dimethylaminoazobenzene	0.13	NA	218	Piracetam	0.093	1.5
63	alpha-BHC	0.00014	0.066	141	Di-n-propylnitrosamine	0.40	14	219	Pyrene	0.067	8.2
64	beta-BHC	0.00014	0.066	142	1,4-Dioxane	NA	170	220	Pyridine	0.014	16
65	delta-BHC	0.073	0.066	143	Diphenylamine (difficult to distinguish from diphenylnitrosamine)	0.92	13	221	Silole	0.081	22
66	gamma-BHC	0.0017	0.066	144	Diphenylamine (difficult to distinguish from diphenylnitrosamine)	0.92	13	222	Silvex (2,4,5-TP)	0.72	7.9
67	Benzene	0.14	10	145	1,2-Diphenylhydrazine	0.087	NA	223	2,4,5-T (2,4,5-Trichlorophenoxyacetic acid)	0.72	7.9
68	Benz (a) anthracene	0.059	3.4	146	Disulfoton	0.017	6.2	224	1,2,4,5-Tetrachlorobenzene	0.055	14
69	Benzal chloride	0.055	6.0	147	Endosulfan I	0.023	0.066	225	TCDDs (All Tetrachlorodibenzo-p-dioxins)	0.00003	0.001
70	Benz (b) fluoranthene (difficult to distinguish from benzo (k) fluoranthene)	0.11	6.8	148	Endosulfan II	0.029	0.13	226	TCDFs (All Tetrachlorodibenzofurans)	0.00003	0.001
71	Benz (k) fluoranthene (difficult to distinguish from benzo (b) fluoranthene)	0.11	6.8	149	Endosulfan sulfate	0.029	0.13	227	1,1,1,2-Tetrachloroethane	0.057	6.0
72	Benz (a, h, i) perylene	0.0055	1.8	150	Endrin	0.0028	0.13	228	1,1,2,2-Tetrachloroethane	0.057	6.0
73	Benz (a) pyrene	0.061	3.4	151	Endrin Aldehyde	0.025	0.13	229	Tetrachloroethylene	0.056	5.0
74	Bromodichloroethane	0.35	15	152	Ethyl acetate	0.34	33	230	2,3,4,6-Tetrachlorophenol	0.030	7.4
75	Methyl bromide (Bromomethane)	0.11	15	153	Ethyl cyanide (Propionitrile)	0.24	360	251	Toluene	0.080	10
76	4-Bromophenyl phenyl ether	0.055	15	154	Ethyl benzene	0.057	10	232	Tosaphene	0.0055	2.6
77	n-Butyl alcohol	5.6	2.6	155	Ethyl ether	0.12	160	233	Bromoform (Tribromomethane)	0.63	15
78	Butyl benzyl phthalate	0.017	28	156	bis (2-Ethylhexyl) phthalate	0.28	28	234	1,2,4-Trichlorobenzene	0.055	19
79	2-sec-Butyl-4,6-dinitrophenol (Dinoseb)	0.066	2.5	157	Ethyl methacrylate	0.14	160	235	1,1,1-Trichloroethane	0.054	6.0
80	Carbon disulfide	3.8	4.8 mg/l TCLP	158	Ethylene oxide	0.12	NA	236	1,1,2-Trichloroethane	0.054	6.0
81	Carbon tetrachloride	0.057	6.0	159	Famphur	0.017	15	237	Trichloroethylene	0.054	6.0
82	Chlordane (alpha and gamma isomers)	0.0033	0.26	160	Fluoranthene	0.068	3.4	238	Trichloromonofluoromethane	0.020	3.0
83	p-Chloroaniline	0.46	16	161	Fluorene	0.059	3.4	239	2,4,5-Trichlorophenol	0.18	7.4
84	Chlorobenzene	0.057	6.0	162	Heptachlor	0.0012	0.066	240	2,4,6-Trichlorophenol	0.035	7.4
85	Chlorobenzonitrile	0.10	NA	163	Heptachlor epoxide	0.016	0.066	241	1,2,3-Trichloropropane	0.85	3.0
86	2-Chloro-1,3-butadiene	0.057	0.28	164	Hexachlorobenzene	0.055	10	242	1,1,2-Trichloro-1,2,2-trifluoroethane	0.057	3.0
87	Chlorodibromomethane	0.057	15	165	Hexachlorobutadiene	0.055	5.6	243	tris-(2,3-Dibromopropyl) phosphite	0.11	0.10
88	Chloroethane	0.27	6.0	166	Hexachlorocyclopentadiene	0.057	2.4	244	Vinyl chloride	0.27	6.0
89	bis (2-chloroethoxy) methane	0.036	7.2	167	Hexachlorocyclopentadiene	0.000063	0.001	245	Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	0.32	3.0
90	bis (2-Chloroethyl) ether	0.03	6.0	168	HxCDDs (All Hexachlorodibenzo-p-dioxins)	0.000063	0.001	216	Antimony	1.9	2.1 mg/l TCLP
91	Chloroform	0.046	6.0	169	HxCDFs (All Hexachlorodibenzofurans)	0.000063	0.001	247	Arsenic	1.4	5.0 mg/l TCLP
92	bis (2-Chloroisopropyl) ether	0.055	7.2	170	Hexachloroethane	0.055	30	248	Barium	1.2	7.6 mg/l TCLP
93	p-Chloro-o-cresol	0.018	14	171	Hexachloropropylene	0.035	30	249	Beryllium	0.82	0.014 mg/l TCLP
94	2-Chloroethyl vinyl ether	0.062	NA	172	Indeno (1,2,3-c,d) pyrene	0.0055	3.4	250	Cadmium	0.09	0.19 mg/l TCLP
95	Chloromethane (Methyl chloride)	0.19	30	173	Iodomethane	0.19	65	251	Chromium (Total)	2.77	0.86 mg/l TCLP
96	2-Chloronaphthalene	0.055	5.6	174	Isobutyl alcohol	5.6	170	252	Cyanides (Total) (4)	1.2	5.0
97	2-Chlorophenol	0.044	5.7	175	Isodrin	0.021	0.066	253	Cyanides (Amenable) (4)	0.36	3.0
98	3-Chloropropylene	0.036	30	176	Kepon	0.081	2.6	254	Fluoride	35	NA
99	Chrysene	0.059	3.4	177	Methacrylonitrile	0.011	0.13	255	Lead	0.09	0.37 mg/l TCLP
100	o-Cresol	0.11	5.6	178	Methanol	0.24	84	256	Mercury — Nonwastewater from Retail	NA	0.29 mg/l TCLP
101	m-Cresol (difficult to distinguish from p-cresol)	0.77	5.6	179	Methoxychlor	0.25	0.18	257	Mercury — All others	0.15	0.025 mg/l TCLP
102	p-Cresol (difficult to distinguish from m-cresol)	0.77	5.6	180	Methyl chlor	0.25	0.18	258	Nickel	3.98	5.0 mg/l TCLP
103	Cyclohexanone	0.36	0.75 mg/l TCLP	181	3-Methylcholanthrene	0.0055	15	259	Selenium	0.82	0.16 mg/l TCLP
104	1,2-Dibromo-3-chloropropane	0.11	15	182	4,4-Methylene bis (2-chloroaniline)	0.50	30	260	Silver	0.43	0.30 mg/l TCLP
105	Ethylene dibromide (1,2-Dibromoethane)	0.028	15	183	Methylene chloride	0.089	30	261	Sulfide	14	NA
106	Dibromomethane	0.11	15	184	Methyl ethyl ketone	0.28	36	262	Thallium	1.4	0.078 mg/l TCLP
107	2,4-D (2,4-Dichlorophenoxyacetic acid)	0.72	10	185	Methyl isobutyl ketone	0.14	33	263	Vanadium	4.3	0.23 mg/l TCLP
108	o,p'-DDD	0.023	0.087	186	Methyl methacrylate	0.14	160	264	Zinc (5)	2.61	5.3 mg/l TCLP
109	p,p'-DDD	0.023	0.087	187	Methyl methanesulfonate	0.18	NA				
110	o,p'-DDE	0.031	0.087	188	Methyl parathion	0.014	4.6				
111	p,p'-DDE	0.031	0.087	189	Naphthalene	0.059	5.6				
112	o,p'-DDT	0.0039	0.087	190	2-Naphthylamine	0.52	NA				
113	p,p'-DDT	0.0039	0.087	191	o-Nitroaniline	0.27	14				
114	Dibenz (a,h) anthracene	0.055	8.2	192	p-Nitroaniline	0.028	28				
115	Dibenz (a,c) pyrene	0.061	NA	193	Nitrobenzene	0.068	14				
116	m-Dichlorobenzene	0.036	6.0	194	5-Nitro-o-toluidine	0.32	28				
117	o-Dichlorobenzene	0.088	6.0	195	o-Nitrophenol	0.028	13				
118	p-Dichlorobenzene	0.090	6.0	196	p-Nitrophenol	0.12	29				
119	Dichlorodifluoromethane	0.23	7.2	197	N-Nitrosodimethylamine	0.40	28				
120	1,1-Dichloroethane	0.059	6.0	198	N-Nitrosodimethylamine	0.40	2.3				
121	1,2-Dichloroethane	0.21	6.0	199	N-Nitroso-di-n-butylamine	0.40	17				
122	1,1-Dichloroethane	0.025	6.0	200	N-Nitrosomethylamine	0.40	2.3				
123	trans-1,2-Dichloroethylene	0.054	6.0	201	N-Nitrosomorpholine	0.40	2.3				
124	2,4-Dichlorophenol	0.044	14	202	N-Nitrosopiperidine	0.013	35				
125	2,6-Dichlorophenol	0.044	14	203	N-Nitrosopyrrolidine	0.013	35				

(1) Concentration standards for wastewaters are expressed in mg/l are based on analysis of composite samples.
 (2) Except for Metals (EP or TCLP) and Cyanides (Total and Amenable) the nonwastewater treatment standards are expressed as a concentration were established, in part, based upon incineration in some cases or in accordance with the technical requirements of 40 CFR part 264, subpart O or 40 CFR part 265, subpart O, or based upon combustion in fuel substitution units operating in accordance with applicable technical requirements. All values may comply with these treatment standards according to provisions in 40 CFR 264.111. All nonwastewater standards for nonwastewaters are based on analysis of grab samples.
 (3) Both Cyanides (Total) and Cyanides (Amenable) for nonwastewaters are to be analyzed using Method 8010 or 8012, found in "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods," EPA Publication SW-846 as incorporated by reference in 40 CFR 261.11, with a sample size of 100 grams and a digestion time of one hour and 15 minutes.
 (4) Zinc is not an "underlying hazardous constituent" in characteristic wastes, according to the definition in 268.4(i).
 Note: NA means not applicable.



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64 PA 1979, as amended and Act 136, PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type MH207-3

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No SKC01170101225601 Manifest Document No 3242

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

3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 North Hobson Avenue North Charleston, SC 29405-2106

A. State Manifest Document Number MI 3456802

4 Generator's Phone () 5 Transporter 1 Company Name Wills Trucking 6 US EPA ID Number 10H1D061891134109

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone 8004238151

7 Transporter 2 Company Name 8 US EPA ID Number

E. State Transporter's ID

9 Designated Facility Name and Site Address Michigan Disposal, Inc 44350 N. I-94 Drive Belleville MI 48111 10 US EPA ID Number

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers No Type 13 Total Quantity 14 Unit Wt/Vol I. Waste No. N/H

a X RA Polychlorinated Biphenyls, 9, UN2315, II (None)

01011 CIM 99621.9 K P N I O N I E

b

c

d

J. Additional Descriptions for Materials Listed Above a) 047667; Soil w/ PCBs

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

15. Special Handling Instructions and Additional Information 24HR Emergency # 8005355053 (579) Trndc#319

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Signature Date Month Day Year William A. Drawdy [Signature] 11/10/97

17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Date Month Day Year Johnny A. Irwin [Signature] 11/10/97

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

ALL INFORMATION REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN ACCORDANCE WITH THE NATIONAL RESPONSE PLAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979 as amended and Act 136 PA 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No		Manifest Document No 13242		2 Page 1 of		Information in the shaded areas is not required by Federal law									
3 Generator's Name and Mailing Address						A. State Manifest Document Number MI 3456802											
4 Generator's Phone ()						B. State Generator's ID											
5. Transporter 1 Company Name			6 US EPA ID Number		C. State Transporter's ID												
7 Transporter 2 Company Name			8 US EPA ID Number		D. Transporter's Phone												
9. Designated Facility Name and Site Address			10 US EPA ID Number		E. State Transporter's ID												
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER). a. b. c. d.						12 Containers		13 Total Quantity		14 Unit Wt/Vol		I. Waste No.		N/H			
						No		Type									
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above				a/ /		b/ /		c/ /		d/ /	
15. Special Handling Instructions and Additional Information																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name					Signature					Date Month Day Year							
17 Transporter 1 Acknowledgement of Receipt of Materials										Date Month Day Year							
Printed/Typed Name					Signature					Date Month Day Year							
18 Transporter 2 Acknowledgement or Receipt of Materials										Date Month Day Year							
Printed/Typed Name					Signature					Date 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.										Date Month Day Year							
Printed/Typed Name					Signature					Date Month Day Year							

ALL CALLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN 'IGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

GENERATOR 2nd COPY

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as _____
and specified on Manifest # _____, Line Item _____ has been landfilled on
_____, 199__ in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111
Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____



READ INSTRUCTIONS ON BACK OF MANIFEST



DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type **HH007-3**

Form Approved OMB No 2050 0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. SC1017010225601		Manifest Document No. 3242		2 Page 1 of 1		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 North Hobson Avenue North Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456802							
4 Generator's Phone ()						B. State Generator's ID							
5. Transporter 1 Company Name Wills Trucking				6 US EPA ID Number 10H101689113409		C. State Transporter's ID				D. Transporter's Phone 8004238181			
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 Michigan Disposal, Inc 44350 N. I-94 Drive Belleville MI 48111				10 US EPA ID Number		G. State Facility's ID				H. Facility's Phone			
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM						12 Containers No. Type		13 Total Quantity		14 Unit Mt/Vol		I. Waste No. N/H	
a. X HQ Polychlorinated Biphenyls, 9, UN2315, II (None)						0101 CM		9962.9		K P		N O N E	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above a) 047667; Soil w/ PCB's						K. Handling Codes for Wastes Listed Above				a/ / b/ / c/ / d/ /			
15. Special Handling Instructions and Additional Information 24HR Emergency # 8005355053 (579) Truck # 319													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name William A. Drawdy						Signature <i>William A. Drawdy</i>				Date 11/10/97			
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Johnny L. Irwin				Signature <i>Johnny L. Irwin</i>			
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name				Signature			
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													

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston / N. Charleston, SC

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 047667

Manifest Number: MI 3456802 / 13242

EPA Waste Number(s): none

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be variances for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment [check all that apply]:

- §268.45(b)(1)- Toxicity characteristic debris;
- §268.45(b)(2)- Debris contaminated with listed waste;
- §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-3-97

PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

Sec. 268.48 Table UTS — Universal Treatment Standards

Legend #	Regulated constituent — common name	Wastewater standard		Nonwastewater standard		Legend #	Regulated constituent — common name	Wastewater standard		Nonwastewater standard	
		Concentration in mg/l/l	Concentration in mg/kg/l unless noted as "mg/l TCLP"	Concentration in mg/l/l	Concentration in mg/kg/l unless noted as "mg/l TCLP"			Concentration in mg/l/l	Concentration in mg/kg/l unless noted as "mg/l TCLP"		
49	Acenaphthylene	0.039	3.4	127	cis-1,3-Dichloropropylene	0.036	18	205	Total PCBs (sum of all PCB isomers, or all Arochlors)	0.10	10
50	Acenaphthene	0.039	3.4	128	trans-1,3-Dichloropropylene	0.036	18	206	Pentachlorobenzene	0.035	10
51	Acetone	0.28	160	129	Dichbin	0.017	0.13	207	PCDDs (All Pentachlorodibenzo-p-dioxins)	0.00003	0.001
52	Acetonitrile	5.6	1.8	130	Diethyl phthalate	0.20	28	208	PCDFs (All Pentachlorodibenzofurans)	0.00003	0.001
53	Acetophenone	0.010	9.7	131	2,4-Dimethyl phenol	0.036	14	209	Pentachloroethane	0.055	6.0
54	2-Acetylaminofluorene	0.059	140	132	Dimethyl phthalate	0.047	28	210	Pentachloronitrobenzene	0.055	4.8
55	Acrolein	0.29	NA	133	Di-n-butyl phthalate	0.057	28	211	Pentachlorophenol	0.089	7.4
56	Acrylamide	19	23	134	1,4-Dinitrobenzene	0.32	2.3	212	Phenacetin	0.081	16
57	Acrylonitrile	0.24	84	135	4,6-Dinitro-o-cresol	0.28	160	213	Phenanthrene	0.059	5.2
58	Aldrin	0.021	0.066	136	2,4-Dinitrophenol	0.12	160	214	Phenol	0.039	6.2
59	4-Aminobiphenyl	0.13	NA	137	2,4-Dinitrotoluene	0.32	140	215	Phosatic	0.021	4.6
60	Aniline	0.81	14	138	2,6-Dinitrotoluene	0.55	28	216	Phthalic acid	0.055	2.8
61	Anthracene	0.059	3.4	139	Di-n-octyl phthalate	0.017	28	217	Phthalic anhydride	0.055	2.8
62	Aramid	0.36	NA	140	p-Dimethylaminosobenzene	0.13	NA	218	Promamide	0.053	1.5
63	alpha-BHC	0.00014	0.066	141	Di-n-propylnitrosamine	0.40	14	219	Pyrene	0.067	8.2
64	beta-BHC	0.00014	0.066	142	1,4-Dioxane	NA	170	220	Pyridine	0.014	16
65	delta-BHC	0.023	0.066	143	Diphenylamine (difficult to distinguish from diphenylnitrosamine)	0.92	13	221	Safrole	0.081	22
66	gamma-BHC	0.0017	0.066	144	Diphenylnitrosamine (difficult to distinguish from diphenylamine)	0.92	13	222	Silver (2,4,5-TP)	0.72	7.9
67	Benzene	0.14	10	145	Diphenylamine (difficult to distinguish from diphenylamine)	0.92	13	223	2,4,5-T (2,4,5-Trichlorophenoxyacetic acid)	0.72	7.9
68	Benzo (a) anthracene	0.059	3.4	146	Disulfoton	0.087	NA	224	1,2,4,5-Tetrachlorobenzene	0.055	14
69	Benzo (b) fluoranthene (difficult to distinguish from benzo (k) fluoranthene)	0.055	6.0	147	Endosulfan I	0.017	6.2	225	TCDDs (All Tetrachlorodibenzo-p-dioxins)	0.00003	0.01
70	Benzo (k) fluoranthene (difficult to distinguish from benzo (b) fluoranthene)	0.11	6.8	148	Endosulfan II	0.023	0.066	226	TCDFs (All Tetrachlorodibenzofurans)	0.00003	0.01
71	Benzo (g,h,i) perylene	0.0055	1.8	149	Endosulfan sulfate	0.029	0.13	227	1,1,1,2-Tetrachloroethane	0.057	6.0
72	Benzo (a) pyrene	0.061	3.4	150	Endria	0.0028	0.13	228	1,1,2,2-Tetrachloroethane	0.057	6.0
73	Bromodichloroethane	0.35	15	151	Endria Aldehyde	0.025	0.13	229	Tetrachloroethylene	0.056	5.0
75	Methyl bromide (Bromomethane)	0.11	15	152	Ethyl acetate	0.34	33	230	2,3,4,6-Tetrachlorophenol	0.030	7.4
76	4-Bromophenyl phenyl ether	0.055	15	153	Ethyl cyanide (Propanenitrile)	0.24	360	231	Toluene	0.080	10
77	n-Butyl alcohol	5.6	2.6	154	Ethyl benzene	0.057	10	232	Tosaphene	0.0095	2.6
78	Butyl benzyl phthalate	0.017	28	155	Ethyl ether	0.12	160	233	Dibromoforn (Tribromomethane)	0.63	15
79	2-sec-Butyl-4,6-dinitrophenol (Dinoseb)	0.066	2.5	156	bis (2-Ethylhexyl) phthalate	0.28	28	234	1,2,4-Trichlorobenzene	0.055	19
80	Carbon disulfide	3.8	4.8 mg/l TCLP	157	Bis (2-Ethylhexyl) phthalate	0.14	160	235	1,1,1-Trichloroethane	0.054	6.0
81	Carbon tetrachloride	0.057	6.0	158	Bis (2-Ethylhexyl) phthalate	0.14	160	236	1,1,2-Trichloroethane	0.054	5.0
82	Chlorane (alpha and gamma isomers)	0.0033	0.26	159	Bis (2-Ethylhexyl) phthalate	0.14	160	237	Trichloroethylene	0.054	6.0
83	p-Chloroaniline	0.46	16	160	Bis (2-Ethylhexyl) phthalate	0.12	NA	238	Trichloromonofluoromethane	0.020	3.0
84	Chlorobenzene	0.057	6.0	161	Bis (2-Ethylhexyl) phthalate	0.017	15	239	2,4,5-Trichlorophenol	0.18	7.4
85	Chlorobenzilate	0.10	NA	162	Fluoranthene	0.068	3.4	240	2,4,6-Trichlorophenol	0.035	7.4
86	2-Chloro-1,3-butadiene	0.057	0.28	163	Fluorene	0.059	3.4	241	1,2,3-Trichloropropane	0.85	3.0
87	Chlorobromomethane	0.057	15	164	Heptachlor	0.0012	0.066	242	1,1,2-Trichloro-1,2,2-trifluoroethane	0.057	3.0
88	Chloroethane	0.27	6.0	165	Heptachlor epoxide	0.016	0.066	243	tris (2,3-Dibromopropyl) phosphite	0.11	0.10
89	bis (2-chloroethoxy) methane	0.036	7.2	166	Hexachlorobenzene	0.055	10	244	Vinyl chloride	0.27	6.0
90	bis (2-chloroethyl) ether	0.033	6.0	167	Hexachlorocyclopentadiene	0.055	5.6	245	Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	0.32	3.0
91	Chloroform	0.046	6.0	168	Hexachlorocyclopentadiene	0.057	2.4	246	Antimony	1.9	2.1 mg/l TCLP
92	bis (2-chloroisopropyl) ether	0.055	7.2	169	Hexachlorocyclopentadiene	0.00063	0.001	247	Arsenic	1.4	0.4 mg/l TCLP
93	p-Chloro-m-cresol	0.018	14	170	Hexachlorocyclopentadiene	0.00063	0.001	248	Barium	1.2	7.6 mg/l TCLP
94	1-Chloroethyl vinyl ether	0.062	NA	171	Hexachloropropylene	0.055	30	249	Beryllium	0.82	0.014 mg/l TCLP
95	Chloromethane (Methyl chloride)	0.19	30	172	Isodeno (1, 2, 3-c, d) pyrene	0.035	3.4	250	Caesium	0.09	0.19 mg/l TCLP
96	2-Chloronaphthalene	0.055	5.6	173	Iodomethane	0.055	65	251	Chromium (Total)	2.71	0.86 mg/l TCLP
97	2-Chlorophenol	0.044	5.7	174	Isobutyl alcohol	0.19	170	252	Cyanides (Total)/l	1.2	5.0
98	3-Chloropropylene	0.036	30	175	Isodrin	0.066	0.066	253	Cyanides (Amenable)/l	0.26	3.0
99	Chrysene	0.059	3.4	176	Isosafrole	0.081	2.6	254	Fluoride	35	NA
100	o-Cresol	0.11	5.6	177	Kepone	0.011	0.13	255	Lead	0.09	0.37 mg/l TCLP
101	m-Cresol (difficult to distinguish from p-cresol)	0.77	5.6	178	Methacrylonitrile	0.24	84	256	Mercury — Nonwastewater from Return	NA	0.20 mg/l TCLP
102	p-Cresol (difficult to distinguish from m-cresol)	0.77	5.6	179	Methanol	0.24	84	257	Mercury — All others	0.15	0.025 mg/l TCLP
103	Cyclohexane	0.36	7.5 mg/l TCLP	180	Methacrylonitrile	0.24	84	258	Nickel	3.98	5.0 mg/l TCLP
104	1,2-Dibromo-3-chloropropane	0.11	15	181	Methacrylonitrile	0.24	84	259	Selenium	0.82	0.16 mg/l TCLP
105	Ethylene dibromide (1, 2-Dibromochloroethane)	0.028	15	182	Methacrylonitrile	0.24	84	260	Silver	0.43	0.30 mg/l TCLP
106	Dibromomethane	0.11	15	183	Methacrylonitrile	0.24	84	261	Sulfide	14	NA
107	2,4-D (2,4-Dichlorophenoxyacetic acid)	0.72	10	184	Methacrylonitrile	0.24	84	262	Thallium	1.4	0.018 mg/l TCLP
108	o,p'-DDD	0.023	0.087	185	Methacrylonitrile	0.24	84	263	Vanadium	4.3	0.23 mg/l TCLP
109	p,p'-DDD	0.023	0.087	186	Methacrylonitrile	0.24	84	264	Zinc/l	2.61	5.3 mg/l TCLP
110	o,p'-DDE	0.031	0.087	187	Methacrylonitrile	0.24	84				
111	p,p'-DDE	0.031	0.087	188	Methacrylonitrile	0.24	84				
112	o,p'-DOT	0.0039	0.087	189	Methacrylonitrile	0.24	84				
113	p,p'-DOT	0.0039	0.087	190	Methacrylonitrile	0.24	84				
114	Dibenz (a,h) anthracene	0.055	8.2	191	Methacrylonitrile	0.24	84				
115	Dibenz (a,c) pyrene	0.061	NA	192	Methacrylonitrile	0.24	84				
116	m-Dichlorobenzene	0.036	6.0	193	Methacrylonitrile	0.24	84				
117	o-Dichlorobenzene	0.088	6.0	194	Methacrylonitrile	0.24	84				
118	p-Dichlorobenzene	0.090	6.0	195	Methacrylonitrile	0.24	84				
119	Dichlorodifluoromethane	0.23	7.2	196	Methacrylonitrile	0.24	84				
120	1,1-Dichloroethane	0.059	6.0	197	Methacrylonitrile	0.24	84				
121	1,2-Dichloroethane	0.21	6.0	198	Methacrylonitrile	0.24	84				
122	1,1-Dichloroethane	0.025	6.0	199	Methacrylonitrile	0.24	84				
123	trans-1,2-Dichloroethylene	0.054	30	200	Methacrylonitrile	0.24	84				
124	2,4-Dichlorophenol	0.044	14	201	Methacrylonitrile	0.24	84				
125	2,6-Dichlorophenol	0.044	14	202	Methacrylonitrile	0.24	84				

(1) Concentration standards for wastewater are expressed in mg/l are based on analysis of composite samples.
 (2) Except for Metals (EP or TCLP) and Cyanides (Total and Amenable) the maximum concentration standards expressed as a concentration were established, in part, based upon information in use operated in accordance with the technical requirements of 40 CFR part 264, subpart O or 40 CFR part 265, subpart O, on based upon information for fuel substitution units operating in accordance with applicable technical requirements. A facility may comply with these treatment standards according to provisions in 40 CFR 260.40 (4). All concentration standards for nonwastewater are based on analysis of grab samples.
 (3) Both Cyanides (Total) and Cyanides (Amenable) for nonwastewater are to be analyzed using Method 8010 or 8012, found in "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods", EPA Publication SW-846 as incorporated by reference in 40 CFR 260.11, with a sample size of 75 grams and a digestion time of one hour and 15 minutes.
 (4) Zinc is not an "underlying hazardous constituent" in characteristic wastes, according to the definition in 268.4(i).



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64, PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type H4307-4

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No SC 0170002256073243 Manifest Document No

2 Page 1 of 1

Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 North Hobson Avenue North Charleston, SC 29405-2106

A. State Manifest Document Number MI 3456803

4 Generator's Phone ()

B. State Generator's ID

5 Transporter 1 Company Name Wills Trucking, Inc. 6 US EPA ID Number OH 01065913409

C. State Transporter's ID D. Transporter's Phone 800243238181

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 Michigan Disposal Inc 49350 E-44 Service Drive Belleville MI 48111 10 US EPA ID Number

G. State Facility's ID H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)

12 Containers No Type 13 Total Quantity 14 Unit Mt/Vol I. Waste No. N/H

a X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)

0011 CIM 96446.7 K F NONE

b

c

d

J. Additional Descriptions for Materials Listed Above a) 047667; Soil w PCB's

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

15 Special Handling Instructions and Additional Information 24 Hr Emergency # 8005355053(579) Truck # 310

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Signature Date William A. Drawdy [Signature] 11/03/97

17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Date Jerry Smith [Signature] 11/03/97

18 Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name Signature Date

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19 Printed/Typed Name Signature Date

ALL INFORMATION MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN W 'GAN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-6802 24 HOURS PER DAY.



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64, PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Form Approved OMB No 2050-0039 Expires 9-30-94

Please print or type

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No Manifest Document No. 1713243

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

3 Generator's Name and Mailing Address

A. State Manifest Document Number MI 3456803

B. State Generator's ID

4 Generator's Phone ()

5 Transporter 1 Company Name 6 US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

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 10 US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)

12 Containers No Type 13 Total Quantity 14 Unit Wt/Vol I. Waste No. N/H

Table with 4 rows (a-d) for container descriptions and quantities.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

15 Special Handling Instructions and Additional Information

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

Printed/Typed Name Signature Date Month Day Year

17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Date Month Day Year

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

ALL INFORMATION REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as _____
and specified on Manifest # _____, Line Item _____ has been landfilled on
_____, 199__ in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111
Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





READ INSTRUCTIONS ON BACK OF MANIFEST



DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Please print or type **HH 307-4**

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. SK0117002256013243		Manifest Document No. 013243		2 Page 1 of 1		Information in the shaded areas is not required by Federal law						
3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 North Hobson Avenue North Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456803								
4. Generator's Phone ()						B. State Generator's ID								
5. Transporter 1 Company Name Wills Trucking, Inc.				6. US EPA ID Number MD1065913409		C. State Transporter's ID								
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 800-423-8781								
9. Designated Facility Name and Site Address Michigan Disposal Inc 4935B.I-44 Service Drive Belleville MI 48111				10. US EPA ID Number		E. State Transporter's ID								
						F. Transporter's Phone								
						G. State Facility's ID								
						H. Facility's Phone								
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12. Containers		13. Total Quantity		14. Unit W/Vol	I. Waste No. N/H			
a. X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						0011 CIM		96446.7		K	NO/NIE			
b.														
c.														
d.														
J. Additional Descriptions for Materials Listed Above a) 047667; Soil w/ PCB's						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /								
15. Special Handling Instructions and Additional Information 24 Hr Emergency # 8005355053(579) Truck # 310														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.														
Printed/Typed Name William A. Drawdy						Signature <i>William A. Drawdy</i>			Date 11/03/97					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Jerry Smith			Signature <i>Jerry Smith</i>			Date 11/03/97		
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name			Signature			Date		
19. Discrepancy Indication Space														
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.														

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

GENERATOR

TRANSPORTER

FACILITY

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston / N. Charleston, SC

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 047667

Manifest Number: MI3456803 / 13243

EPA Waste Number(s): none

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment (check all that apply):

- §268.45(b)(1) - Toxicity characteristic debris;
- §268.45(b)(2) - Debris contaminated with listed waste;
- §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-3-97

PRINT NAME: William A. Drawdy TITLE: Environmental Engineer



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979, as amended and Act 136, PA 1969. Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type LH 307-5

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No SIC 0170002256013244 Manifest Document No 4

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

3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 North Hobson Ave North Charleston SC 29405-2106

A. State Manifest Document Number MI 3456805

5 Transporter 1 Company Name Wills Trucking Inc 6 US EPA ID Number 01HD068923909

B. State Generator's ID

C. State Transporter's ID D. Transporter's Phone 804238181

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 Michigan Disposal Inc 4358 N. I-94 Service Drive Belleville MI 48111 10 US EPA ID Number

G. State Facility's ID H. Facility's Phone

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER) a X RG Polychlorinated Biphenyls, 9, UN 2315, II (None)

12 Containers No Type 13 Total Quantity 14 Unit Mt/Vol I. Waste No. NIH

Table with 5 columns: Containers (No, Type), Total Quantity, Unit Mt/Vol, Waste No., NIH. Row a: 0011 Cim, 105663.6, k, P, N O I M E

J. Additional Descriptions for Materials Listed Above a) 047667; Soil w/ PCBs

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

15 Special Handling Instructions and Additional Information 24 Hr Emergency # 8005355053(579) Truck # 355

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name WILLIAM A. Drowdy Signature [Signature] Date 1/10/97

17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Jimmy Dorr Signature [Signature] Date 1/10/97

18. Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name Signature Date

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Signature Date

GEN ERATOR MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI CAN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER 1-800-424-8802 24 HOURS PER DAY.

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type.

Form Approved OMB No. 2050-0039 Expires 9-30-94

ALL S' CENT MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI' AN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No		Manifest Document No 173244		2 Page 1 of		Information in the shaded areas is not required by Federal law							
		3 Generator's Name and Mailing Address						A. State Manifest Document Number MI 3456805							
4 Generator's Phone ()						B. State Generator's ID									
5 Transporter 1 Company Name			6 US EPA ID Number			C. State Transporter's ID									
7 Transporter 2 Company Name			8 US EPA ID Number			D. Transporter's Phone									
9 Designated Facility Name and Site Address WARNE			10 US EPA ID Number MIDON 13070 033			E. State Transporter's ID									
						F. Transporter's Phone									
						G. State Facility's ID									
						H. Facility's Phone									
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers		13 Total Quantity		14 Unit Wt/Vol		I. Waste No.			
						No		Type							
						a.									
						b.									
						c.									
J. Additional Descriptions for Materials Listed Above DINT ADN-115-17						K. Handling Codes for Wastes Listed Above									
						a/ /		b/ /		c/ /		d/ /			
15 Special Handling Instructions and Additional Information															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations															
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name						Signature		Date		Month Day Year					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name		Signature		Date					
										Month Day Year					
18 Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name		Signature		Date					
										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		Signature		Date					
										Month Day Year					

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB sludge
and specified on Manifest # 345678, Line Item 1 has been landfilled on
1/7, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

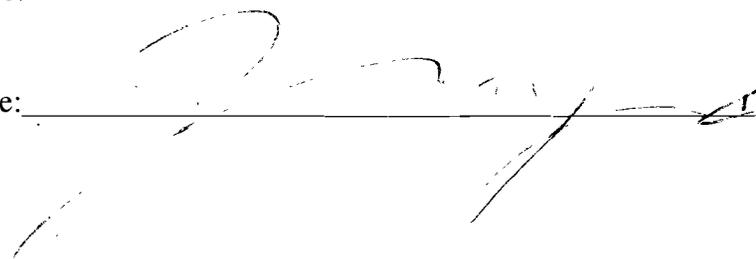
49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





READ INSTRUCTIONS ON BACK OF MANIFEST



DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type LH 307-5

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8800 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No <u>SC10170022561073244</u>		Manifest Document No <u>4</u>		2 Page 1 of 1		Information in the shaded areas is not required by Federal law						
3 Generator's Name and Mailing Address <u>Environmental Detachment Charleston</u> <u>1899 North Hobson Ave</u> <u>North Charleston SC 29405-2106</u>						A. State Manifest Document Number <u>MI 3456805</u>								
4 Generator's Phone ()						B. State Generator's ID								
5 Transporter 1 Company Name <u>Wills Trucking Inc.</u>			6 US EPA ID Number <u>10KID19618913909</u>			C. State Transporter's ID			D. Transporter's Phone <u>804238181</u>					
7 Transporter 2 Company Name						8 US EPA ID Number								
9 Designated Facility Name and Site Address <u>Michigan Disposal Inc</u> <u>49358 N-I-94 Service Drive</u> <u>Belleville, MI 48111</u>						10 US EPA ID Number								
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers		13 Total Quantity		14 Unit		I. Waste No.		
a. <u>X</u> <u>RQ Polychlorinated Biphenyls, 9, UN2315, II (None)</u>						<u>0011 Cim</u>		<u>5663.6</u>		<u>K</u>		<u>MI01ME</u>		
b.														
c.														
d.														
J. Additional Descriptions for Materials Listed Above <u>a) 047667; Soil w/ PCBs</u>						K. Handling Codes for Wastes Listed Above <u>a/ /</u> <u>b/ /</u> <u>c/ /</u> <u>d/ /</u>								
15. Special Handling Instructions and Additional Information <u>24 Hr Emergency # 8005355053(579) Truck # 355</u>														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.														
Printed/Typed Name <u>WILLIAM A. Drandy</u>						Signature <u>[Signature]</u>			Date <u>1/10/97</u>					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name <u>Jimmy Derr</u>			Signature <u>[Signature]</u>			Date <u>1/10/97</u>		
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name			Signature			Date		
19. Discrepancy Indication Space														
20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19														

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston / N. Charleston, SC

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 047667

Manifest Number: MI 3456805 / 13244

EPA Waste Number(s): none

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment (check all that apply):

- §268.45(b)(1) - Toxicity characteristic debris;
- §268.45(b)(2) - Debris contaminated with listed waste;
- §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-3-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136, PA 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type **4H3076**

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No 560117100225601		Manifest Document No. 3249		2 Page 1 of 1		Information in the shaded areas is not required by Federal law				
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 North Hobson Avenue North Charleston, SC 29405-2706						A. State Manifest Document Number MI 3456806						
4 Generator's Phone () 29405-2706						B. State Generator's ID						
5 Transporter 1 Company Name Wills Trucking, Inc.				6 US EPA ID Number 10H1D068913409		C. State Transporter's ID				D. Transporter's Phone 8004238181		
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 Michigan Disposal, Inc 44350 N. I-94 Service Road Belleville, MI 48111						10 US EPA ID Number		G. State Facility's ID				
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers No. Type		13 Total Quantity		14 Unit Mt/Vol	I. Waste No. N/H	
a HA Polychlorinated Biphenyls, 9, UN 2315, II (None)						001 CM		102576.6		K	NONE	
b												
c												
d												
J. Additional Descriptions for Materials Listed Above a) 047607 Soil w PCBs 103197PA Bin # 343 ASD: 11/3/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /						
15 Special Handling Instructions and Additional Information 24 HR Emergency # 8005355053 (579) Truck # 343												
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.												
Printed/Typed Name William A. Drawdy						Signature <i>[Signature]</i>			Date 11/03/97			
17. Transporter 1 Acknowledgement of Receipt of Materials												
Printed/Typed Name HARROW JACOBSON						Signature <i>[Signature]</i>			Date 11/03/97			
18 Transporter 2 Acknowledgement or Receipt of Materials												
Printed/Typed Name						Signature			Date			
19 Discrepancy Indication Space												
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19												
Printed/Typed Name						Signature			Date			

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7680 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64, PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No

Manifest Document No 1132145

2 Page 1 of

Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address

A. State Manifest Document Number MI 3456806

B. State Generator's ID

4 Generator's Phone ()

5 Transporter 1 Company Name

6

US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

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

10

US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM

12 Containers No Type

13 Total Quantity

14 Unit Wt/Vol

i. Waste No. N/H

a. b. c. d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a/ / b/ / c/ / d/ /

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Date Month Day Year

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date Month Day Year

18 Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Date 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

Signature

Date Month Day Year

ALL INFORMATION MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3456566, Line Item A has been landfilled on
11/4, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____



READ INSTRUCTIONS ON BACK OF MANIFEST



DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136, PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type 4H307-6

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. <u>SC0117002256013249</u>		Manifest Document No. <u>13249</u>		2 Page 1 of 1		Information in the shaded areas is not required by Federal law							
3 Generator's Name and Mailing Address <u>Environmental Detachment Charleston 1899 North Hobson Avenue North Charleston, SC 29405-2106</u>						A. State Manifest Document Number <u>MI 3456806</u>		B. State Generator's ID							
4 Generator's Phone						C. State Transporter's ID		D. Transporter's Phone <u>8004238181</u>							
5 Transporter 1 Company Name <u>Wills Trucking, Inc.</u>				6 US EPA ID Number <u>101110168913409</u>		E. State Transporter's ID		F. Transporter's Phone							
7 Transporter 2 Company Name				8 US EPA ID Number		G. State Facility's ID		H. Facility's Phone							
9 Designated Facility Name and Site Address <u>Michigan Disposal, Inc 49358 N. I-94 Service Road Belleville, MI 48111</u>						10 US EPA ID Number									
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).						12 Containers		13 Total Quantity		14 Unit		I. Waste No.			
a. <u>HA Polychlorinated Biphenyls, 9, UN 2315, II (None)</u>						No. Type <u>0011 CIM</u>		<u>102576.6</u>		<u>K</u>		<u>NI/NI/IE</u>			
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above <u>a) 047662 Soil w/ PCB's 103197AA Bin # 343 ASD: 11/3/97</u>						K. Handling Codes for Wastes Listed Above		a/ /		b/ /		c/ /		d/ /	
15. Special Handling Instructions and Additional Information <u>24 HR. Emergency # 8005355053 (579) Truck # 343</u>															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name <u>William A. Drawchy</u>						Signature <u>[Signature]</u>				Date <u>11/10/97</u>					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name <u>Harold Jackson</u>				Signature <u>[Signature]</u>		Date <u>11/10/97</u>			
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name				Signature		Date			
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19															

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9802 24 HOURS PER DAY.

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston / N. Charleston, SC

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 047667

Manifest Number: MI3456806 / 13245

EPA Waste Number(s): none

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment [check all that apply]:

- §268.45(b)(1) - Toxicity characteristic debris;
- §268.45(b)(2) - Debris contaminated with listed waste;
- §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Draddy DATE: 11-3-97

PRINT NAME: William A. Draddy TITLE: Environmental Engineer



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64, PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type HH307-7

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No SC01700225601 Manifest Document No 7246

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

3 Generator's Name and Mailing Address: Environmental Detachment Charleston, 1899 North Hanson Avenue, North Charleston, SC, 29405-2100

A. State Manifest Document Number: MI 3456808

5 Transporter 1 Company Name: Wills Trucking Inc. 6 US EPA ID Number: 10111016891134109

B. State Generator's ID, C. State Transporter's ID, D. Transporter's Phone: 804238181

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: Michigan Disposal Inc, 49350 N I-44 Service Drive, Belkville, MI 48111 10 US EPA ID Number

G. State Facility's ID, H. Facility's Phone

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER):

12 Containers No, Type, 13 Total Quantity, 14 Unit, I. Waste No., N/H

Table with 1 row: a) X RQ Polychlorinated Biphenyls, 9, UN 2315, II (None)

Table with 1 row: 10, CIM, 10121.3, K, P, N/A, N/A

J. Additional Descriptions for Materials Listed Above: a) 047667; Soil of Pubs

K. Handling Codes for Wastes Listed Above: a/ /, b/ /, c/ /, d/ /

15. Special Handling Instructions and Additional Information: 24 Hr Emergency # 8005355053(579) Truck # 260

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

Printed/Typed Name: William A. Drawdy, Signature: [Signature], Date: 1/18/97

17 Transporter 1 Acknowledgement of Receipt of Materials: Printed/Typed Name: Don Houston, Signature: [Signature], Date: 1/18/97

18 Transporter 2 Acknowledgement or Receipt of Materials: Printed/Typed Name, Signature, Date

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19: Printed/Typed Name, Signature, Date

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7680 AND THE NATIONAL RESPONSE CENTER - 1-800-424-8802 24 HOURS PER DAY.



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. [] DIS. [] REJ. [] PR. []

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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No

Manifest Document No. 173246

2 Page 1 of

Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address

A. State Manifest Document Number MI 3456808

B. State Generator's ID

4 Generator's Phone ()

5 Transporter 1 Company Name

6 US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

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

10 US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers

13 Total Quantity

14 Unit Mt/Vol

I. Waste No.

N/H

Table with 6 columns: a, b, c, d, 12 Containers (No, Type), 13 Total Quantity, 14 Unit Mt/Vol, I. Waste No., N/H

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a/ /
b/ /
c/ /
d/ /

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date Month Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Date 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

Signature

Date Month Day Year

ALL INFORMATION MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN W... AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as _____
and specified on Manifest # _____, Line Item _____ has been landfilled on
_____, 199__ in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





READ INSTRUCTIONS ON BACK OF MANIFEST



DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

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Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type **HH307-7**

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. SC01700225601732416		Manifest Document No. 1732416		2 Page 1 of 1		Information in the shaded areas is not required by Federal law						
3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 North Hobson Avenue North Charleston, SC 29405-2100						A. State Manifest Document Number MI 3456808								
4. Generator's Phone () 29405-2100						B. State Generator's ID								
5. Transporter 1 Company Name Wills Trucking Inc.			6. US EPA ID Number 1011106189131409			C. State Transporter's ID								
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 8004235181								
9. Designated Facility Name and Site Address Michigan Disposal Inc. 49350 N. I-94 Service Drive Belleville, MI 48111			10. US EPA ID Number			E. State Transporter's ID								
						F. Transporter's Phone								
						G. State Facility's ID								
						H. Facility's Phone								
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM						12. Containers No. Type		13. Total Quantity		14. Unit Vol/Vol		1. Waste No. N/H		
a. X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						0101 CM		101121.3		K		P NONE		
b.														
c.														
d.														
J. Additional Descriptions for Materials Listed Above a) 047667; Soil w/ PCBs						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /								
15. Special Handling Instructions and Additional Information 24 Hr Emergency # 8005355053(579) Truck # 360														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.														
Printed/Typed Name William A. Drowdy					Signature <i>William A. Drowdy</i>					Date 11/18/97				
17. Transporter 1 Acknowledgement of Receipt of Materials										Date				
Printed/Typed Name Don Houston					Signature Don Houston					Date 11/10/97				
18. Transporter 2 Acknowledgement or Receipt of Materials										Date				
Printed/Typed Name					Signature					Date				
19. Discrepancy Indication Space														
20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in item a														

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9802 24 HOURS PER DAY.

GENERATOR

TRANSPORTER

FACILITY

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston / N Charleston, SC

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 047667

Manifest Number: MI3456808 / 13246

EPA Waste Number(s): none

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment [check all that apply]:

- §268.45(b)(1)- Toxicity characteristic debris;
- §268.45(b)(2)- Debris contaminated with listed waste;
- §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11/3/97

PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST



DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type **HH 7308-1**

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No 51991700225601		Manifest Document No 13247		2 Page 1 of 1		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1849 North Hobson Avenue North Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456807							
4 Generator's Phone () 29405-2106						B. State Generator's ID							
5 Transporter 1 Company Name Wills Trucking, Inc.				6 US EPA ID Number 01H1068913409		C. State Transporter's ID							
7 Transporter 2 Company Name						D. Transporter's Phone 8004238181							
9 Designated Facility Name and Site Address Michigan Disposal, Inc. 49350 N. I-94 Service Drive Belleville, MI 48111						10 US EPA ID Number MI1000724831		E. State Transporter's ID					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER). a) X RQ Polychlorinated Biphenyls, 9, UN 2315, II (None)						12 Containers No Type 001 Cim		13 Total Quantity 99446		14 Unit M/Vol K F		I. Waste No. NIH None	
J. Additional Descriptions for Materials Listed Above a) 047007 Soil w/ PCB's 1031979A Bin # 456 Storage Start Date: 11/4/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /							
15. Special Handling Instructions and Additional Information 24 Hr. Emergency # 8005355053(579) Truck # 456													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name William A. Drandy				Signature <i>William A. Drandy</i>				Date 11/04/97					
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name DAVID C. POWELL				Signature <i>David C. Powell</i>				Date 11/04/97					
18. Transporter 2 Acknowledgement or Receipt of Materials													
Printed/Typed Name				Signature				Date					
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19													

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston / N. Charleston, SC

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: ~~047667~~ 103197PA

Manifest Number: MI 345 6807 / 13247

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40-CFR §268.45.

The waste contains the following contaminants subject to treatment [check all that apply]:

- §268.45(b)(1)- Toxicity characteristic debris;
- §268.45(b)(2)- Debris contaminated with listed waste;
- §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Draudy DATE: 11-4-97

PRINT NAME: William A. Draudy TITLE: Environmental Engineer

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type **HH 7308-1**

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No 51991700225601		Manifest Document No 13247		2 Page 1 of 1		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1849 North Hobson Avenue North Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456807							
4 Generator's Phone 29405-2106						B. State Generator's ID							
5 Transporter 1 Company Name Wills Trucking, Inc.				6 US EPA ID Number 01H D 01618913409		C. State Transporter's ID							
7 Transporter 2 Company Name				8 US EPA ID Number		D. Transporter's Phone 8004238181							
9 Designated Facility Name and Site Address Michigan Disposal, Inc. 49350N I-94 Service Drive Belleville, MI 48111				10 US EPA ID Number MI D 0101724831		E. State Transporter's ID							
						F. Transporter's Phone							
						G. State Facility's ID							
						H. Facility's Phone 313-699-6267							
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)						12 Containers No. Type		13 Total Quantity		14 Unit M/Vol		I. Waste No. N/H	
a. X POLYCHLORINATED BIPHENYLS, 9, UN 2315, II (None)						0011 CIMP		19446		K F		NO WLS	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above a) 047007 Soil w/ PCB's 1031979A Bin # 456 Storage Start Date: 11/4/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /							
15 Special Handling Instructions and Additional Information 24 Hr. Emergency # 8005355053(579) Truck # 456													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. <i>David Powell</i>													
Printed/Typed Name William A. Dravdy						Signature <i>William A. Dravdy</i>						Date 11/04/97	
17 Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name David C Powell						Signature <i>David C Powell</i>						Date 11/04/97	
18 Transporter 2 Acknowledgement or Receipt of Materials													
Printed/Typed Name						Signature						Date	
19 Discrepancy Indication Space													
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19													
Printed/Typed Name						Signature						Date	

ALL INFORMATION MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8902 24 HOURS PER DAY

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

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ATT. DIS. REJ. PR.

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 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type: Form Approved. OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No _____ Manifest Document No. 173247

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

3 Generator's Name and Mailing Address _____

A. State Manifest Document Number
 MI **3456807**

4 Generator's Phone () _____

B. State Generator's ID _____

5 Transporter 1 Company Name _____ 6 US EPA ID Number _____

C. State Transporter's ID _____

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

D. Transporter's Phone _____

E. State Transporter's ID _____

9 Designated Facility Name and Site Address _____ 10 US EPA ID Number _____

F. Transporter's Phone _____

G. State Facility's ID _____

H. Facility's Phone _____

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers No. Type 13 Total Quantity 14 Unit Wt/Vol I. Waste No. N/H

	No.	Type	Total Quantity	Unit Wt/Vol	Waste No.	N/H
a			20			
b						
c						
d						

	No.	Type	Total Quantity	Unit Wt/Vol	Waste No.	N/H
a						
b						
c						
d						

J. Additional Descriptions for Materials Listed Above _____

K. Handling Codes for Wastes Listed Above
 a/ /
 b/ /
 c/ /
 d/ /

15. Special Handling Instructions and Additional Information _____

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name _____ Signature _____ Date _____
 Month Day Year

17 Transporter 1 Acknowledgement of Receipt of Materials _____ Date _____

Printed/Typed Name _____ Signature _____ Date _____
 Month Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials _____ Date _____

Printed/Typed Name _____ Signature _____ Date _____
 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 _____ Signature _____ Date _____
 Month Day Year

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE. DATE 11/19/01 BY 60322 UCBAW/STP

AN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-6602 24 HOURS PER DAY.

GENERATOR'S CERTIFICATION

FACILITY

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as _____
and specified on Manifest # _____, Line Item _____ has been landfilled on
_____, 199__ in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64, PA 1979, as amended and Act 136, PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type HM7308-2

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No SC017002256013248 Manifest Document No

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

3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 North Hobson Avenue North Charleston, SC 29405-2100

A. State Manifest Document Number MI 3456809

4 Generator's Phone () 29405-2100 5 Transporter 1 Company Name Wills Trucking, Inc. 6 US EPA ID Number 10HD0689113409

B. State Generator's ID C. State Transporter's ID D. Transporter's Phone 8004238181

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 Michigan Disposal, Inc. 49358 N. I-44 Service Drive Belleville, MI 48111 10 US EPA ID Number MID0101724831

G. State Facility's ID H. Facility's Phone 313-699-6267

11 US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER) HM

12 Containers No Type 13 Total Quantity 14 Unit Mt/Vol I. Waste No. N/H

a X RA Polychlorinated Biphenyls, 9, UN 2315, II (None)

011CM 971018 K P NONE

J. Additional Descriptions for Materials Listed Above a) 047667; Soil w/ RA's 10319799 Bin # 334 Storage Start Date: 11/4/97

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

15 Special Handling Instructions and Additional Information 24 Hr. Emergency # 8005355053(579) Truck # 334

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

Printed/Typed Name William A. Drawdy Signature Date 11/6/97

17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name DOYLE PATTERSON Signature Date 11/04/97

18 Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name Signature Date

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19 Printed/Typed Name Signature Date

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB solid
and specified on Manifest # 3456809, Line Item 9 has been landfilled on
11/5, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: Christina L. Hood





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

1979 as amended and Act 136 PA 1969
Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Please print or type HM 7308-2

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No		Manifest Document No		2 Page 1 of 1		Information in the shaded areas is not required by Federal law	
3 Generator's Name and Mailing Address <u>Environmental Detachment Charleston</u> <u>1899 North Hobson Avenue</u> <u>North Charleston, SC 29405-2100</u>		6 US EPA ID Number <u>MI D0101724831</u>		13 Total Quantity <u>97</u>		14 Unit <u>K</u>		A. State Manifest Document Number <u>MI 3456809</u>	
4 Generator's Phone <u>29405-2100</u>		5 Transporter 1 Company Name <u>Wills Trucking, Inc.</u>		8 US EPA ID Number <u>MI D0101724831</u>		D. Transporter's Phone <u>8004238181</u>		B. State Generator's ID	
9. Designated Facility Name and Site Address <u>Michigan Disposal, Inc.</u> <u>49350 N. I-94 Service Drive</u> <u>Belleville, MI 48111</u>		10 US EPA ID Number <u>MI D0101724831</u>		E. State Transporter's ID		F. Transporter's Phone		C. State Transporter's ID	
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER). <u>Polychlorinated Biphenyls, 9, UN 2315</u> <u>II (None)</u>		12 Containers No. Type <u>001 C M</u>		13 Total Quantity <u>97</u>		14 Unit <u>P</u>		I. Waste No. N/H <u>N I O I M E</u>	
J. Additional Descriptions for Materials Listed Above <u>a) 047667; Soil w/ PCBs</u> <u>103197AA</u> <u>Bin # 354 Storage start Date: 11/4/97</u>		K. Handling Codes for Wastes Listed Above		a/ <u>/</u>		b/ <u>/</u>		c/ <u>/</u>	
15 Special Handling Instructions and Additional Information <u>24 Hr. Emergency # 8005355053(579)</u> <u>Truck # 354</u>		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Date Month Day Year <u>11 04 97</u>		Signature <u>William A. Drawdy</u>		Date Month Day Year <u>11 04 97</u>	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name <u>DOYLE PATTERSON</u>		Signature <u>Doyle Patterson</u>		Date Month Day Year <u>11 10 97</u>		Date Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Date Month Day Year		Date Month Day Year	
19. Discrepancy Indication Space		Printed/Typed Name		Signature		Date Month Day Year		Date Month Day Year	
20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name		Signature		Date Month Day Year		Date Month Day Year	

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9802 24 HOURS PER DAY.

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC 017002-2560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI 3456809/13248

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).
NOTE-1: A waste may pass one or more standards and require treatment or be variances for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1)- Toxicity characteristic debris;
 §268.45(b)(2)- Debris contaminated with listed waste;
 §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-4-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136 PA 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type **HH7308-3**

Form Approved OMB No. 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SC01700225601		Manifest Document No. 13249		2 Page 1 of 1		Information in the shaded areas is not required by Federal law			
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 North Hobson Avenue Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456810					
4 Generator's Phone 29405-2106						B. State Generator's ID					
5 Transporter 1 Company Name Wills Trucking, Inc.				6 US EPA ID Number 04D068913409		C. State Transporter's ID					
7 Transporter 2 Company Name				8 US EPA ID Number		D. Transporter's Phone 80423818					
9 Designated Facility Name and Site Address Michigan Disposal, Inc. 49350 N. I-94 Service Drive Belleville MI 48111				10 US EPA ID Number MI D0002248311		E. State Transporter's ID					
						F. Transporter's Phone					
						G. State Facility's ID					
						H. Facility's Phone 313-699-6267					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers		13 Total Quantity	14 Unit	I. Waste No.	N/H
a. X RQ Polychlorinated B. phenyls, 9, UN2315, II (None)						001 CM		102356	K	W	None
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above a) 04700T Soil w/ PCBs 103197AA Bin # 359 Storage start date: 11/4/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /					
15 Special Handling Instructions and Additional Information 24 Hr. Emergency # 800535 5053579 Truck # 359											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. <i>William A. Drawdy</i> Date 11/04/97											
Printed/Typed Name William A. Drawdy						Signature <i>William A. Drawdy</i>			Date 11/04/97		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name DONNIE DREGGIE											
Signature <i>Donnie Dreggie</i>						Date 11/04/97					
18. Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name											
Signature						Date					
19. Discrepancy Indication Space											
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19 Printed/Typed Name											
Signature						Date					

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64, PA 1979, as amended and Act 136 PA 1969
Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No Manifest Document No 171321419

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

3. Generator's Name and Mailing Address

A. State Manifest Document Number MI 3456810

4 Generator's Phone ()

B. State Generator's ID

5 Transporter 1 Company Name 6 US EPA ID Number

C. State Transporter's ID

7 Transporter 2 Company Name 8 US EPA ID Number

D. Transporter's Phone

E. State Transporter's ID

9 Designated Facility Name and Site Address 10 US EPA ID Number

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers No Type 13 Total Quantity 14 Unit Mt/Vol I. Waste No. N/H

Table with 4 rows (a, b, c, d) for waste descriptions and container details.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Signature Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Date Month Day Year

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

ALL'S MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN M' CAN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER 1-800-424-8902 24 HOURS PER DAY

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as _____
and specified on Manifest # _____, Line Item _____ has been landfilled on
_____, 199__ in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

1979 as amended and Act 136 PA 1969
Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type **HH7308-3**

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC0170022560		Manifest Document No 13249		2. Page 1 of 1		Information in the shaded areas is not required by Federal law											
3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 North Hobson Avenue North Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456810													
4. Generator's Phone () 29405-2106						B. State Generator's ID													
5. Transporter 1 Company Name Wills Trucking, Inc.			6. US EPA ID Number 014D0689113409			C. State Transporter's ID													
7. Transporter 2 Company Name						8. US EPA ID Number													
9. Designated Facility Name and Site Address Michigan Disposal, Inc. 49350 N. I-94 Service Drive Belleville, MI 48111						10. US EPA ID Number MI1D10107248311													
						D. Transporter's Phone 8004238181													
						E. State Transporter's ID													
						F. Transporter's Phone													
						G. State Facility's ID													
						H. Facility's Phone 313-699-6267													
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12. Containers		13. Total Quantity		14. Unit Mt/Vol		1. Waste No.		N/H					
a. X PQ Polychlorinated B. phenyls, 9, UN2315, II (None)						001 CM		102356		K/P		NONE							
b.																			
c.																			
d.																			
J. Additional Descriptions for Materials Listed Above (1) 647067 Soil w/ PCBs 10319794 Bm # 359 Storage start date: 11/4/97						K. Handling Codes for Wastes Listed Above						a/ /		b/ /		c/ /		d/ /	
15. Special Handling Instructions and Additional Information 24 Hr. Emergency # 800535 50530579 Truck # 359																			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						<i>William A. Drawdy</i>						Date		Month Day Year		11 04 97			
Printed/Typed Name William A. Drawdy						Signature						Date		Month Day Year					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name DONNIE DRIGGERS						Signature <i>Donnie Driggers</i>						Date 11 04 97	
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name						Signature						Date	
19. Discrepancy Indication Space																			
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Printed/Typed Name						Signature						Date	
												Date		Month Day Year					

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI 3456810/13249

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards). NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1)- Toxicity characteristic debris;
 §268.45(b)(2)- Debris contaminated with listed waste;
 §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-4-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer



READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Please print or type **HM 7308-4**

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SCD17002256013250		Manifest Document No 013250		2. Page 1 of 1		Information in the shaded areas is not required by Federal law			
3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 North Hobson Avenue North Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456811					
4. Generator's Phone 29405-2106						B. State Generator's ID					
5. Transporter 1 Company Name Wills Trucking, Inc.			6. US EPA ID Number 04101689113409			C. State Transporter's ID					
7. Transporter 2 Company Name						D. Transporter's Phone 8004238181					
9. Designated Facility Name and Site Address Michigan Disposal, Inc 49350 N. I-94 Service Drive Belleville, MI 48111						E. State Transporter's ID					
10. US EPA ID Number MI000724831						F. Transporter's Phone					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER). X BQ Polychlorinated Biphenyls, a, UN2315, II (None)						12. Containers No. Type 201 CM		13. Total Quantity 100239	14. Unit K	I. Waste No. N/H W101ME	
J. Additional Descriptions for Materials Listed Above a) 047007 Soil w/ PCBs 103197AA Bin # 400 Storage Start Date: 11/4/97						K. Handling Codes for Wastes Listed Above			a/ / b/ / c/ / d/ /		
15. Special Handling Instructions and Additional Information 24 Hr Emergency # 8005355053(579) Truck # 400											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. <i>William A. Drandy</i>											
Printed/Typed Name William A. Drandy				Signature <i>William A. Drandy</i>				Date 11/04/97			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ... Signature <i>...</i> Date 11/04/97											
18. Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name ... Signature <i>...</i> Date ...											
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-6642 24 HOURS PER DAY.

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston
EPA I.D. Number: SC0170022560
Waste Profile or ARF Designation: 103197PA
Manifest Number: MT 3456811/13250
EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards). NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1) - Toxicity characteristic debris;
 §268.45(b)(2) - Debris contaminated with listed waste;
 §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-4-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Please print or type **HM7303-4**

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SC017002256073250		Manifest Document No 3250		2 Page 1 of 1		Information in the shaded areas is not required by Federal law							
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 North Hobson Avenue North Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456811									
4 Generator's Phone () 29405-2106						B. State Generator's ID									
5 Transporter 1 Company Name Wills Trucking, Inc.			6 US EPA ID Number 040106891134019			C. State Transporter's ID									
7 Transporter 2 Company Name						D. Transporter's Phone 8004238181									
8 US EPA ID Number						E. State Transporter's ID									
9 Designated Facility Name and Site Address Michigan Disposal, Inc. 44350 N. I-94 Service Drive Belleville, MI 48111						10 US EPA ID Number MI D100724831			F. Transporter's Phone						
						G. State Facility's ID									
						H. Facility's Phone 313-699-6267									
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers		13 Total Quantity		14 Unit		1 Waste No.		N/H	
a <input checked="" type="checkbox"/> P10 Polychlorinated Biphenyls, 9, UN2315, II (None)						201 CM		100239		K P		MOINE			
b															
c															
d															
J. Additional Descriptions for Materials Listed Above a) 047007 Soil w/ PCBs 103197AA Bin # 400 Storage Start Date: 11/4/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /									
15 Special Handling Instructions and Additional Information 24 Hr Emergency # 8005355053(579) Truck # 400 400															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations															
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name William A. Drawdy										Signature <i>William A. Drawdy</i>				Date 11/04/97	
17 Transporter 1 Acknowledgement of Receipt of Materials															
Printed/Typed Name James J. H...										Signature <i>James J. H...</i>				Date 11/07/97	
18 Transporter 2 Acknowledgement or Receipt of Materials															
Printed/Typed Name										Signature				Date	
19 Discrepancy Indication Space															
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.															
Printed/Typed Name										Signature				Date Month Day Year	

ALL SPIES MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER 1-800-424-8802 24 HOURS PER DAY.

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No _____ Manifest Document No **171321510**

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

3 Generator's Name and Mailing Address _____

A. State Manifest Document Number
MI 3456811

B. State Generator's ID _____

4 Generator's Phone () _____

5 Transporter 1 Company Name _____ 6 US EPA ID Number _____

C. State Transporter's ID _____

D. Transporter's Phone _____

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 _____ 10 US EPA ID Number _____

G. State Facility's ID _____

H. Facility's Phone _____

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

	12 Containers		13 Total Quantity	14 Unit Wt/Vol	I. Waste No.	
	No	Type				N/H
a.						
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above _____

K. Handling Codes for Wastes Listed Above
 a/ /
 b/ /
 c/ /
 d/ /

15. Special Handling Instructions and Additional Information _____

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Date Month Day Year
--------------------	-----------	------------------------

17 Transporter 1 Acknowledgement of Receipt of Materials _____ Date _____

Printed/Typed Name	Signature	Date Month Day Year
--------------------	-----------	------------------------

18. Transporter 2 Acknowledgement or Receipt of Materials _____ Date _____

Printed/Typed Name	Signature	Date 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 _____ Date _____

Printed/Typed Name	Signature	Date Month Day Year
--------------------	-----------	------------------------

ALL INFORMATION MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN ACCORDANCE WITH THE NATIONAL RESPONSE PLAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE PLAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3456811, Line Item 7 has been landfilled on
11-06, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

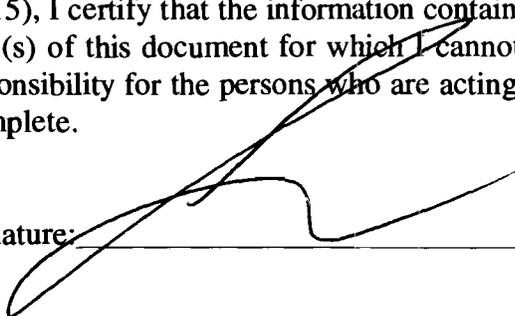
49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136, PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type HH 7308-5

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No 5C017002256
Manifest Document No. 973251

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

3 Generator's Name and Mailing Address
Environmental Detachment Charleston
1899 N. Hobson Ave,
N. Charleston, S.C. 29405-2106

A. State Manifest Document Number
MI 3456812

4 Generator's Phone ()
5 Transporter 1 Company Name
Wills Trucking, Inc.

B. State Generator's ID

6 US EPA ID Number 0HD068913409
7 Transporter 2 Company Name

C. State Transporter's ID
D. Transporter's Phone 8004238187

8 US EPA ID Number
9 Designated Facility Name and Site Address
Michigan Disposal, Inc.
49390 N. I-94 Service Dr.
Belleville, MI 48111

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

G. State Facility's ID
H. Facility's Phone 313-699-6267

10 US EPA ID Number
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).

12 Containers No Type
13 Total Quantity
14 Unit Wt/Vol
I. Waste No. N/H

a X RQ Polychlorinated Biphenyls, 9, UN 322315, II (None)

001 cm 103238 K None

J. Additional Descriptions for Materials Listed Above
a) 103197PA, Soil w/ PCBs

K. Handling Codes for Wastes Listed Above
a/ /
b/ /
c/ /
d/ /

Bm# 364 Storage Start Date: 11/4/97

15 Special Handling Instructions and Additional Information
24 Hr Emer. # 8005355053 (579) Truck# 364

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Signature Date
William A. Drawchy Will A. Drawchy 11/04/97

Date
Month Day Year
11 04 97

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Date

Date
Month Day Year
11 04 97

18 Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name Signature Date

Date
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 Signature Date

Date
Month Day Year

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER 1-800-424-9802 24 HOURS PER DAY.

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979, as amended and Act 136 PA 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No		Manifest Document No 173251		2. Page 1 of		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address						A. State Manifest Document Number MI 3456812							
4 Generator's Phone ()						B. State Generator's ID							
5 Transporter 1 Company Name			6 US EPA ID Number			C. State Transporter's ID							
7 Transporter 2 Company Name						D. Transporter's Phone							
8 US EPA ID Number			E. State Transporter's ID										
9 Designated Facility Name and Site Address						F. Transporter's Phone							
10 US EPA ID Number			G. State Facility's ID										
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers		13 Total Quantity		14 Unit Wt/Vol		I. Waste No.	
						No Type						N/H	
a													
b													
c													
d													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above						a/ /	
												b/ /	
												c/ /	
												d/ /	
15 Special Handling Instructions and Additional Information													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.													
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name						Signature						Date Month Day Year	
17 Transporter 1 Acknowledgement of Receipt of Materials												Date Month Day Year	
Printed/Typed Name						Signature						Month Day Year	
18. Transporter 2 Acknowledgement or Receipt of Materials												Date Month Day Year	
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						Signature						Date Month Day Year	

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI - AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER 1-800-424-9802 24 HOURS PER DAY.

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB 50410
and specified on Manifest # 345682, Line Item A has been landfilled on
11-05, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____



Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MJ3456812 / 13251

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).
NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1) - Toxicity characteristic debris;
 §268.45(b)(2) - Debris contaminated with listed waste;
 §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-4-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type HH7308-6

Form Approved OMB No 2050 0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. SC1017002256013252	Manifest Document No. 013252	2. Page 1 of 1	Information in the shaded areas is not required by Federal law
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3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave, N. Charleston, SC 29405-2106		A. State Manifest Document Number MI 3456813
4. Generator's Phone ()		B. State Generator's ID

5. Transporter 1 Company Name Wilk Trucking, Inc.	6. US EPA ID Number MI0106819113409	C. State Transporter's ID
7. Transporter 2 Company Name	8. US EPA ID Number	D. Transporter's Phone 8004238181
		E. State Transporter's ID
		F. Transporter's Phone

9. Designated Facility Name and Site Address Michigan Disposal Inc Wayne Disposal Inc. 49350 N. I-94 Service Dr, Belleville, MI 48111	10. US EPA ID Number MI0106819113409	G. State Facility's ID
		H. Facility's Phone 313-699-6267

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM)	12 Containers		13 Total Quantity	14 Unit M/Vol	I. Waste No. NIH	
	No	Type				
a. RQ Polychlorinated Biphenyls, 9, UN2315, X II (None)	0	0	1	94.47	K	None
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above a) 103197 PA, soil w/PCBs Bin # 421 Storage Start Date: 11/6/97	K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /
---	---

15. Special Handling Instructions and Additional Information
24 Hr. Emer # 800535 5053(579) Truck # J173 TPO 84297 DPO 84298

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name William A. Drawdy	Signature <i>William A. Drawdy</i>	Date 11/06/97
---	---------------------------------------	------------------

17. Transporter 1 Acknowledgement of Receipt of Materials	Date
Printed/Typed Name Jimmy Darr	Signature <i>Jimmy Darr</i>
18. Transporter 2 Acknowledgement or Receipt of Materials	Date
Printed/Typed Name	Signature
	Date

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY

GENERATOR

TRANSPORTER

FACILITY



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64, PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No
Manifest Document No 713252

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

3 Generator's Name and Mailing Address

A. State Manifest Document Number MI 3456813

B. State Generator's ID

4 Generator's Phone ()

5 Transporter 1 Company Name 6 US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

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 10 US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

Table with 6 columns: 12 Containers (No, Type), 13 Total Quantity, 14 Unit (M/Vol), 15 Waste No., 16 N/H. Rows a, b, c, d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a/ /
b/ /
c/ /
d/ /

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Signature Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name JOSEPH C SALVO Signature Date Month Day Year

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

ALL MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER, 1-800-424-8802 24 HOURS PER DAY.

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3456813, Line Item A has been landfilled on
11/10, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

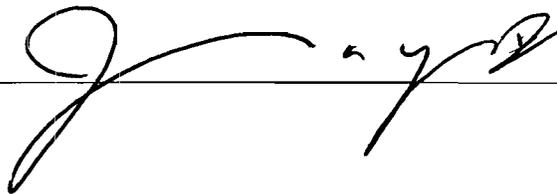
49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64, PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

11/09/97 1117308-6 HH7310-1

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No SIC 017002256013252 Manifest Document No

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

3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave, N. Charleston, SC 29405-2106

A. State Manifest Document Number MI 3456813

B. State Generator's ID

5 Transporter 1 Company Name Wils Trucking, Inc. 6 US EPA ID Number 04HD0689113409

C. State Transporter's ID D. Transporter's Phone 8004238181

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 Michigan Disposal Inc, Wayne Disposal Inc 49350 N. I-94 Service Dr, Belleville, MI 48111 10 US EPA ID Number 048090633

G. State Facility's ID H. Facility's Phone 313-699-6267

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER) a) RQ Polychlorinated Biphenyls, 9, UN2315, X II (None)

12 Containers No Type 13 Total Quantity 14 Unit No. 15 Waste No. N/H 0101 CM 19447 A None

J. Additional Descriptions for Materials Listed Above a) 103197AA, soil w/PCBs

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

Bin # 421 Storage Start Date: 11/6/97

15 Special Handling Instructions and Additional Information 24 Hr. Emer # 800535 5053(579) Truck # J173 TPO: 84297 DPO: 84298

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

Printed/Typed Name William A. Drawdy Signature Date 11/10/97

17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Date 11/10/97

18 Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name Signature Date

19. Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Date

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9602 24 HOURS PER DAY

READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type **HM7308-6**

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No **SC1017002256013252** Manifest Document No **2**

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

3 Generator's Name and Mailing Address
Environmental Detachment Charleston
1899 N. Hobson Ave,
N. Charleston, SC 29405-2106

A. State Manifest Document Number
MI 3456813
B. State Generator's ID

4 Generator's Phone ()
5 Transporter 1 Company Name **Wilks Trucking, Inc.** 6 US EPA ID Number **048090633**

C. State Transporter's ID
D. Transporter's Phone **8004238181**

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 **Michigan Disposal Inc, Wayne Disposal Inc.** 10 US EPA ID Number **MI1000224834**
49350 N. I-94 Service Dr,
Belleville, MI 48111

G. State Facility's ID
H. Facility's Phone **313-699-6267**

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers No Type 13 Total Quantity 14 Unit Vol 1. Waste No. N/H

a. **RQ Polychlorinated Biphenyls, 9, UN2315,**
X II (None)

0101 CIM 19447A **K** **None**

b.
c.
d.

J. Additional Descriptions for Materials Listed Above
a) 103197AA, soil w/PCBs
Bin #421 Storage Start Date: 11/6/97

K. Handling Codes for Wastes Listed Above
a/ /
b/ /
c/ /
d/ /

15. Special Handling Instructions and Additional Information
24 Hr. Emer # 800535 5053(579) Truck # 5173 **TPO 84297**
DPO 84298

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name **William A. Drawdy** Signature **William A. Drawdy** Date **11/04/97**

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name **Jimmy Derr** Signature **Jimmy Derr** Date **11/04/97**

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name Signature Date

19. Discrepancy Indication Space

20 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

GENERATOR

TRANSPORTER

FACILITY

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC017 0022 560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI 3456813 / 13252

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.
The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1) - Toxicity characteristic debris;
 §268.45(b)(2) - Debris contaminated with listed waste;
 §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-4-97 11-6-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST

DNR MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Please print or type HH7308-7

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST form with sections 1-20 including generator information, transporter details, waste descriptions, and signatures.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 317-373-7600 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9802 24 HOURS PER DAY.



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64, PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No. 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No

Manifest Document No 131253

2 Page 1 of

Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address

A. State Manifest Document Number MI 3456814

B. State Generator's ID

4 Generator's Phone ()

C. State Transporter's ID

5 Transporter 1 Company Name

6 US EPA ID Number

D. Transporter's Phone

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

10 US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers

13 Total Quantity

14 Unit Mt/Vol

I. Waste No.

N/H

a.

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a/ /

b/ /

c/ /

d/ /

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Date Month Day Year

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date Month Day Year

18 Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Date 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

Signature

Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7680 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8902 24 HOURS PER DAY.

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3456814, Line Item 1 has been landfilled on
11-07, 1997 in accordance with all local, state and federal regulations by:

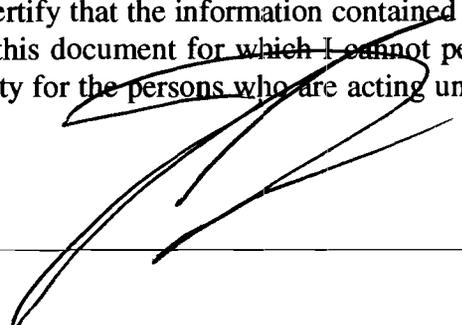
Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111
Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64 PA 1979, as amended and Act 136, PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No SIC 017002256013253 Manifest Document No 3253

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

3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave, N. Charleston, SC 29405-2106

A. State Manifest Document Number MI 3456814

B. State Generator's ID

5. Transporter 1 Company Name Wills Trucking, Inc. 6. US EPA ID Number OH 068913409

C. State Transporter's ID D. Transporter's Phone 8004238181

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 Michigan Disposal Inc, Wayne Disposal Inc. 49350 N. I-94 Service Dr. Belleville, MI 48111 10. US EPA ID Number MI 000724834

G. State Facility's ID H. Facility's Phone 313-699-6267

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER) HM

12. Containers No Type 13. Total Quantity 14. Unit Mt/Vol I. Waste No. N/H

Table with 6 columns: a, b, c, d, 12 Containers, 13 Total Quantity, 14 Unit Mt/Vol, I. Waste No. N/H. Row a: X BQ Polychlorinated Biphenyls, 9, UN2315, II (None) 0 01 CM 2 11 85 K None

J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/PCBs Bin # 354 Storage Start Date: 11/6/97

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

15. Special Handling Instructions and Additional Information 24 Hr. Emer. # 8005355053(579) Truck # J163 TPO: 84277 DPO: 84278

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

Printed/Typed Name William A. Drawdy Signature [Signature] Date 11/10/97

17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name [Name] Signature [Signature] Date 11/10/97

18. Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name [Name] Signature [Signature] Date [Date]

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name [Name] Signature [Signature] Date [Date]

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8902 24 HOURS PER DAY

READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979 as amended and Act 136, PA 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type **HH7308-7**

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SI011709225691		Manifest Document No. 13253		2 Page 1 of 1		Information in the shaded areas is not required by Federal law					
3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456814							
4. Generator's Phone ()						B. State Generator's ID							
5. Transporter 1 Company Name Wills Trucking, Inc.				6. US EPA ID Number 01H1068913409		C. State Transporter's ID							
7. Transporter 2 Company Name						D. Transporter's Phone 8004238181							
8. US EPA ID Number						E. State Transporter's ID							
9. Designated Facility Name and Site Address Michigan Disposal, Inc. Wayne Disposal Inc. 49350 N. I-94 Service Dr. Belleville, MI 48111						10. US EPA ID Number 048090633		F. Transporter's Phone					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER) X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						12. Containers No. Type 0 01 CM 211188		13. Total Quantity K		14. Unit ML/Vol None		I. Waste No. N/H None	
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/PCBs Bin # 354 Storage Start Date: 11/6/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /							
15. Special Handling Instructions and Additional Information 24 Hr. Emer. # 8005355053(579) Truck # J163 TPO: 84277 DPO: 84278													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name William A. Drawdy				Signature <i>[Signature]</i>				Date 11/10/97					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name DOYLE PATRICKSON		Signature <i>[Signature]</i>		Date 11/10/97			
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name		Signature		Date			

19. Discrepancy Indication Space

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9802 24 HOURS PER DAY.

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston
 EPA I.D. Number: SC0170022560
 Waste Profile or ARF Designation: 103197AA
 Manifest Number: MI 3456814/13253
 EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be variances for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
 I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1) - Toxicity characteristic debris;
 §268.45(b)(2) - Debris contaminated with listed waste;
 §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drewdy DATE: 11-4-97 11-6-97 WWS
 PRINT NAME: William A. Drewdy TITLE: Environmental Engineer



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No. 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST form with sections 1-20, including generator and transporter information, waste description, and certifications.

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

AN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE

MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MIC 1-800-424-8602 24 HOURS PER DAY

ALL SF CENTL FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No.		Manifest Document No. 73254		2 Page 1 of 1		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address						A. State Manifest Document Number MI 3456824							
4 Generator's Phone ()						B. State Generator's ID							
5 Transporter 1 Company Name			6 US EPA ID Number		C. State Transporter's ID								
7 Transporter 2 Company Name						D. Transporter's Phone							
7 Transporter 2 Company Name			8 US EPA ID Number		E. State Transporter's ID								
9 Designated Facility Name and Site Address						F. Transporter's Phone							
9 Designated Facility Name and Site Address			10 US EPA ID Number		G. State Facility's ID								
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers No. Type		13 Total Quantity		14 Unit Mt/Vol		I. Waste No. N/H	
a. <i>[Handwritten description]</i>													
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above				a/ /			
										b/ /			
										c/ /			
										d/ /			
15 Special Handling Instructions and Additional Information													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.													
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name						Signature						Date Month Day Year	
17 Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Date Month Day Year	
18 Transporter 2 Acknowledgement or Receipt of Materials													
Printed/Typed Name						Signature						Date 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						Signature						Date Month Day Year	

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3456824, Line Item A has been landfilled on
11-06, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

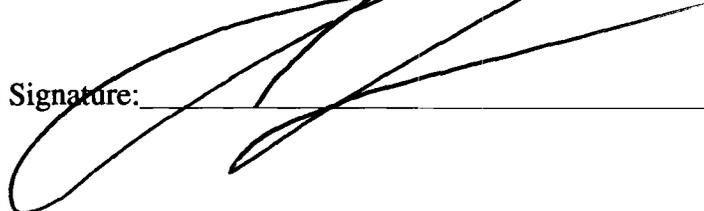
49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____



READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SC1017002256013259		Manifest Document No 0113259		2 Page 1 of 1		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456824							
4 Generator's Phone ()						B. State Generator's ID							
5 Transporter 1 Company Name Wills Trucking Inc.			6 US EPA ID Number 0410068913409			C. State Transporter's ID							
7 Transporter 2 Company Name			8 US EPA ID Number			D. Transporter's Phone 8004238181							
9 Designated Facility Name and Site Address Michigan Disposal Inc. 49350 N. I-94 Service Dr. Belleville MI 48111			10 US EPA ID Number MI1000724831			E. State Transporter's ID							
						F. Transporter's Phone							
						G. State Facility's ID							
						H. Facility's Phone 313-699-6267							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers		13 Total		14 Unit		I. Waste No.	
						No		Quantity		M/Vol		NIH	
a. X RQ Polychlorinated Biphenyls 9, UN2315 II (None)						001		CMZ1578		K		None	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above a) 1031 97PA, Soil w/PCBS Bm # 309 Storage Start Date: 11/5/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /							
15. Special Handling Instructions and Additional Information 24 Hr Emer. # 8005355053 (579) Truck # 5157 TPO: 84265 DPO: 84266													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. <i>William A. Drandy</i>													
Printed/Typed Name William A. Drandy						Signature <i>William A. Drandy</i>		Date 11/05/97					
17. Transporter 1 Acknowledgement of Receipt of Materials						Date 11/05/97							
Printed/Typed Name Tony Haberstroth			Signature <i>Tony Haberstroth</i>			Date 11/05/97							
18. Transporter 2 Acknowledgement or Receipt of Materials						Date 11/05/97							
Printed/Typed Name			Signature			Date							
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19													

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC 0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI3456824/13254

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1) - Toxicity characteristic debris;
 §268.45(b)(2) - Debris contaminated with listed waste;
 §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-5-97

PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-6802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC0171022560132515		Manifest Document No. 132515		2 Page 1 of 1		Information in the shaded areas is not required by Federal law					
3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456825							
4. Generator's Phone ()						B. State Generator's ID							
5. Transporter 1 Company Name Wills Trucking Inc			6. US EPA ID Number 0HD068913409			C. State Transporter's ID							
7. Transporter 2 Company Name						D. Transporter's Phone 8004238181							
8. US EPA ID Number						E. State Transporter's ID							
9. Designated Facility Name and Site Address Michigan Disposal Inc, 49350 N. I-74 Service Dr. Belleville MI 48111						10. US EPA ID Number MIID0007248311			G. State Facility's ID				
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER). RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste No. NIH	
J. Additional Descriptions for Materials Listed Above a) 103197 PA, Soil w/PCBs Bin # 324 Storage Start Date: 11/5/97						001 CM 206117 K		Moine		a/ / b/ / c/ / d/ /			
15. Special Handling Instructions and Additional Information 24 Hr Emer. # 8005355053 (579) Truck # J158 DPO 84268 TPO 84267													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. <i>William A. Drawocky</i>													
Printed/Typed Name William A. Drawocky				Signature <i>William A. Drawocky</i>				Date 11/05/97					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Del Reynolds													
Printed/Typed Name Del Reynolds				Signature <i>Del Reynolds</i>				Date 11/05/97					
18. Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name													
Printed/Typed Name				Signature				Date					
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19													

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103971A

Manifest Number: MT3456825/13255

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).
NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1) - Toxicity characteristic debris;
 §268.45(b)(2) - Debris contaminated with listed waste;
 §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drandy DATE: 11-5-97
PRINT NAME: William A. Drandy TITLE: Environmental Engineer



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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Form Approved OMB No 2050-0039 Expires 9-30-94

Please print or type

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No SIC1017002256013255 Manifest Document No

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

3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston SC 29405-2106 4 Generator's Phone

A. State Manifest Document Number MI 3456825 B. State Generator's ID

5 Transporter 1 Company Name Wills Trucking Inc 6 US EPA ID Number OH10618913409

C. State Transporter's ID D. Transporter's Phone 8004238181

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 Michigan Disposal Inc, 49350 N. I-94 Service Dr. Belleville MI 48111 10 US EPA ID Number MID0007248311

G. State Facility's ID H. Facility's Phone 313-699-6267

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers No Type 13 Total Quantity 14 Unit Mt/Vol I. Waste No. N/H

Table with 4 rows (a-d) and 1 column for description. Row a: X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)

Table with 4 rows (a-d) and 4 columns for container details. Row a: 091 UM 20617 K None

J. Additional Descriptions for Materials Listed Above a) 103197 PA, Soil w/PCBs Bin # 324 Storage Start Date: 11/5/97

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

15 Special Handling Instructions and Additional Information 24 Hr Emer. # 8005355053 (579) Truck # J153 DOT# 84268 TPO# 84268

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name William A. Drawchy Signature Date 11/05/97

17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Del Reynolds Signature Date 11/05/97

18 Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name Signature Date

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Date

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER 1-800-424-8902 24 HOURS PER DAY.



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. [] DIS. [] REJ. [] PR. []

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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No

Manifest Document No 132155

2 Page 1 of 1

Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address

A. State Manifest Document Number MI 3456825

B. State Generator's ID

4 Generator's Phone

5 Transporter 1 Company Name

6 US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

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

10 US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers No Type

13 Total Quantity

14 Unit Wt/Vol

I. Waste No. N/H

Table with 6 columns: Description, Containers, Total Quantity, Unit Wt/Vol, Waste No., N/H. Row a is filled with handwritten data.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a/ /
b/ /
c/ /
d/ /

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Date Month Day Year

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date Month Day Year

18 Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Date 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

Signature

Date Month Day Year

ALL STATES MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI CAN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER 1-800-424-8802 24 HOURS PER DAY

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as pcb solid
and specified on Manifest # 3456885, Line Item a has been landfilled on
11/6, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: Christina Hood





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No. 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST form with fields for generator info, transporter info, facility info, waste description, and signatures.

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

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ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7860 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8602 24 HOURS PER DAY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No		Manifest Document No. 13256		2 Page 1 of 1		Information in the shaded areas is not required by Federal law									
		3 Generator's Name and Mailing Address						A. State Manifest Document Number MI 3456826		B. State Generator's ID							
4 Generator's Phone ()		5 Transporter 1 Company Name		6 US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone									
7 Transporter 2 Company Name		8 US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone		G. State Facility's ID									
9 Designated Facility Name and Site Address		10 US EPA ID Number		H. Facility's Phone													
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers No. Type		13 Total Quantity		14 Unit Wt/Vol		I. Waste No. N/H					
a																	
b																	
c																	
d																	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above						a/ /					
												b/ /					
												c/ /					
												d/ /					
15. Special Handling Instructions and Additional Information																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.																	
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name						Signature						Date Month Day Year					
17 Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name						Signature		Date Month Day Year			
18 Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name						Signature		Date 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				Signature		Date Month Day Year	

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3456826, Line Item A has been landfilled on
11/10, 1997 in accordance with all local, state and federal regulations by:

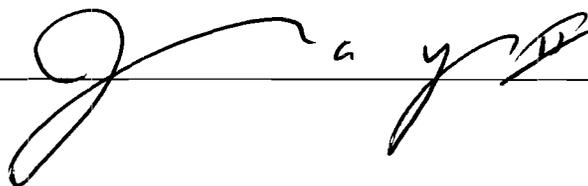
Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111
Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALFAX (592-5329)

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Authorized Signature: _____



READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SC 0170022560		Manifest Document No 132516		2 Page 1 of 1		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456826							
4. Generator's Phone ()						B. State Generator's ID							
5 Transporter 1 Company Name Wills Trucking Inc.			6 US EPA ID Number 01HD068913409			C. State Transporter's ID							
7 Transporter 2 Company Name						D. Transporter's Phone 8004238181							
8 US EPA ID Number						E. State Transporter's ID							
9 Designated Facility Name and Site Address Michigan Disposal Inc. 49350 N. I-94 Service Dr. Belleville MI 48111						F. Transporter's Phone							
10. US EPA ID Number MI D000724831						G. State Facility's ID							
H. Facility's Phone 313-649-6267													
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER). a. X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						12 Containers No. Type		13 Total Quantity		14 Unit Mt/Vol		I. Waste No. N/H	
						001 CM20617		K None					
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/PCBs Bin #444 Storage Start Date: 11/5/97						K. Handling Codes for Wastes Listed Above		a/ /		b/ /		c/ /	
								d/ /					
15. Special Handling Instructions and Additional Information 24 Hr Emer #8005355053(579) Truck # J159 TP0:84269 DP0:84270													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. <i>David W. [Signature]</i>													
Printed/Typed Name William A. Drawdy				Signature <i>William A. Drawdy</i>				Date 11/10/97					
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name [Signature]				Signature [Signature]				Date 11/10/97					
18. Transporter 2 Acknowledgement or Receipt of Materials													
Printed/Typed Name				Signature				Date					
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston
EPA I.D. Number: SC0170022560
Waste Profile or ARF Designation: 103197AA
Manifest Number: MI 3456826/13256
EPA Waste Number(s): None
Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment [check all that apply]:

- §268.45(b)(1) - Toxicity characteristic debris;
- §268.45(b)(2) - Debris contaminated with listed waste;
- §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drandy DATE: 11-5-97
PRINT NAME: William A. Drandy TITLE: Environmental Engineer



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64, PA 1979 as amended and Act 136, PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST form with sections 1-20, including generator information, transporter details, waste descriptions, and signatures.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENT AT 1-800-424-8802 24 HOURS PER DAY.

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as pcb solid
and specified on Manifest # 3456827, Line Item a has been landfilled on
11/7, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: Christina Hood





READ INSTRUCTIONS ON BACK OF MANIFEST



DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

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Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. SC017010225691312517		Manifest Document No. 1312517		2 Page 1 of 1		Information in the shaded areas is not required by Federal law						
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston SC 29405-2106						4. Generator's Phone ()		A. State Manifest Document Number MI 3456827						
5 Transporter 1 Company Name Wills Trucking Inc.						6 US EPA ID Number 04HD068913409		B. State Generator's ID						
7 Transporter 2 Company Name						8 US EPA ID Number		C. State Transporter's ID						
9. Designated Facility Name and Site Address Michigan Disposal Inc. 49350 N. I-94 Service Dr. Belleville MI 48111						10 US EPA ID Number MI1000724831		D. Transporter's Phone 8004238181						
								E. State Transporter's ID						
								F. Transporter's Phone						
								G. State Facility's ID						
								H. Facility's Phone 313-699-6267						
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).						12 Containers		13 Total		14 Unit		I. Waste		
						No		Quantity		MT/Vol		No. N/H		
a. X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						001		CM20227		K		None		
b.														
c.														
d.														
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/PCBS						K. Handling Codes for Wastes Listed Above								
Bin # 410 Storage Start Date: 11/5/97						a/ /								
						b/ /								
						c/ /								
						d/ /								
15. Special Handling Instructions and Additional Information 24 Hr Emer # 800 535 5053 (579) Truck # 5160 TPO: 84271 DPO: 84272														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.														
Printed/Typed Name William A. Drawdy						Signature <i>William A. Drawdy</i>			Date 11/10/97					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Henry Jackson			Signature <i>Henry Jackson</i>			Date 11/10/97		
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name			Signature			Date		
19. Discrepancy Indication Space														
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19														

GENERATOR

TRANSPORTER

FACILITY

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: ME3456827/13257

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment [check all that apply]:

- §268.45(b)(1) - Toxicity characteristic debris;
- §268.45(b)(2) - Debris contaminated with listed waste;
- §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

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I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drandy DATE: 11-5-97

PRINT NAME: William A. Drandy TITLE: Environmental Engineer



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SC01700225601		Manifest Document No. 132519		2 Page 1 of 1		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave, N. Charleston SC 29405-2106						4 Generator's Phone () () () () () ()		A. State Manifest Document Number MI 3456828					
5 Transporter 1 Company Name Wills Trucking, Inc.				6 US EPA ID Number 10HD068913409		7 Transporter 1 Phone () () () () () ()		C. State Transporter's ID					
7 Transporter 2 Company Name				8 US EPA ID Number		7 Transporter 2 Phone		D. Transporter's Phone 8004238181					
9 Designated Facility Name and Site Address Michigan Disposal Inc. 49350 N. I-94 Service Dr. Belleville MI 48111				10 US EPA ID Number MI0000724831		9 Facility Phone () () () () () ()		E. State Transporter's ID					
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER). a) X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)				12 Containers No Type		13 Total Quantity		14 Unit M/Vol		I. Waste No. NI/H			
				001CM20952		KNONE							
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/ PCBs Bin # 355 Storage start date: 11/5/97				K. Handling Codes for Wastes Listed Above				a/ /		b/ /		c/ /	
								d/ /					
15. Special Handling Instructions and Additional Information 24 Hr Emer. 800535 5053 579 Truck # 5161 TPO: 64273 DDO: 84274													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford													
Printed/Typed Name William A. Drawdy						Signature <i>William A. Drawdy</i>			Date 11/10/97				
17 Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Jimmy Dorr			Signature <i>Jimmy Dorr</i>				
18 Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name			Signature				
19. Discrepancy Indication Space													
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19													
Printed/Typed Name						Signature			Date				

DNR
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Please print or type Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No.		Manifest Document No. 13258		2 Page 1 of 1		Information in the shaded areas is not required by Federal law						
3 Generator's Name and Mailing Address						A. State Manifest Document Number MI 3456828								
4 Generator's Phone ()						B. State Generator's ID								
5 Transporter 1 Company Name			6 US EPA ID Number		C. State Transporter's ID									
7 Transporter 2 Company Name			8 US EPA ID Number		D. Transporter's Phone 247-581									
9 Designated Facility Name and Site Address			10 US EPA ID Number		E. State Transporter's ID									
						F. Transporter's Phone								
						G. State Facility's ID								
						H. Facility's Phone								
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers No. Type		13 Total Quantity		14 Unit Wt/Vol		I. Waste No. N/H		
a														
b														
c														
d														
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above								
						a/ /								
						b/ /								
						c/ /								
						d/ /								
15. Special Handling Instructions and Additional Information														
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Printed/Typed Name					Signature					Date Month Day Year				
17 Transporter 1 Acknowledgement of Receipt of Materials										Date Month Day Year				
Printed/Typed Name					Signature					Date Month Day Year				
18. Transporter 2 Acknowledgement or Receipt of Materials										Date Month Day Year				
Printed/Typed Name					Signature					Date 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.										Date Month Day Year				
Printed/Typed Name					Signature					Date Month Day Year				

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GENERATOR 2nd COPY

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as 450000
and specified on Manifest # 3450020, Line Item 1 has been landfilled on
11/10, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111
Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





READ INSTRUCTIONS ON BACK OF MANIFEST



DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7860 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-6802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. SC0117101225601/1312510		Manifest Document No. 1312510		2 Page 1 of 1		Information in the shaded areas is not required by Federal law							
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456828		B. State Generator's ID							
4 Generator's Phone ()						C. State Transporter's ID		D. Transporter's Phone 8004238181							
5 Transporter 1 Company Name Wills Trucking, Inc.						6 US EPA ID Number 10HD0168913409		E. State Transporter's ID							
7 Transporter 2 Company Name						8 US EPA ID Number		F. Transporter's Phone							
9 Designated Facility Name and Site Address Michigan Disposal Inc. 49350 N. I-94 Service Dr. Belleville MI 48111						10 US EPA ID Number ME00007248311		G. State Facility's ID							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers No. Type		13 Total Quantity		14 Unit Mt/Vol		I. Waste No. N/H			
a. X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						0011CM20952		K		None					
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/ PCBs Bin# 355 Storage start date: 11/5/97						K. Handling Codes for Wastes Listed Above		a/ /		b/ /		c/ /		d/ /	
15. Special Handling Instructions and Additional Information 24 Hr Emer. 800535 5053(579) Truck# 5161 TPO: 84273 DPO: 84274															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford						Signature: <i>William A. Drandy</i> Date: 11/10/97									
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name: Jimmy Darr		Signature: <i>Jimmy Darr</i>		Date: 11/10/97					
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name:		Signature:		Date:					
19. Discrepancy Indication Space															
20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in															

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022360

Waste Profile or ARF Designation: 103197RA

Manifest Number: MI3456828 / 13258

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment [check all that apply]:

- §268.45(b)(1)- Toxicity characteristic debris;
- §268.45(b)(2)- Debris contaminated with listed waste;
- §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drandy DATE: 11-5-97

PRINT NAME: William A. Drandy TITLE: Environmental Engineer



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64, PA 1979, as amended and Act 136, PA 1969 Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SK017002Z56013259		Manifest Document No 13259		2 Page 1 of 1		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave N. Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456829		B. State Generator's ID					
4 Generator's Phone ()						6 US EPA ID Number 0HD068913409		C. State Transporter's ID					
5 Transporter 1 Company Name Wills Trucking Inc			7 Transporter 2 Company Name			8 US EPA ID Number		D. Transporter's Phone 8004238181					
9 Designated Facility Name and Site Address Michigan Disposal Inc, 49350 N. I-94 Service Dr, Belleville MI 48111						10 US EPA ID Number MID000724831		E. State Transporter's ID					
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER). a X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						12 Containers No Type		13 Total Quantity		14 Unit Wt/Vol		I. Waste No. N/H	
J. Additional Descriptions for Materials Listed Above a) 103197 PA, soil w/ PCBs Bin # 319 Storage Start Date: 11/5/97						K. Handling Codes for Wastes Listed Above		a/ /		b/ /		c/ /	
15 Special Handling Instructions and Additional Information 24 Hr Emer # 800535 5053(579) Truck # J162						TPC: 84275		DPO: 84276		d/ /			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name William A. Drawich						Signature <i>William A. Drawich</i>			Date 11/05/97				
17 Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name Johnny L. Irwin						Signature <i>Johnny L. Irwin</i>			Date 11/05/97				
18 Transporter 2 Acknowledgement or Receipt of Materials													
Printed/Typed Name						Signature			Date				
19 Discrepancy Indication Space													
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19													
Printed/Typed Name						Signature			Date				

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3456829, Line Item A has been landfilled on
11-07, 199 7 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

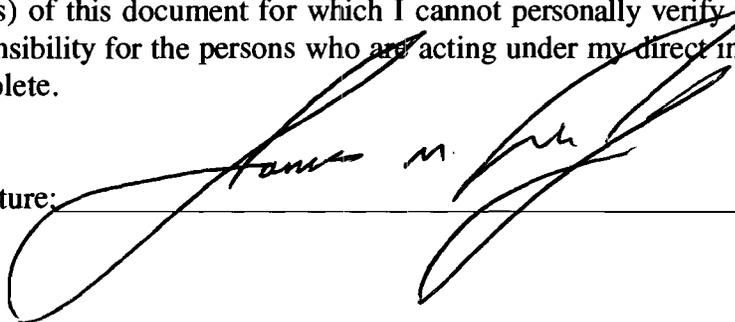
49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature:





READ INSTRUCTIONS ON BACK OF MANIFEST



DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136, PA 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. SK01700225601		Manifest Document No. 131259		2 Page 1 of 1		Information in the shaded areas is not required by Federal law	
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456829		B. State Generator's ID	
4 Generator's Phone ()						5 Transporter 1 Company Name Wills Trucking Inc.		6 US EPA ID Number MD068913409	
7 Transporter 2 Company Name						8 US EPA ID Number		C. State Transporter's ID	
9 Designated Facility Name and Site Address Michigan Disposal Inc. 49350 N. I-94 Service Dr. Belleville MI 48111						10 US EPA ID Number MI000724831		D. Transporter's Phone 8004238181	
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER). a. X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						12 Containers No. Type 001 CM 20680		13 Total Quantity K	
								14 Unit W/Vol None	
								I. Waste No. N/H	
J. Additional Descriptions for Materials Listed Above a) 103197 PA, soil w/ PCBs						K. Handling Codes for Wastes Listed Above		a/ /	
Bin # 319 Storage Start Date: 11/5/97								b/ /	
								c/ /	
								d/ /	
15. Special Handling Instructions and Additional Information 24 Hr Emer # 800535 5053(579) Truck # J(62) TPO 84275 DPO 81276									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name William A. Drawich						Signature <i>William A. Drawich</i>		Date 11/05/97	
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Johnny L. Iw...		Signature <i>Johnny L. Iw...</i>	
								Date 11/05/97	
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name		Signature	
								Date	
19. Discrepancy Indication Space									
20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in									

Customer Notification And Certification

Operator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI3456829/13259

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment [check all that apply]:

- §268.45(b)(1)- Toxicity characteristic debris;
- §268.45(b)(2)- Debris contaminated with listed waste;
- §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-5-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Please print or type

Form Approved OMB No 2050 0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. SK 017 00225607		Manifest Document No. 1321610		2 Page 1 of 1		Information in the shaded areas is not required by Federal law			
3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456830					
4. Generator's Phone						B. State Generator's ID					
5. Transporter 1 Company Name Wills Trucking Inc			6. US EPA ID Number OHID 068913409			C. State Transporter's ID					
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 8004238181					
9. Designated Facility Name and Site Address Michigan Disposal Inc Wayne Disposal Inc. 49350 N. I-94 Service Dr. Belleville MI 48111			10. US EPA ID Number 048090633 MID 000724831			E. State Transporter's ID					
						F. Transporter's Phone					
						G. State Facility's ID					
						H. Facility's Phone 313-699-6267					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER) HM						12. Containers No. Type		13. Total Quantity	14. Unit W/Vol	1. Waste No. N/H	
a. X RQ Polychlorinated Biphenyls, 9, UN2315 II (None)						0011 CMZ1Z79		K	None		
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/ PCBs Bin# 364 Storage Start Date: 11/6/97						K. Handling Codes for Wastes Listed Above			a/ / b/ / c/ / d/ /		
15. Special Handling Instructions and Additional Information 24 Hr Emer # 800535 5053(579) Truck# 5165 TPO: 84281 DPO: 84282											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						Signature: <i>William A. Drawdy</i>					
Printed/Typed Name William A. Drawdy			Signature			Date 11/05/97					
17. Transporter 1 Acknowledgement of Receipt of Materials						Date					
Printed/Typed Name Charles Coloway			Signature			Date 11/06/97					
18. Transporter 2 Acknowledgement or Receipt of Materials						Date					
Printed/Typed Name			Signature			Date					
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19											

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9602 24 HOURS PER DAY.

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979, as amended and Act 136 PA 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Form Approved OMB No 2050-0039 Expires 9-30-94

Please print or type:

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No. _____ Manifest Document No. **13260**

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

3 Generator's Name and Mailing Address _____

A. State Manifest Document Number **MI 3456830**
 B. State Generator's ID _____

4 Generator's Phone () _____
 5 Transporter 1 Company Name _____ 6 US EPA ID Number _____

C. State Transporter's ID _____
 D. Transporter's Phone _____

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 _____ 10 US EPA ID Number _____

G. State Facility's ID _____
 H. Facility's Phone _____

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers No. Type 13 Total Quantity 14 Unit Wt/Vol I. Waste No. N/H

	No.	Type	Total Quantity	Unit Wt/Vol	Waste No.	N/H
a.						
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above _____

K. Handling Codes for Wastes Listed Above
 a/ /
 b/ /
 c/ /
 d/ /

15. Special Handling Instructions and Additional Information _____

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
 If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name _____ Signature _____ Date _____
 Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name _____ Signature _____ Date _____
 Month Day Year

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

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as Repsold
and specified on Manifest # 345683, Line Item 9 has been landfilled on
11/10, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: Christina Head





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136, PA 1969 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type HH7310 X3 11/10/97

Form Approved OMB No. 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No S C 0 1 7 0 0 2 2 5 6 0 1 3 2 6 0 Manifest Document No

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

3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave N. Charleston SC 29405-2106

A. State Manifest Document Number MI 3456830

5 Transporter 1 Company Name Wills Trucking Inc 6 US EPA ID Number 0 HD 06 89 13 4 09

B. State Generator's ID

7 Transporter 2 Company Name 8 US EPA ID Number

C. State Transporter's ID D. Transporter's Phone 800 423 8181

9 Designated Facility Name and Site Address Michigan Disposal Inc, Wayne Disposal Inc, 49350 N. I-94 Service Dr. Belleville MI 48111 10 US EPA ID Number 0 4 8 0 9 0 6 3 3 MID 0 0 0 7 2 4 8 3 1

E. State Transporter's ID F. Transporter's Phone G. State Facility's ID H. Facility's Phone 313-699-6267

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER) RQ Polychlorinated Biphenyls, 9, UN2315, II (None)

12 Containers No Type 13 Total Quantity 14 Unit Wt/Vol I. Waste No. N/H

Table with 4 rows (a, b, c, d) for container descriptions and quantities.

Table for container details including quantity, unit weight/volume, and waste number.

J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/ PCBs Bin# 364 Storage Start Date: 11/6/97

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

15 Special Handling Instructions and Additional Information 24 Hr Emer # 900535 5053(579) Truck# J165 TPO 184281 DPO 184282

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

Printed/Typed Name William A. Drawdy Signature Date 11/10/97

17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Date

18 Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name Signature Date

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Signature Date

ALL S MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENT. 1-800-424-8902 24 HOURS PER DAY.

READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979, as amended and Act 136, PA 1969
Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7860 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-6341. HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SK017002256073260		Manifest Document No. 13260		2 Page 1 of 1		Information in the shaded areas is not required by Federal law			
3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456830					
4. Generator's Phone ()						B. State Generator's ID					
5. Transporter 1 Company Name Wills Trucking Inc			6. US EPA ID Number 04HD068913409		C. State Transporter's ID						
7. Transporter 2 Company Name			8. US EPA ID Number		D. Transporter's Phone 8004238181						
9. Designated Facility Name and Site Address Michigan Disposal Inc, Wayne Disposal Inc. 49350 N. I-94 Service Dr. Belleville MI 48111			10. US EPA ID Number MI D000724831		E. State Transporter's ID						
					F. Transporter's Phone						
					G. State Facility's ID						
					H. Facility's Phone 313-699-6267						
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12. Containers		13. Total Quantity	14. Unit Mt/Vol	I. Waste No. N/H	
a. X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						001 CM 21279		K	None		
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/ PCBs						K. Handling Codes for Wastes Listed Above				a/ /	
										b/ /	
										c/ /	
										d/ /	
15. Special Handling Instructions and Additional Information 24 Hr Emer # 800535 5053(579) Truck# J165 TPO: 84281 DPO: 84282											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name William A. Dravdy			Signature <i>William A. Dravdy</i>			Date 11/10/97					
17. Transporter 1 Acknowledgement of Receipt of Materials						Date					
Printed/Typed Name			Signature			Month Day Year					
18. Transporter 2 Acknowledgement or Receipt of Materials						Date					
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.											

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI3456830/13260

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).
NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1)- Toxicity characteristic debris;
 §268.45(b)(2)- Debris contaminated with listed waste;
 §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawchy DATE: 11-5-97 11-6-97 WMS
PRINT NAME: William A. Drawchy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST



DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136 PA 1969
Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Form Approved OMB No 2050-0039 Expires 9-30-94

Please print or type

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No
S1011700225601131261

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
Environmental Detachment Charleston
1899 N. Hobson Ave,
N. Charleston SC 29405-2106

A. State Manifest Document Number
MI 3456836

B. State Generator's ID

4. Generator's Phone
5. Transporter 1 Company Name
Wills Trucking Inc.

6. US EPA ID Number
10R101061891134109

C. State Transporter's ID
D. Transporter's Phone 8004238181

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
~~Michigan Disposal Inc. Wynn Disposal Inc.~~
49350 N. I-94 Service Dr.
Belleville MI 48111

10. ~~Generator's~~ US EPA ID Number
048090633
MI0000724831

G. State Facility's ID
H. Facility's Phone
313-699-6267

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).

12. Containers No Type
13. Total Quantity
14. Unit M/V/L
15. Waste No. N/H

a. X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)

001 CM 15927 K None

b.
c.
d.

J. Additional Descriptions for Materials Listed Above
a) 103197AA, Soil w/PCBS
Bm# 359 Storage Start Date: 11/6/97

K. Handling Codes for Wastes Listed Above
a/ /
b/ /
c/ /
d/ /

15. Special Handling Instructions and Additional Information
24 Hr Emer# 8005355053 (579) Truck# J166 TPO: 84283 DPO: 84284

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: William A. Drawdy
Signature: [Signature]
Date: 11/10/1997

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [Blank]
Signature: [Blank]
Date: [Blank]

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name: [Blank]
Signature: [Blank]
Date: [Blank]

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.

PLEASE PRINT OR TYPE THE NATIONAL RESPONSE

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No

Manifest Document No
 13261

2 Page 1 of 1

Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address

A. State Manifest Document Number
 MI 3456836

B. State Generator's ID

4 Generator's Phone ()

5 Transporter 1 Company Name

6

US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

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

10

US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers
 No Type

13 Total Quantity

14 Unit Wt/Vol

I. Waste No. N/H

	No	Type	Total Quantity	Unit Wt/Vol	Waste No.	N/H
a.						
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a/ /
 b/ /
 c/ /
 d/ /

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name

Signature

Date
 Month Day Year

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date
 Month Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Date
 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

Signature

Date
 Month Day Year

ALL SP CENT MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 345636, Line Item 1 has been landfilled on
11/0, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

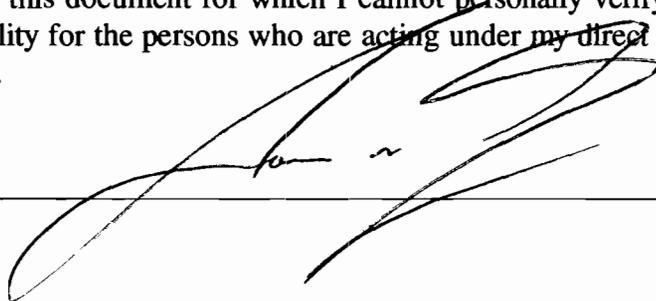
49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type HH7310-4

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No SIC01700225601 Manifest Document No 13261 2 Page 1 of 1 Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave, N. Charleston SC 29405-2106 4 Generator's Phone

A. State Manifest Document Number MI 3456836 B. State Generator's ID

5 Transporter 1 Company Name Wills Trucking Inc. 6 US EPA ID Number MID068913409

C. State Transporter's ID D. Transporter's Phone 8004238181

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 Michigan Disposal Inc. Wayne Disposal Inc 44350 N. I-94 Service Dr. Belleville MI 48111 10 US EPA ID Number MID000724831

G. State Facility's ID H. Facility's Phone 313-699-6267

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)

Table with 6 columns: 12 Containers (No, Type), 13 Total Quantity, 14 Unit (Wt/Vol), 15 Waste No., 16 N/H. Row a: X RA Polychlorinated Biphenyls, 9, UN2315, II (None), 001, CM, 15927, K, None.

J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/PCBs Bm#359 Storage Start Date: 11/6/97

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

15. Special Handling Instructions and Additional Information 24 Hr Emer # 800 535 5053 (579) Truck # J166 TPO: 84283 DPO: 84284

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name William A. Draddy Signature [Signature] Date 11/10/97

17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name DONNIE DRIGGERS Signature [Signature] Date 11/06/97

18 Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Date

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Signature Date

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-6802 24 HOURS PER DAY

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI/AN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER 1-800-424-8902 24 HOURS PER DAY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No		Manifest Document No		2 Page 1 of		Information in the shaded areas is not required by Federal law							
3 Generator's Name and Mailing Address						A. State Manifest Document Number MI 3456836									
4 Generator's Phone ()						B. State Generator's ID									
5 Transporter 1 Company Name			6 US EPA ID Number			C. State Transporter's ID									
7 Transporter 2 Company Name						D. Transporter's Phone									
8 US EPA ID Number			9 Designated Facility Name and Site Address			10 US EPA ID Number			E. State Transporter's ID						
F. Transporter's Phone						G. State Facility's ID									
H. Facility's Phone															
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers		13 Total Quantity		14 Unit Wt/Vol		I. Waste No.		N/H	
						No		Type							
a															
b															
c															
d															
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above						a/ /			
												b/ /			
												c/ /			
												d/ /			
15 Special Handling Instructions and Additional Information															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations															
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford															
Printed/Typed Name						Signature						Date Month Day Year			
17 Transporter 1 Acknowledgement of Receipt of Materials												Date Month Day Year			
Printed/Typed Name						Signature						Date Month Day Year			
18. Transporter 2 Acknowledgement or Receipt of Materials												Date Month Day Year			
Printed/Typed Name						Signature						Date 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						Signature						Date Month Day Year			

READ INSTRUCTIONS ON BACK OF MANIFEST



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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. 51C1017100Z256C13261		Manifest Document No 13261		2. Page 1 of 1		Information in the shaded areas is not required by Federal law							
3. Generator's Name and Mailing Address Environmental Detachment Charleston 1894 N. Hobson Ave, N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456836									
4. Generator's Phone 29405-2106						B. State Generator's ID									
5. Transporter 1 Company Name Wills Trucking Inc.			6. US EPA ID Number 10141D1068913409			C. State Transporter's ID									
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 800423818									
9. Designated Facility Name and Site Address Michigan Disposal Inc. Weyna Disposal Inc. 44350 N. I-94 Service Dr. Belleville MI 48111						10. US EPA ID Number MI10000724631									
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12. Containers		13. Total Quantity		14. Unit		1. Waste No.		N/H	
a. X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						0011 CM		15927 K		None					
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above a) 1031 97 AA, Soil w/PCBs						K. Handling Codes for Wastes Listed Above a/ 1 b/ 1 c/ 1 d/ 1									
15. Special Handling Instructions and Additional Information Bm# 359 Storage Start Date: 11/6/97 24 Hr Emer# 8005355053 (579) Truck# J166 TP0:84283 DP0:84284															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.															
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford															
Printed/Typed Name William A. Drawdy						Signature <i>William A. Drawdy</i>				Date 11/10/97					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature		Date			
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name				Signature		Date			
19. Discrepancy Indication Space															
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19															

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI3456836/13261

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards). NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.
The waste contains the following contaminants subject to treatment (check all that apply):
 §268.45(b)(1) - Toxicity characteristic debris;
 §268.45(b)(2) - Debris contaminated with listed waste;
 §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-6-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136. PA 1969

Please print or type

Form Approved OMB No 2050 0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. S C 0 1 7 0 0 2 2 5 6 0		Manifest Document No. 1 3 2 6 2		2 Page 1 of 1		Information in the shaded areas is not required by Federal law			
3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456832					
4. Generator's Phone						B. State Generator's ID					
5. Transporter 1 Company Name Wills Trucking Inc.				6. US EPA ID Number MI D 0 6 8 9 1 3 4 0 9		C. State Transporter's ID					
7. Transporter 2 Company Name						D. Transporter's Phone 8004238181					
8. US EPA ID Number						E. State Transporter's ID					
9. Designated Facility Name and Site Address Michigan Disposal Inc Wayne Disposal Inc 49350 N. I-94 Service Dr. Belleville MI 48111						10. US EPA ID Number MI D 0 0 7 2 4 8 3 1		F. Transporter's Phone			
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER). a. X RA Polychlorinated Biphenyls, 9, UN2315, II (None)						12 Containers No Type		13 Total Quantity	14 Unit W/Vol	I. Waste No. N/H	
						0 0 1 CM		19 6 5 5 K	Mol/c		
J. Additional Descriptions for Materials Listed Above a) 103197 PA, Soil w/PCBs						K. Handling Codes for Wastes Listed Above				a/ / b/ / c/ / d/ /	
Bin # 414 Storage Start Date: 11/6/97											
15. Special Handling Instructions and Additional Information 24 Hr Emer # 880 535 5053 (579) Truck # J167 TRD: 84285 DPO: 84286											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name William A. Drandy				Signature <i>William A. Drandy</i>				Date 11/10/1997			
17. Transporter 1 Acknowledgement/of Receipt of Materials											
Printed/Typed Name NOEL J WOLF				Signature <i>Noel J Wolf</i>				Date 11/10/1997			
18. Transporter 2 Acknowledgement or Receipt of Materials											
Printed/Typed Name				Signature				Date			
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.											

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7860 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

GENERATOR

TRANSPORTER

FACILITY

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979 as amended and Act 136 PA 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No Manifest Document No 171312162
 2 Page 1 of 1 Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address		A. State Manifest Document Number MI 3456832	
4 Generator's Phone ()		B. State Generator's ID	
5 Transporter 1 Company Name	6 US EPA ID Number	C. State Transporter's ID	
7 Transporter 2 Company Name	8 US EPA ID Number	D. Transporter's Phone	
9 Designated Facility Name and Site Address		E. State Transporter's ID	
		F. Transporter's Phone	
		G. State Facility's ID	
		H. Facility's Phone	

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)	12 Containers		13 Total Quantity	14 Unit Wt/Vol	I. Waste No.	
	No	Type				N/H
a						
b						
c						
d						

J. Additional Descriptions for Materials Listed Above	K. Handling Codes for Wastes Listed Above		
	a/	/	
	b/	/	
	c/	/	
15 Special Handling Instructions and Additional Information		d/	/

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Date Month Day Year
--------------------	-----------	------------------------

17 Transporter 1 Acknowledgement of Receipt of Materials		Date
Printed/Typed Name	Signature	Month Day Year

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

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 5454952, Line Item 1 has been landfilled on
11-10, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

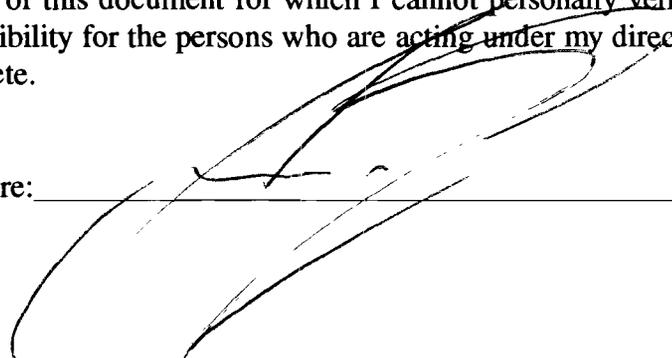
49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type HHT310-5

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No 5 C017002256013262 Manifest Document No

2 Page 1 of 1

Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston SC 29405-2106 4 Generator's Phone

A. State Manifest Document Number MI 3456832

B. State Generator's ID

5 Transporter 1 Company Name Wills Trucking Inc 6 US EPA ID Number 10HID0689131409

C. State Transporter's ID D. Transporter's Phone 8004238187

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 Michigan Deposit Inc Wayne Disposal Inc 49350 N.I-94 Service Dr. Belleville MI 48111 10 US EPA ID Number 048090633 MI D000724831

G. State Facility's ID H. Facility's Phone 313-694-6267

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)

12 Containers No Type 13 Total Quantity 14 Unit Wt/Vol I. Waste No. N/H

a X RA Polychlorinated Biphenyls, 9, UN2315, II (None)

001 CM 19655 K Monie

b

c

d

J. Additional Descriptions for Materials Listed Above a) 103197 PA, Soil w/PCBs

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

Bin # 414 Storage Start Date: 11/6/97

15. Special Handling Instructions and Additional Information 24 Hr Emer # 800 535 5053 (579) Truck # J167 DP# 84286 TP# 84285

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name Signature Date William A. Drawdy 11/10/97

17 Transporter 1 Acknowledgement/of Receipt of Materials Printed/Typed Name Signature Date NOEL J WOLF 11/10/97

18 Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name Signature Date

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Signature Date

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

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Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI, CALL AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No		Manifest Document No		2 Page 1 of 1		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address						A. State Manifest Document Number MI 3456832							
4 Generator's Phone ()						B. State Generator's ID							
5 Transporter 1 Company Name				6 US EPA ID Number		C. State Transporter's ID							
7 Transporter 2 Company Name						8 US EPA ID Number		D. Transporter's Phone					
9 Designated Facility Name and Site Address						10 US EPA ID Number		E. State Transporter's ID					
								F. Transporter's Phone					
								G. State Facility's ID					
								H. Facility's Phone					
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers		13 Total		14 Unit		I. Waste	
						No		Quantity		Mt/Vol		No. N/H	
a													
b													
c													
d													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
						a/ /							
						b/ /							
						c/ /							
						d/ /							
15 Special Handling Instructions and Additional Information													
<p>16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations</p> <p>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.</p>													
Printed/Typed Name						Signature						Date	
												Month Day Year	
17 Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Date	
NOEL J WOLF						<i>[Signature]</i>						Month Day Year	
18 Transporter 2 Acknowledgement or Receipt of Materials													
Printed/Typed Name						Signature						Date	
												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						Signature						Date	
												Month Day Year	



READ INSTRUCTIONS ON BACK OF MANIFEST



DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

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ATT. DIS. REJ. PR.

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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-6742 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. S1C0117002256101		Manifest Document No. 132162		2 Page 1 of 1		Information in the shaded areas is not required by Federal law			
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456832					
4 Generator's Phone ()						B. State Generator's ID					
5 Transporter 1 Company Name Wills Trucking Inc.			6 US EPA ID Number 01KID068913409			C. State Transporter's ID					
7 Transporter 2 Company Name			8 US EPA ID Number			D. Transporter's Phone 8004235181					
						E. State Transporter's ID					
						F. Transporter's Phone					
9 Designated Facility Name and Site Address Michigan Disposal Inc Wayne Disposal Inc 49350 N.I-94 Service Dr. Belleville MI 48111				10 US EPA ID Number MI D000724831		G. State Facility's ID					
						H. Facility's Phone 313-699-6267					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers No. Type		13 Total Quantity	14 Unit Wt/Vol	I. Waste No. N/H	
a. X RA Polychlorinated Biphenyls, 9, UN2315, II (None)						001 CM 19655 K		None	None		
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above a) 103197 PA, Soil w/PCBs Bin # 414 Storage Start Date: 11/6/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /					
15. Special Handling Instructions and Additional Information 24 Hr Emer # 800 535 5053 (579) Truck # J167 DP0: 84286						TPD: 84285					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						Signature <i>William A. Droudy</i>		Date Month Day Year 11/10/1997			
17. Transporter 1 Acknowledgement/ of Receipt of Materials						Signature <i>Noel J Wolf</i>		Date Month Day Year 11/10/1997			
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature		Date			
19. Discrepancy Indication Space											
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											

GENERATOR

TRANSPORTER

FACILITY

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197 RA

Manifest Number: MI 3456832/13262

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment (check all that apply):
 §268.45(b)(1)- Toxicity characteristic debris;
 §268.45(b)(2)- Debris contaminated with listed waste;
 §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-6-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST

DNR MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Form Approved OMB No 2050 0039 Expires 9-30-94

Please print or type

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST form with sections 1-20. Includes generator info (Environmental Detachment Charleston), transporter info (Wills Trucking Inc.), facility info (Wayne Disposal Inc.), and waste description (RQ Polychlorinated Biphenyls).

GENERATOR

TRANSPORTER

FACILITY

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No		Manifest Document No. 173263		2 Page 1 of		Information in the shaded areas is not required by Federal law							
3 Generator's Name and Mailing Address						A. State Manifest Document Number MI 3456834									
4 Generator's Phone ()						B. State Generator's ID									
5 Transporter 1 Company Name				6 US EPA ID Number		C. State Transporter's ID									
7 Transporter 2 Company Name						D. Transporter's Phone									
8 US EPA ID Number				E. State Transporter's ID											
9 Designated Facility Name and Site Address						F. Transporter's Phone									
10 US EPA ID Number				G. State Facility's ID											
H. Facility's Phone															
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)						12 Containers		13 Total Quantity		14 Unit Wt/Vol		I. Waste No.		N/H	
a						No		Type		Quantity		Wt/Vol		No.	
b															
c															
d															
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above						a/ /			
												b/ /			
												c/ /			
												d/ /			
15. Special Handling Instructions and Additional Information															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations															
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Printed/Typed Name								Signature				Date Month Day Year			
17 Transporter 1 Acknowledgement of Receipt of Materials												Date Month Day Year			
Printed/Typed Name				Signature				Date Month Day Year							
18 Transporter 2 Acknowledgement or Receipt of Materials												Date Month Day Year			
Printed/Typed Name				Signature				Date 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												Date Month Day Year			
Printed/Typed Name								Signature				Date Month Day Year			

ALL STATEMENTS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

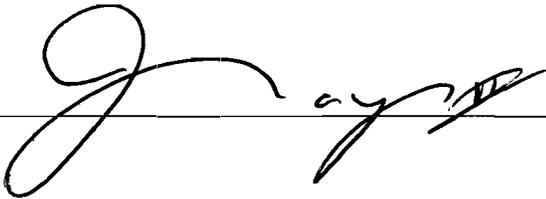
FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3456734, Line Item A has been landfilled on
11/10, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111
Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: 





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64 PA 1979, as amended and Act 136 PA 1969
Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type HH7310-6 Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST
1 Generator's US EPA ID No 3 40170022560713263
Manifest Document No 13263
2 Page 1 of 1
Information in the shaded areas is not required by Federal law
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave N. Charleston SC 29405-2106
4 Generator's Phone
5 Transporter 1 Company Name Wills Trucking Inc. 6 US EPA ID Number 10H2068913409
7 Transporter 2 Company Name 8 US EPA ID Number
9 Designated Facility Name and Site Address Michigan Disposal, Inc. Wayne Disposal Inc. 49350 N. I-94 Service Dr. Belleville MI 48111 10 US EPA ID Number 048090633
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER) a X RA Polychlorinated Biphenyls, 9, UN2315, II (None)
12 Containers No Type 13 Total Quantity 14 Unit Mt/Vol 1 Waste No. N/H
15 Special Handling Instructions and Additional Information 24 Hr Emer. # 800 535 5053 (579) Truck # J168
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations
17 Transporter 1 Acknowledgement of Receipt of Materials
18 Transporter 2 Acknowledgement of Receipt of Materials
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

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY

GENERATOR TRANSPORTER FAULTY

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No		Manifest Document No		2 Page 1 of		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address						A. State Manifest Document Number MI 3456834							
4 Generator's Phone ()						B. State Generator's ID							
5 Transporter 1 Company Name				6 US EPA ID Number		C. State Transporter's ID							
7 Transporter 2 Company Name				8 US EPA ID Number		D. Transporter's Phone							
9 Designated Facility Name and Site Address				10 US EPA ID Number		E. State Transporter's ID							
						F. Transporter's Phone							
						G. State Facility's ID							
						H. Facility's Phone							
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)						12 Containers		13 Total Quantity		14 Unit Wt/Vol		I. Waste No. N/H	
						No		Type					
a													
b													
c													
d													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
						a/ /							
						b/ /							
						c/ /							
						d/ /							
15. Special Handling Instructions and Additional Information													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations													
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name						Signature						Date Month Day Year	
17 Transporter 1 Acknowledgement of Receipt of Materials												Date Month Day Year	
Printed/Typed Name						Signature						Date Month Day Year	
18 Transporter 2 Acknowledgement or Receipt of Materials												Date Month Day Year	
Printed/Typed Name						Signature						Date 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						Signature						Date Month Day Year	



READ INSTRUCTIONS ON BACK OF MANIFEST

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. S 4017002256073263		Manifest Document No. 13263		2 Page 1 of 1		Information in the shaded areas is not required by Federal law						
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456834								
4. Generator's Phone ()						B. State Generator's ID								
5 Transporter 1 Company Name Wills Trucking Inc.				6 US EPA ID Number 01110689113409		C. State Transporter's ID				D. Transporter's Phone 8004238181				
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 Michigan Disposal, Inc. Wyne Disposal Inc. 49350 N. I-94 Service Dr. Belleville MI 48111						10. US EPA ID Number MI D 010724831		G. State Facility's ID				H. Facility's Phone 313-644-6267		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers No Type		13 Total Quantity		14 Unit Mt./Vol		I. Waste No. N/H		
a. X RA Polychlorinated Biphenyls, 9, UN2315, II (None)						001CM		19401		K		None		
b.														
c.														
d.														
J. Additional Descriptions for Materials Listed Above a) 103197 PA, soil w/ PCBs Bin # 413 Storage Start Date: 11/6/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /								
15. Special Handling Instructions and Additional Information 24 Hr Emer. # 800 535 5053 (579) Truck # 5168						TPO: 84287 DPO: 84288								
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.														
Printed/Typed Name William A. Drandy						Signature <i>William A. Drandy</i>			Date 11/10/97					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name GARY BREWSTER			Signature <i>Gary Brewster</i>			Date 11/10/97		
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name			Signature			Date		
19. Discrepancy Indication Space														
20 Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.														

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7860 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-6802 24 HOURS PER DAY.

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI3456834/13263

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards). NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1) - Toxicity characteristic debris;
 §268.45(b)(2) - Debris contaminated with listed waste;
 §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-6-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

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Please print or type **HH7310-7**

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SC017002256013264		Manifest Document No 64		2 Page 1 of 1		Information in the shaded areas is not required by Federal law			
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456815					
4 Generator's Phone ()						B. State Generator's ID					
5 Transporter 1 Company Name Wills Trucking, Inc.			6 US EPA ID Number 0HD068913409			C. State Transporter's ID					
7 Transporter 2 Company Name						D. Transporter's Phone 8004238787					
8 US EPA ID Number						E. State Transporter's ID					
9 Designated Facility Name and Site Address Michigan Disposal, Inc. Wayne Disposal Inc. 49350 N. I-94 Service Dr. Belleville, MI 48111						10 US EPA ID Number MI0048090633					
G. State Facility's ID						H. Facility's Phone					
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)						12 Containers		13 Total Quantity	14 Unit Mt./Vol	I. Waste No. N/H	
a X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						201 CM		19675	K	None	
b											
c											
d											
J. Additional Descriptions for Materials Listed Above a) 103197PA, soil w/ACBs Bm # 316 Storage start date: 11/6/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /					
15 Special Handling Instructions and Additional Information 24 Hr Emer. # 800 535 5053 (579) Truck # 3170 TR: 84291 DR: 84292											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name William A. Drawdy			Signature <i>William A. Drawdy</i>			Date 11/06/97					
17 Transporter 1 Acknowledgement of Receipt of Materials						Date					
Printed/Typed Name TIM Middlebrook			Signature <i>TIM Middlebrook</i>			Date 11/06/97					
18 Transporter 2 Acknowledgement or Receipt of Materials						Date					
Printed/Typed Name			Signature			Date					
19 Discrepancy Indication Space											
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19						Date					
Printed/Typed Name			Signature			Date					

ALL FORMS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN ACCORDANCE WITH THE NATIONAL RESPONSE PLAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

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MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

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UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No		Manifest Document No		2 Page 1 of		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address						A. State Manifest Document Number MI 3456815		B. State Generator's ID					
4 Generator's Phone ()		6 US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone							
5 Transporter 1 Company Name		8 US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone							
7 Transporter 2 Company Name		10 US EPA ID Number		G. State Facility's ID		H. Facility's Phone							
9 Designated Facility Name and Site Address													
11 US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)						12 Containers		13 Total Quantity		14 Unit Mt/Vol		I. Waste No. N/H	
						No Type							
a													
b													
c													
d													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above				a/ /			
										b/ /			
										c/ /			
										d/ /			
15 Special Handling Instructions and Additional Information													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations													
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Printed/Typed Name						Signature						Date Month Day Year	
17 Transporter 1 Acknowledgement of Receipt of Materials												Date Month Day Year	
Printed/Typed Name						Signature						Date Month Day Year	
18 Transporter 2 Acknowledgement or Receipt of Materials												Date Month Day Year	
Printed/Typed Name						Signature						Date 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						Signature						Date Month Day Year	

READ INSTRUCTIONS ON BACK OF MANIFEST

ROTARY MULTIFORMS, INC. • GRAND RAPIDS MI • 616-942-2574



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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Please print or type

Form Approved OMB No 2050 0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. 5K01700225601		Manifest Document No. 132104		2 Page 1 of 1		Information in the shaded areas is not required by Federal law							
3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456815									
4. Generator's Phone						B. State Generator's ID									
5. Transporter 1 Company Name Wills Trucking, Inc.				6. US EPA ID Number 01H0068913409		C. State Transporter's ID									
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 8004238183									
						E. State Transporter's ID									
						F. Transporter's Phone									
9. Designated Facility Name and Site Address Michigan Disposal, Inc. Wayne Disposal Inc. 44350 N. I-94 Service Dr. Belleville, MI 48111						10. US EPA ID Number MI0048090633									
						G. State Facility's ID									
						H. Facility's Phone									
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12. Containers		13. Total Quantity		14. Unit M/Vol		I. Waste No.		N/H	
a. RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						2001 CM		9675 K		None					
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/PKBS Bm #316 Storage start date: 11/6/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /									
15. Special Handling Instructions and Additional Information 24 Hr Emer. # 800 535 5053 (579) Truck # 3170						TPO: 84291 DPO: 84292									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name William A. Drawdy				Signature <i>William A. Drawdy</i>				Date 11/10/97							
17. Transporter 1 Acknowledgement of Receipt of Materials						Date									
Printed/Typed Name T.M. Middlebrook				Signature <i>T.M. Middlebrook</i>				Date 11/10/97							
18. Transporter 2 Acknowledgement or Receipt of Materials						Date									
Printed/Typed Name				Signature				Date							
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.															

ALL SHIPMENTS MUST BE REPORTED TO THE MICHIGAN DEPARTMENT OF NATURAL RESOURCES EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7600 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-0002 24 HOURS PER DAY.

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

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Please print or type 11-1-7 Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No _____ Manifest Document No 113264 2 Page 1 of _____ Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address		A. State Manifest Document Number MI 3456815	
4 Generator's Phone ()		B. State Generator's ID	
5 Transporter 1 Company Name	6 US EPA ID Number	C. State Transporter's ID	
7 Transporter 2 Company Name	8 US EPA ID Number	D. Transporter's Phone	
9 Designated Facility Name and Site Address	10 US EPA ID Number	E. State Transporter's ID	
		F. Transporter's Phone	
		G. State Facility's ID	
		H. Facility's Phone	

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).	12 Containers		13 Total	14 Unit	I. Waste	
	No	Type	Quantity	Wt/Vol	No.	N/H
a						
b						
c						
d						

J. Additional Descriptions for Materials Listed Above	K. Handling Codes for Wastes Listed Above	
	a/	/
	b/	/
	c/	/
d/ /		

15 Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Date
		Month Day Year

17 Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Date
		Month Day Year

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

ALL STATES MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI' AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENT 1-800-424-8802 24 HOURS PER DAY

GENERATOR
TRANSPORTER
FACILITY

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

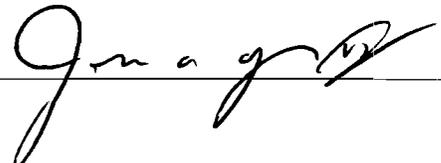
This certificate is to verify the wastes identified as PCB Solid
and specified on Manifest # 3456815, Line Item A has been landfilled on
11/10, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111
Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: 





READ INSTRUCTIONS ON BACK OF MANIFEST



DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. SC01700225601		Manifest Document No. 3264		2 Page 1 of 1		Information in the shaded areas is not required by Federal law						
3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456815								
4. Generator's Phone ()						B. State Generator's ID								
5. Transporter 1 Company Name Wills Trucking, Inc.				6. US EPA ID Number 01HD1068913409		C. State Transporter's ID				D. Transporter's Phone 8004238187				
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 Michigan Disposal, Inc. Wayne Disposal Inc. 49350 N. I-94 Service Dr. Belleville, MI 48111						10. US EPA ID Number MI10481090633		G. State Facility's ID				H. Facility's Phone		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). a. X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						12. Containers No. Type		13. Total Quantity		14. Unit Mt/Vol		I. Waste No. N/H		
						0101		UM		19675K		Moink		
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/ACBS Bm #316 Storage Start Date: 11/6/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /								
15. Special Handling Instructions and Additional Information 24 Hr Emer. # 800 535 5053 (579) Truck # J170 TPO: 84291 DPO: 84292														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.														
Printed/Typed Name William A. Drawdy						Signature <i>William A. Drawdy</i>			Date 11/06/97					
17. Transporter 1 Acknowledgement or Receipt of Materials						Printed/Typed Name Jim Middlebrook			Signature <i>Jim Middlebrook</i>			Date 11/06/97		
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name			Signature			Date		
19. Discrepancy Indication Space														
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19														

GENERATOR

TRANSPORTER

RECEIPT

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI3456815/13264

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).
NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1) - Toxicity characteristic debris;
 §268.45(b)(2) - Debris contaminated with listed waste;
 §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drandy DATE: 11-6-97

PRINT NAME: William A. Drandy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969
Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136. PA 1969

Please print or type

Form Approved OMB No 2050 0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. SIC017002256073265		Manifest Document No. 73265		2 Page 1 of 1		Information in the shaded areas is not required by Federal law			
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456835					
4 Generator's Phone						B. State Generator's ID					
5 Transporter 1 Company Name John Pfromm Inc.				6 US EPA ID Number PIAD008781072		C. State Transporter's ID					
7 Transporter 2 Company Name				8 US EPA ID Number		D. Transporter's Phone 616 385 3051					
9 Designated Facility Name and Site Address Michigan Disposal Inc Wayne Disposal Inc 49350 N. I-94 Service Dr, Belleville MI 48111				10 US EPA ID Number MI D0009724831		E. State Transporter's ID					
						F. Transporter's Phone					
						G. State Facility's ID					
						H. Facility's Phone 313-699-6267					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM						12 Containers No Type		13 Total Quantity	14 Unit ML/Vol	I. Waste No. NI/H	
a. X RQ Polychlorinated Biphenyls, 9, UN2315 II (None)						0101 CM20154		K	None		
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/ PCBs Bin# 351 Storage Start Date: 11/6/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /					
15. Special Handling Instructions and Additional Information 24 Hr Emer. # 800 535 5053 (579) Truck# J174 TPO: 84299 DPO: 84300											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name William A. Drawdy						Signature <i>William A. Drawdy</i>		Date 11/16/97			
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature		Date			
Printed/Typed Name						Signature		Date			
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature		Date			
Printed/Typed Name						Signature		Date			
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19											

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1 800 292-4708 OR OUT OF STATE AT 517 373 7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

GENERATOR

TRANSPORTER

FACILITY



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64, PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No

Manifest Document No 13265

2 Page 1 of 1

Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address

A. State Manifest Document Number MI 3456835

B. State Generator's ID

4 Generator's Phone ()

5 Transporter 1 Company Name

6 US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

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

10 US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers

No

Type

13 Total Quantity

14 Unit Wt/Vol

I. Waste No.

N/H

a

b

c

d

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a/ /

b/ /

c/ /

d/ /

15 Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Date Month Day Year

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date Month Day Year

18 Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Date 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

Signature

Date Month Day Year

ALL SF MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENT 1-800-424-8802 24 HOURS PER DAY.

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3456035, Line Item 19 has been landfilled on
11-07, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

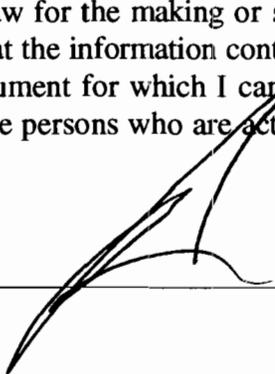
49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____



DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type **HH7316-8**

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SC10170022560		Manifest Document No 73265		2 Page 1 of 1		Information in the shaded areas is not required by Federal law				
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave N. Charleston SC 29405-2106							A. State Manifest Document Number MI 3456835					
4 Generator's Phone ()							B. State Generator's ID					
5 Transporter 1 Company Name John Pfromm Inc.				6 US EPA ID Number IPAD 0108780972		C. State Transporter's ID						
7 Transporter 2 Company Name							8 US EPA ID Number		D. Transporter's Phone 610-389-3057			
9 Designated Facility Name and Site Address Michigan Disposal Inc. Wayne Disposal Inc. Dm2 49350 N. I-94 Service Dr. Belleville MI 48111							10 US EPA ID Number MI 0109724831 MI 048090633		E. State Transporter's ID			
									F. Transporter's Phone			
									G. State Facility's ID			
									H. Facility's Phone 313-699-6267			
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers		13 Total Quantity		14 Unit M/Vol	I. Waste No.	N/H
a Y RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						901 CM20154		K		None		
b												
c												
d												
J. Additional Descriptions for Materials Listed Above a) 103197AA, Soil w/ PCBs Bin# 351 Storage Start Date: 11/6/97							K. Handling Codes for Wastes Listed Above		a/ 1	b/ 1	c/ 1	d/ 1
15 Special Handling Instructions and Additional Information 24 Hr. Emer. # 800 535 5053 (579) Truck# 174 TPD: 64299 DPO: 84300												
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. <i>Signed</i>												
Printed/Typed Name William A. Drawdy						Signature <i>William A. Drawdy</i>			Date 11/6/97			
17 Transporter 1 Acknowledgement of Receipt of Materials												
Printed/Typed Name Brook P Peterson						Signature <i>Brook P Peterson</i>			Date 11/6/97			
18 Transporter 2 Acknowledgement or Receipt of Materials												
Printed/Typed Name						Signature			Date			
19 Discrepancy Indication Space												
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19												
Printed/Typed Name						Signature			Date			

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENT AT 1-800-424-8802 24 HOURS PER DAY



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No

Manifest Document No

2 Page 1 of

Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address

A. State Manifest Document Number MI 3456835

B. State Generator's ID

4 Generator's Phone ()

5 Transporter 1 Company Name

6 US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

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

10 US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers No Type

13 Total Quantity

14 Unit Wt/Vol

I. Waste No. N/H

Table with 6 columns: Description, Containers, Total Quantity, Unit Wt/Vol, Waste No., N/H. Rows a, b, c, d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a/ / b/ / c/ / d/ /

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name

Signature

Date Month Day Year

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date Month Day Year

18 Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Date 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

Signature

Date Month Day Year

ALL S.C.'S MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI: MI*GAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENT. 1-800-424-8802 24 HOURS PER DAY



READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8807 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. SC0170022560		Manifest Document No. 73265		2 Page 1 of 1		Information in the shaded areas is not required by Federal law							
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456835		B. State Generator's ID							
4 Generator's Phone						5 Transporter 1 Company Name John Pfrommer Inc.		6 US EPA ID Number PA01087811072		C. State Transporter's ID		D. Transporter's Phone 810 385 3051			
7 Transporter 2 Company Name						8 US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone		G. State Facility's ID			
9 Designated Facility Name and Site Address Michigan Disposal Inc. Wayne Disposal Inc. SMX 49350 N. I-94 Service Dr, Belleville MI 48111						10 US EPA ID Number MI048090633		H. Facility's Phone 313-649-6267							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers No. Type		13 Total Quantity		14 Unit Wt./Vol		I. Waste No. N/H			
a. X RA Polychlorinated Biphenyls, 9, UN2315, II (None)						0101 CM201154		K none							
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/ PCBs Bin# 351 Storage Start Date: 11/6/97						K. Handling Codes for Wastes Listed Above		a/ /		b/ /		c/ /		d/ /	
15. Special Handling Instructions and Additional Information 24 Hr Emer. # 800 535 5053 (579) Truck# 5174 TPO: 84299 DPO: 84300															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						Signature: <i>William A. Drawdy</i>									
Printed/Typed Name William A. Drawdy						Signature		Date 11/26/97							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name		Signature		Date					
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name		Signature		Date					
19. Discrepancy Indication Space															
20 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19															

GENERATOR

TRANSPORTER

FACILITY

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022500

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI3456835/13265

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment [check all that apply]:

- §268.45(b)(1)- Toxicity characteristic debris;
- §268.45(b)(2)- Debris contaminated with listed waste;
- §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drowdy DATE: 11-6-97
PRINT NAME: William A. Drowdy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST



DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Form Approved OMB No 2050-0039 Expires 9-30-94

Please print or type

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. 5101700225601		Manifest Document No. 321616		2 Page 1 of 1		Information in the shaded areas is not required by Federal law							
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1879 N. Hobson Ave, N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456833		B. State Generator's ID							
4 Generator's Phone ()						5 Transporter 1 Company Name John Pfromm Inc.		6 US EPA ID Number PA101087811072		C. State Transporter's ID		D. Transporter's Phone 610-385-3051			
7 Transporter 2 Company Name						8 US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone		G. State Facility's ID			
9 Designated Facility Name and Site Address Michigan Disposal Inc Wayne Disposal Inc. 49350 N. I-94 Service Dr, Belleville MI 48111						10 US EPA ID Number MI1000724837		H. Facility's Phone 48090633 313-688-6267							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers No. Type		13 Total Quantity		14 Unit Mt./Vol		I. Waste No. NI/H			
a. X RQ Polychlorinated Biphenyls 9, UN2315, II (None)						001 CM20145K		None							
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above a) 103197AA, Soil w/PCBs Bin#15981 Storage Start Date: 11/6/97						K. Handling Codes for Wastes Listed Above		a/ /		b/ /		c/ /		d/ /	
15. Special Handling Instructions and Additional Information 24 Hr Emer # 800 535 5053 (579) Truck # J17H TPO: 84293 DPO: 84294															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name William A. Drowdy						Signature <i>William A. Drowdy</i>		Date 11/10/97							
17 Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Mark Williams		Signature <i>Mark Williams</i>		Date 11/19/97					
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name		Signature		Date					
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.															

GENERATOR
TRANSPORTER
FACILITY

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No

Manifest Document No. 732166

2 Page 1 of 1

Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address

A. State Manifest Document Number
 MI 3456833

B. State Generator's ID

4 Generator's Phone ()

5 Transporter 1 Company Name

6 US EPA ID Number

C. State Transporter's ID XA39266

D. Transporter's Phone

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

10 US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers

13 Total Quantity

14 Unit Wt/Vol

I. Waste No. N/H

No	Type	Total Quantity	Unit Wt/Vol	Waste No.	N/H
a.					
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a/ /
 b/ /
 c/ /
 d/ /

15 Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name

Signature

Date
 Month Day Year

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date
 Month Day Year

MARK WILLIAMS

18 Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Date
 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

Signature

Date
 Month Day Year

ALL S^Y MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI^Y AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3456833, Line Item A has been landfilled on
11/7, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

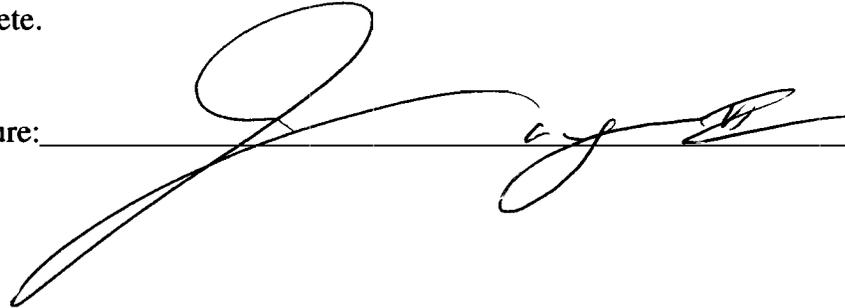
49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type HH730-9

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST form with sections 1-20, including generator information, transporter details, waste descriptions, and certifications.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

GENERATOR

TRANSPORTER

FACILITY



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Please print or type Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No Manifest Document No

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

3 Generator's Name and Mailing Address

A. State Manifest Document Number MI 3456833

4 Generator's Phone ()

B. State Generator's ID

5 Transporter 1 Company Name 6 US EPA ID Number

C. State Transporter's ID

7 Transporter 2 Company Name 8 US EPA ID Number

D. Transporter's Phone

E. State Transporter's ID

9 Designated Facility Name and Site Address 10 US EPA ID Number

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers No Type 13 Total Quantity 14 Unit Wt/Vol I. Waste No. N/H

Table with 6 columns: a, b, c, d, Waste No., N/H. Row 'a' contains handwritten 'X'.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name Signature Date Month Day Year

17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Date Month Day Year

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

ALL SUCH US MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI. CALL AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

GENERATOR

TRANSPORTER

FACILITY



READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7860 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8602 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. SC01700225601		Manifest Document No. 32166		2. Page 1 of 1		Information in the shaded areas is not required by Federal law					
3. Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave, N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456833							
4. Generator's Phone ()						B. State Generator's ID							
5. Transporter 1 Company Name John Prosser Inc			6. US EPA ID Number PA D008781072			C. State Transporter's ID							
7. Transporter 2 Company Name						D. Transporter's Phone 610-385-305							
8. US EPA ID Number						E. State Transporter's ID							
9. Designated Facility Name and Site Address Michigan Disposal Inc Wayne Disposal Inc, 49350 N. I-94 Service Dr. Belleville MI 48111						10. US EPA ID Number 048090633 MI D000724831			F. Transporter's Phone				
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER). a. X RQ Polychlorinated Biphenyls 9, UN2315, II (None)						12. Containers No. Type 001 CM		13. Total Quantity 20145K		14. Unit Mt/Vol K		I. Waste No. N/H None	
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/PCBs Bin #15981 Storage Start Date: 11/6/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /							
15. Special Handling Instructions and Additional Information 24 Hr Emer # 800 535 5053 (579) Truck # 5171 TPO: 84293 DPO: 84294													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. <i>William A. Drowdy</i>													
Printed/Typed Name William A. Drowdy				Signature <i>William A. Drowdy</i>				Date 11/10/97					
17. Transporter 1 Acknowledgement of Receipt of Materials						Date							
Printed/Typed Name MARK WILLIAMS				Signature <i>Mark Williams</i>				Date 11/10/97					
18. Transporter 2 Acknowledgement or Receipt of Materials						Date							
Printed/Typed Name				Signature				Date					
19. Discrepancy Indication Space													
20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19													

GENERATOR

TRANSPORTER

FACILITY

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charlotte

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI 3456833/13266

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards). NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.

The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1) - Toxicity characteristic debris;
 §268.45(b)(2) - Debris contaminated with listed waste;
 §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-6-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Form Approved OMB No 2050 0039 Expires 9-30-94

Please print or type

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4776 OR OUT OF STATE AT 517-371-7600 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-6802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. SC10117100225610		Manifest Document No. 11312617		2 Page 1 of 1		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hudson Ave. N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456831							
4 Generator's Phone ()						B. State Generator's ID							
5. Transporter 1 Company Name John Pfromm Inc.				6 US EPA ID Number PIAD1008781072		C. State Transporter's ID							
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 610 385 3051							
						E. State Transporter's ID							
						F. Transporter's Phone							
9 Designated Facility Name and Site Address Wayne Disposal Inc Wayne Disposal, Inc 49350 N I-94 Service Dr Belleville MI 48111				10. US EPA ID Number 048090633		G. State Facility's ID							
						H. Facility's Phone 313-679-6267							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER). a X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						12 Containers No Type		13 Total Quantity		14 Unit Vol		1. Waste No. NIH	
						0101 C1M210708		Kg		None			
b													
c													
d													
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/ PCBs						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /							
15. Special Handling Instructions and Additional Information 24 Hr Emer # 800 535 5053 (579) Truck # J172 DPO: 84286						TPO: 84295							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.										If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.			
Printed/Typed Name William A. Droudy				Signature <i>William A. Droudy</i>				Date 11/06/97					
17. Transporter 1 Acknowledgement of Receipt of Materials						Date							
Printed/Typed Name MEALE E. HAIN SC JR				Signature <i>Meale E. Hain</i>				Date 11/06/97					
18. Transporter 2 Acknowledgement or Receipt of Materials						Date							
Printed/Typed Name				Signature				Date					
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979, as amended and Act 136, PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type *11/17/88* Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No		Manifest Document No		2 Page 1 of 1		Information in the shaded areas is not required by Federal law			
3 Generator's Name and Mailing Address				6 US EPA ID Number		A. State Manifest Document Number		MI 3456831			
4 Generator's Phone ()				7 US EPA ID Number		B. State Generator's ID					
5 Transporter 1 Company Name				8 US EPA ID Number		C. State Transporter's ID		<i>20-3-0699</i>			
7 Transporter 2 Company Name				9 US EPA ID Number		D. Transporter's Phone					
9 Designated Facility Name and Site Address				10 US EPA ID Number		E. State Transporter's ID					
						F. Transporter's Phone					
						G. State Facility's ID					
						H. Facility's Phone					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers		13 Total Quantity	14 Unit Wt/Vol	I. Waste No. N/H	
						No Type					
a											
b											
c											
d											
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above				a/ /	
										b/ /	
										c/ /	
										d/ /	
15. Special Handling Instructions and Additional Information											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations											
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford											
Printed/Typed Name						Signature				Date	
										Month Day Year	
17 Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature				Date	
<i>MERLE E HAINES</i>						<i>[Signature]</i>				<i>11/17/88</i>	
18 Transporter 2 Acknowledgement or Receipt of Materials											
Printed/Typed Name						Signature				Date	
										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						Signature				Date	
										Month Day Year	

ALL'S MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3456831, Line Item 1 has been landfilled on
11-07, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

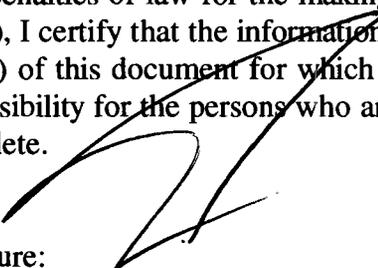
(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature:  _____





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Please print or type HH7310-10

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No SC01700225601 3267 Manifest Document No

2 Page 1 of 1

Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston SC 29405-2106

A. State Manifest Document Number MI 3456831

B. State Generator's ID

5 Transporter 1 Company Name John Fromm Inc 6 US EPA ID Number PAD008781072

C. State Transporter's ID X8-83506PA D. Transporter's Phone 610-385-3051

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 Wayne Disposal, Inc 4435D N I-94 Service Dr Belleville MI 48111 10 US EPA ID Number 048090633 MID000724831

G. State Facility's ID H. Facility's Phone 313-699-6267

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)

12 Containers No Type 13 Total Quantity 14 Unit Wt/Vol I. Waste No N/H

Table with 4 rows (a-d) and 6 columns for container details. Row a: X RQ Polychlorinated Biphenyls, 9, UN2315, II (None) 001 CM 20708 K None

J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/ PCBs

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

Bin # THILL Storage Start Date: 11/6/97

15 Special Handling Instructions and Additional Information 24 Hr Emer # 8005355053(579) Truck # J172 BPO: 84296 D.U. No. 84301 TPO: 84295

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name William A. Drandy Signature [Signature] Date 1/19/97

17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name MERLE E. HAINES JR Signature [Signature] Date 1/16/97

18 Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name Signature Date

19. Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Signature Date

ALL S... MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENT 1-800-424-8802 24 HOURS PER DAY.



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No		Manifest Document No	2 Page 1 of ;	Information in the shaded areas is not required by Federal law			
3 Generator's Name and Mailing Address					A. State Manifest Document Number MI 3456831				
4 Generator's Phone ()					B. State Generator's ID				
5 Transporter 1 Company Name		6 US EPA ID Number		C. State Transporter's ID			*B-3-01-99		
7 Transporter 2 Company Name		8 US EPA ID Number		D. Transporter's Phone					
9 Designated Facility Name and Site Address		10 US EPA ID Number		E. State Transporter's ID			F. Transporter's Phone		
					G. State Facility's ID				
					H. Facility's Phone				
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).				12 Containers		13 Total Quantity	14 Unit Wt./Vol	I. Waste No.	
				No		Type		N/H	
a.									
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above					K. Handling Codes for Wastes Listed Above			a/ /	
								b/ /	
								c/ /	
								d/ /	
15. Special Handling Instructions and Additional Information									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations									
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford									
Printed/Typed Name					Signature			Date Month Day Year	
17 Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name					Signature			Date Month Day Year	
18 Transporter 2 Acknowledgement or Receipt of Materials									
Printed/Typed Name					Signature			Date 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					Signature			Date Month Day Year	

ALL INFORMATION MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN ACCORDANCE WITH 325 N.P.A.C. 11.0001 AND 11.0002, AND THE NATIONAL RESPONSE PLAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7680 AND THE NATIONAL RESPONSE PLAN AT 1-800-424-8802 24 HOURS PER DAY.



READ INSTRUCTIONS ON BACK OF MANIFEST



DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. SC0170022560		Manifest Document No. 13267		2 Page 1 of 1		Information in the shaded areas is not required by Federal law					
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hudson Ave N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456831							
4 Generator's Phone ()						B. State Generator's ID							
5 Transporter 1 Company Name John Pfranner Inc				6 US EPA ID Number PA1008781072		C. State Transporter's ID				D. Transporter's Phone 610-385-3051			
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 Michigan Disposal Inc Wayne Disposal, Inc 49350 N I-94 Service Dr Belleville MI 48111						10 US EPA ID Number MID000734831		G. State Facility's ID					
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER) a. X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						12 Containers No Type 0101 CIM2107108		13 Total Quantity Kg		14 Unit W/Vol None		I. Waste No. N/H	
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/PCBs Bin# Storage Start Date: 11/6/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /							
15. Special Handling Instructions and Additional Information 24 Hr Emer # 8005355053(579) Truck # J172 DPD: 84296 TPO: 84295													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name William A. Drawdy						Signature <i>William A. Drawdy</i>			Date 11/06/97				
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name MERLE E. ADRIANO						Signature <i>Merle E. Adriano</i>			Date 11/05/97				
18. Transporter 2 Acknowledgement or Receipt of Materials													
Printed/Typed Name						Signature			Date				
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19													

GENERATOR

TRANSPORTER

RECEIVER

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI 3456831/13267

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1)- Toxicity characteristic debris;
 §268.45(b)(2)- Debris contaminated with listed waste;
 §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. D. Dawdy DATE: 11-6-97

PRINT NAME: William A. D. Dawdy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Please print or type 447310-11

Form Approved OMB No 2050 0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's USEPA ID No. <u>SI C 01 7 0 0 2 2 5 6 0 7</u>		Manifest Document No. <u>132169</u>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law							
3. Generator's Name and Mailing Address <u>Environmental Detachment Charleston</u> <u>1899 N. Hobson Ave</u> <u>N. Charleston SC 29405-2106</u>						A. State Manifest Document Number <u>MI 3456837</u>									
4. Generator's Phone () <u></u>						B. State Generator's ID <u></u>									
5. Transporter 1 Company Name <u>John Pfromm Inc</u>				6. US EPA ID Number <u>PAAD10081781072</u>		C. State Transporter's ID <u></u>				D. Transporter's Phone <u>610-385-3051</u>					
7. Transporter 2 Company Name <u></u>				8. US EPA ID Number <u></u>		E. State Transporter's ID <u></u>				F. Transporter's Phone <u></u>					
9. Designated Facility Name and Site Address <u>Wayne Disposal Inc.</u> <u>49350 N. I-94 Service Dr.</u> <u>Belleville MI 48111</u>				10. US EPA ID Number <u>MI D 0481090633</u>		G. State Facility's ID <u></u>				H. Facility's Phone <u>313-699-6267</u>					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12. Containers		13. Total Quantity		14. Unit	1. Waste No.				
						No. Type		Quantity		M/Vol	N/H				
a. <u>X</u> <u>RQ Polychlorinated Biphenyls, 9, UN2315</u> <u>II (None)</u>						<u>001 CM20073</u>		<u>K</u>		<u>None</u>	<u></u>				
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above <u>a) 103197PA, Soil w/ PCBs</u> <u>Bin # THILK Storage Start Date: 11/6/97</u>						K. Handling Codes for Wastes Listed Above				a/ <u>1</u>		b/ <u>1</u>			
										c/ <u>1</u>		d/ <u>1</u>			
15. Special Handling Instructions and Additional Information <u>24 Hr Emer # 800 5355053 (579) Truck # J175</u> <u>JPO: 84301 DPO: 84302</u>															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.															
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR: if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name <u>William A. Drawdy</u>						Signature <u>William A. Drawdy</u>				Date <u>11/10/97</u>					
17. Transporter 1 Acknowledgement of Receipt of Materials										Date <u></u>					
Printed/Typed Name <u>Donald L Williams</u>						Signature <u>Donald L Williams</u>				Date <u>11/10/97</u>					
18. Transporter 2 Acknowledgement or Receipt of Materials										Date <u></u>					
Printed/Typed Name <u></u>						Signature <u></u>				Date <u></u>					
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															

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM BY TELEPHONE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

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Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969
 Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type 11/12/11 Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No 261217101252013269 Manifest Document No 3269

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

3 Generator's Name and Mailing Address
Environmental Detachment
1841 N. W. ...
Charleston, SC 29405 2116

A. State Manifest Document Number
MI 3456837

4 Generator's Phone
...

B. State Generator's ID

5 Transporter 1 Company Name
John Plummer Inc

6 US EPA ID Number
261217101252013269

C. State Transporter's ID
XD2610 PA

7 Transporter 2 Company Name

8 US EPA ID Number

D. Transporter's Phone
610-385-3251

9 Designated Facility Name and Site Address
Waste Disposal Inc
11350 N. ...
Dalhousie ME 4844

10 US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone
313-691-6267

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)

12 Containers No Type 13 Total Quantity 14 Unit M/Vol I. Waste No. N/H

a	b	c	d
x			

No	Type	Total Quantity	Unit M/Vol	Waste No.	N/H

J. Additional Descriptions for Materials Listed Above
2) 103197PA Soil w/ PCBs

K. Handling Codes for Wastes Listed Above
a/ /

Bin # TH110 Storage Start Date 11/11/11

b/ /

Bin # TH110 Storage Start Date 11/11/11

c/ /

15. Special Handling Instructions and Additional Information
2416 E. ... 800 935 5013 (L79) Truck # 3175 L100 11/11/11

d/ /

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name William H. Drury Signature William H. Drury Date 11/11/11

17 Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name ... Signature ... Date 11/11/11

18 Transporter 2 Acknowledgement or Receipt of Materials
 Printed/Typed Name ... Signature ... Date 11/11/11

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 J Signature J Date 11/11/11

ALL INFORMATION REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3486257, Line Item 1 has been landfilled on
11-07, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

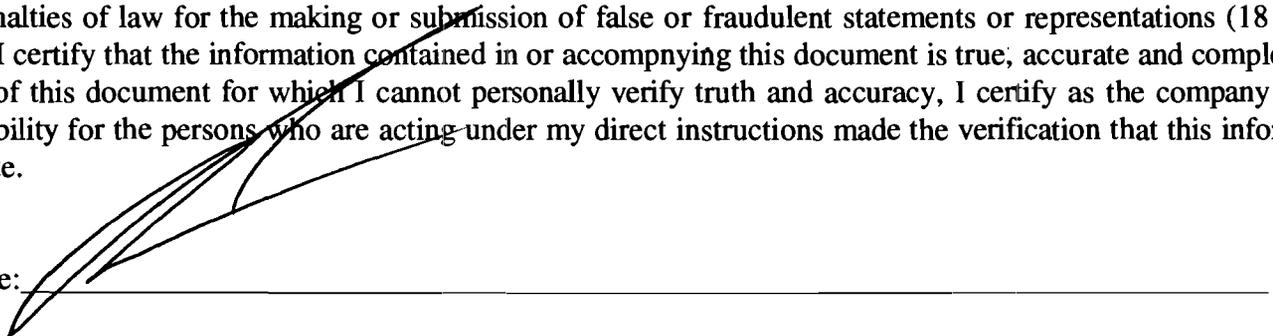
49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____





MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. [] DIS. [] REJ. [] PR. []

Required under authority of Act 64 PA 1979 as amended and Act 136, PA 1969

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Please print or type HHT310-11

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No SIC0170022560173269 Manifest Document No

2 Page 1 of 1

Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave N. Charleston SC 29405-2106

A. State Manifest Document Number MI 3456837

B. State Generator's ID

5 Transporter 1 Company Name John Pfromm Inc 6 US EPA ID Number PA101081781072

C. State Transporter's ID XD26020 PA

D. Transporter's Phone 610-385-3051

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 Wayne Disposal Inc. 49350 N. I-94 Service Dr. Belleville MI 48111 10 US EPA ID Number

G. State Facility's ID

H. Facility's Phone 313-699-6267

11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)

12 Containers No Type 13 Total Quantity 14 Unit Mt./Vol I. Waste No. N/H

a X RQ Polychlorinated Biphenyls, 9, UN2315 II (None)

001 CM20073 K Mo in c

J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/PCBS Bin # TH1LO Storage Start Date: 11/6/97

K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /

15 Special Handling Instructions and Additional Information 24 Hr Emer # 800 535 5053 (574) Truck # J175 TPO: 84301 DPO: 84302

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name William A. Drawdy Signature [Signature] Date 11/10/97

17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name DONALD L WILLIAMS Signature [Signature] Date 11/10/97

18 Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name Signature Date

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Signature Date

ALL INFORMATION MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517 373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY



READ INSTRUCTIONS ON BACK OF MANIFEST



DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

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Please print or type HH7310-11

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-6868 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No <u>SC0170022560173269</u>		Manifest Document No <u>3269</u>		2 Page 1 of 1		Information in the shaded areas is not required by Federal law			
3 Generator's Name and Mailing Address <u>Environmental Detachment Charleston</u> <u>1892 N. Hobson Ave</u> <u>N. Charleston SC 29405-2106</u>						A. State Manifest Document Number <u>MI 3456837</u>					
4 Generator's Phone ()						B. State Generator's ID					
5 Transporter 1 Company Name <u>John Pfromm Inc</u>			6 US EPA ID Number <u>PAAD1010817811072</u>			C. State Transporter's ID					
7 Transporter 2 Company Name						D. Transporter's Phone <u>610-385-3091</u>					
8 US EPA ID Number						E. State Transporter's ID					
9 Designated Facility Name and Site Address <u>Wayne Disposal Inc.</u> <u>49350 N I-94 Service Dr.</u> <u>Belleville MI 48111</u>						10 US EPA ID Number <u>MIED10418109106133</u>					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers		13 Total Quantity		14 Unit No. N/H	
a. <u>X RQ Polychlorinated Biphenyls, 9, UN2315</u> <u>II (None)</u>						<u>001 CM20073</u>		<u>K</u>		<u>None</u>	
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above <u>a) 103197PA, Soil w/ PCBs</u> <u>Bin# TH1LK</u> <u>Storage Start Date: 11/6/97</u>						K. Handling Codes for Wastes Listed Above		a/ <u>/</u>		b/ <u>/</u>	
								c/ <u>/</u>		d/ <u>/</u>	
15. Special Handling Instructions and Additional Information <u>24 Hr Emer # 800 5350053 (57A)</u> <u>Truck# 5175</u> <u>TPO: 84301</u> <u>DPO: 84302</u>											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.											
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Printed/Typed Name <u>William A. Drawdy</u>				Signature <u>William A. Drawdy</u>				Date <u>11/10/97</u>			
17. Transporter 1 Acknowledgement of Receipt of Materials						Date					
Printed/Typed Name <u>DONALD L WILLIAMS</u>				Signature <u>Donald L Williams</u>				Date <u>11/10/97</u>			
18. Transporter 2 Acknowledgement or Receipt of Materials						Date					
Printed/Typed Name				Signature				Date			
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19											

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI3456837/13269

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).
NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment (check all that apply):
 §268.45(b)(1)- Toxicity characteristic debris;
 §268.45(b)(2)- Debris contaminated with listed waste;
 §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-6-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136 PA 1969

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

Form Approved OMB No 2050-0039 Expires 9-30-94

Please print or type HH730-12

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7860 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. <u>SC017002256013470</u>		Manifest Document No. <u>13470</u>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law							
3. Generator's Name and Mailing Address <u>Environmental Detachment Charleston</u> <u>1899 N. Wilson Ave</u> <u>W Charleston SC 29405-2106</u>						A. State Manifest Document Number <u>MI 3456838</u>									
4. Generator's Phone <u>(SC) 29405-2106</u>						B. State Generator's ID									
5. Transporter 1 Company Name <u>John Brommer Inc.</u>				6. US EPA ID Number <u>PA 0108781072</u>		C. State Transporter's ID									
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone <u>610-385-3051</u>		E. State Transporter's ID							
9. Designated Facility Name and Site Address <u>Wayne Disposal Inc.</u> <u>49350 N I-94 Service Dr.</u> <u>Belleville MI 48111</u>				10. US EPA ID Number <u>MI D0148090633</u>		F. Transporter's Phone		G. State Facility's ID							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).				12. Containers		13. Total Quantity		14. Unit		1. Waste No		N/H			
a. <u>X</u> <u>PQ Polychlorinated Biphenyls, 9, UN2315</u> <u>II (None)</u>				<u>0101</u> <u>CM</u>		<u>19265</u> <u>K</u>		<u>none</u>							
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above <u>a) 103197 PA, Soil w/ PCBs</u> <u>Bin #307 Storage Start Date: 11/6/97</u>						K. Handling Codes for Wastes Listed Above		a/ <u>/</u>		b/ <u>/</u>		c/ <u>/</u>		d/ <u>/</u>	
15. Special Handling Instructions and Additional Information <u>24 Hr Emer # 8005355053 (579) Truck # J176 DP0: 84304</u> <u>TR0184303</u>															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.										If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name <u>William A. Draudy</u>				Signature <u>[Signature]</u>				Date <u>11/06/97</u>							
17. Transporter 1 Acknowledgement or Receipt of Materials															
Printed/Typed Name <u>Kevin D. Stuffer</u>				Signature <u>[Signature]</u>				Date <u>11/06/97</u>							
18. Transporter 2 Acknowledgement or Receipt of Materials															
Printed/Typed Name				Signature				Date							
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19															

DNR
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OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type 11-17-86

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL ST. MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MIC. CAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER, 1-800-424-8802 24 HOURS PER DAY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No		Manifest Document No 173270		2 Page 1 of		Information in the shaded areas is not required by Federal law													
3 Generator's Name and Mailing Address						A. State Manifest Document Number MI 3456838															
4 Generator's Phone ()						B. State Generator's ID															
5 Transporter 1 Company Name			6 US EPA ID Number			C. State Transporter's ID															
7 Transporter 2 Company Name			8 US EPA ID Number			D. Transporter's Phone															
9 Designated Facility Name and Site Address			10 US EPA ID Number			E. State Transporter's ID															
						F. Transporter's Phone															
						G. State Facility's ID															
						H. Facility's Phone															
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers		13 Total Quantity		14 Unit Wt/Vol		I. Waste No.		N/H							
a						No		Type													
b																					
c																					
d																					
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above						a/ /									
												b/ /									
												c/ /									
												d/ /									
15 Special Handling Instructions and Additional Information																					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations																					
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																					
Printed/Typed Name						Signature						Date		Month Day Year							
17 Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name						Signature						Date		Month Day Year	
18 Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name						Signature						Date		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						Signature						Date		Month Day Year							

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3456838, Line Item A has been landfilled on
11/10, 1997 in accordance with all local, state and federal regulations by:

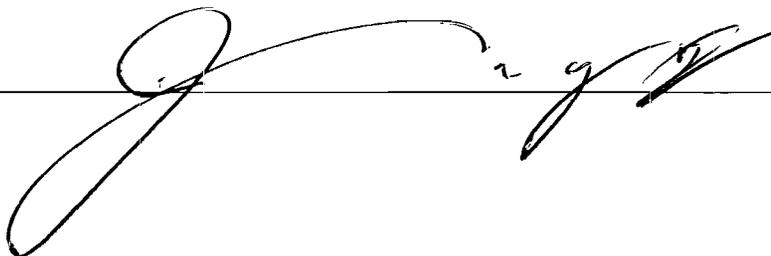
Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111
Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Please print or type **HH730-12**

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL STATE FACILITIES MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-282-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9802 24 HOURS PER DAY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SC017002256013270		Manifest Document No 013270		2 Page 1 of 1		Information in the shaded areas is not required by Federal law									
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1879 N. Gibson Ave N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456838											
4 Generator's Phone SC 29405-2106						B. State Generator's ID											
5 Transporter 1 Company Name John Bronner Inc.			6 US EPA ID Number PA D008781072			C. State Transporter's ID AB13244PA											
7 Transporter 2 Company Name						D. Transporter's Phone 610-385-3051											
8 US EPA ID Number						E. State Transporter's ID											
9 Designated Facility Name and Site Address Wayne Disposal Inc. 49350 N I-94 Service Dr. Belleville MI 48111						F. Transporter's Phone											
10 US EPA ID Number MI D048090633						G. State Facility's ID											
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)						12 Containers		13 Total Quantity		14 Unit Mt/Vol		1. Waste No. N/H					
a X RQ Polychlorinated Biphenyls, 9, un2315 II (None)						2001 cm		9265 K		None							
b																	
c																	
d																	
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/ PCBs						K. Handling Codes for Wastes Listed Above				a/ /		b/ /		c/ /		d/ /	
Bin #307 Storage Start Date: 11/6/97																	
15. Special Handling Instructions and Additional Information 24 Hr Emer # 8005355053 (574) Truck # 5176 DP# 84304 TP# 154303																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations																	
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name William A. Drazdy			Signature <i>William A. Drazdy</i>			Date 11/06/97											
17 Transporter 1 Acknowledgement of Receipt of Materials						Date 11/06/97											
Printed/Typed Name Kevin D. Stoffer			Signature <i>Kevin D. Stoffer</i>			Date 11/06/97											
18 Transporter 2 Acknowledgement or Receipt of Materials						Date											
Printed/Typed Name			Signature			Date											
19 Discrepancy Indication Space																	
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19						Date											
Printed/Typed Name			Signature			Date											

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type *11/1/78* Form Approved. OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No	Manifest Document No	2 Page 1 of	Information in the shaded areas is not required by Federal law				
3 Generator's Name and Mailing Address				A. State Manifest Document Number MI 3456838					
4 Generator's Phone ()				B. State Generator's ID					
5 Transporter 1 Company Name	6	US EPA ID Number		C. State Transporter's ID					
7 Transporter 2 Company Name				D. Transporter's Phone					
8				E. State Transporter's ID					
9 Designated Facility Name and Site Address				F. Transporter's Phone					
10				G. State Facility's ID					
				H. Facility's Phone					
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)				12 Containers No	Type	13 Total Quantity	14 Unit Mt/Vol	I. Waste No.	N/H
a									
b									
c									
d									
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above				a/ /	
								b/ /	
								c/ /	
								d/ /	
15 Special Handling Instructions and Additional Information									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations									
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford									
Printed/Typed Name				Signature				Date	
								Month Day Year	
17 Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature				Date	
								Month Day Year	
18 Transporter 2 Acknowledgement or Receipt of Materials									
Printed/Typed Name				Signature				Date	
								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				Signature				Date	
								Month Day Year	

ALL INFORMATION REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN ACCORDANCE WITH ACT 136, PA 1969, IS SUBJECT TO THE NATIONAL RESPONSE PLAN AT 1-800-424-8802 24 HOURS PER DAY.



READ INSTRUCTIONS ON BACK OF MANIFEST

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type **HH730-12**

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8667 - 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. SC017002256073270		Manifest Document No. 3270		2 Page 1 of 1		Information in the shaded areas is not required by Federal law						
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave W. Charleston, SC 29405-2106						A. State Manifest Document Number MI 3456838								
4. Generator's Phone ()						B. State Generator's ID								
5 Transporter 1 Company Name John Brommer Inc.			6 US EPA ID Number 1PA0018781072			C. State Transporter's ID								
7 Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 610-385-3051								
						E. State Transporter's ID								
						F. Transporter's Phone								
9. Designated Facility Name and Site Address Wayne Disposal Inc. 49350 N I-94 Service Dr. Belleville MI 48111						10. US EPA ID Number MIAD0481090633			G. State Facility's ID					
						H. Facility's Phone 313-699-6267								
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers No. Type		13 Total Quantity		14 Unit Wt/Vol		I. Waste No. NIH		
a. X RQ Polychlorinated Biphenyls, 9, UN2315 II (None)						2/0/1 CM/19265		K		None				
b.														
c.														
d.														
J. Additional Descriptions for Materials Listed Above a) 103197PA, Soil w/ PCBs Bin # 307 Storage start Date: 11/6/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /								
15. Special Handling Instructions and Additional Information 24 Hr Emer # 8005355053 (579) Truck # 5176 DP# 84304 TR# 184303														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.														
Printed/Typed Name William A. Drawdy						Signature <i>William A. Drawdy</i>			Date 11/10/97					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Kevin J. Stauffer			Signature <i>Kevin J. Stauffer</i>			Date 11/06/97		
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name			Signature			Date		
19. Discrepancy Indication Space														
20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in														

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MT3456838/13270

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards). NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1)- Toxicity characteristic debris;
 §268.45(b)(2)- Debris contaminated with listed waste;
 §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William A. Drawdy DATE: 11-6-97
PRINT NAME: William A. Drawdy TITLE: Environmental Engineer

READ INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Please print or type 147310-13

Form Approved OMB No 2050 0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SIC011700225607		Manifest Document No 31271		2 Page 1 of 1		Information in the shaded areas is not required by Federal law															
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1899 N. Hobson Ave. N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456839																	
4 Generator's Phone ()						B. State Generator's ID																	
5 Transporter 1 Company Name Wills Trucking			6 US EPA ID Number 10H1D068913409			C. State Transporter's ID																	
7 Transporter 2 Company Name			8 US EPA ID Number			D. Transporter's Phone 8004238181																	
9 Designated Facility Name and Site Address Wayne Disposal Inc 49350 N. In-99 Service Dr. Belleville MI 48111			10. US EPA ID Number 1M7D048090633			E. State Transporter's ID																	
						F. Transporter's Phone																	
						G. State Facility's ID																	
						H. Facility's Phone 313-699-6267																	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)						12 Containers		13 Total Quantity		14 Unit No./Vol		I. Waste No.		N/H									
a. RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						001 CM		19011		K		None											
b.																							
c.																							
d.																							
J. Additional Descriptions for Materials Listed Above a) 103197 Soil w/ PCBs Bin # 338 Storage Start Date: 11/6/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /																	
15. Special Handling Instructions and Additional Information 24 Hr Emer. # 8005355053(579) Truck # 5177 TPO: 84305 DPO: 84306										16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. <i>William R Lachicotte III</i>													
Printed/Typed Name WILLIAM R LACHICOTTE III						Signature W R Lachicotte III						Date 11/10/97											
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name CARL BURGESS						Signature Carl Burgess						Date 11/10/97					
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name						Signature						Date					
19. Discrepancy Indication Space																							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19																							

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-282-4708 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9802 24 HOURS PER DAY.

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No _____ Manifest Document No 1713271

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

3 Generator's Name and Mailing Address _____

A. State Manifest Document Number
MI 3456839
 B. State Generator's ID _____

4 Generator's Phone () _____

5 Transporter 1 Company Name _____ 6 US EPA ID Number _____

C. State Transporter's ID _____

D. Transporter's Phone _____

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 _____ 10 US EPA ID Number _____

G. State Facility's ID _____

H. Facility's Phone _____

11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).

12 Containers	13 Total Quantity	14 Unit Wt/Vol	I. Waste No.	
			No.	N/H
No	Type			

a					
b					
c					
d					

J. Additional Descriptions for Materials Listed Above _____

K. Handling Codes for Wastes Listed Above
 a/ /
 b/ /
 c/ /
 d/ /

15 Special Handling Instructions and Additional Information _____

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Date Month Day Year
--------------------	-----------	------------------------

17 Transporter 1 Acknowledgement of Receipt of Materials _____ Date _____

Printed/Typed Name	Signature	Date Month Day Year
--------------------	-----------	------------------------

18. Transporter 2 Acknowledgement or Receipt of Materials _____ Date _____

Printed/Typed Name	Signature	Date 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	Signature	Date Month Day Year
--------------------	-----------	------------------------

ALL SHIPMENTS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI, AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB SOLID
and specified on Manifest # 3456835, Line Item 1 has been landfilled on
11/10, 1997 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

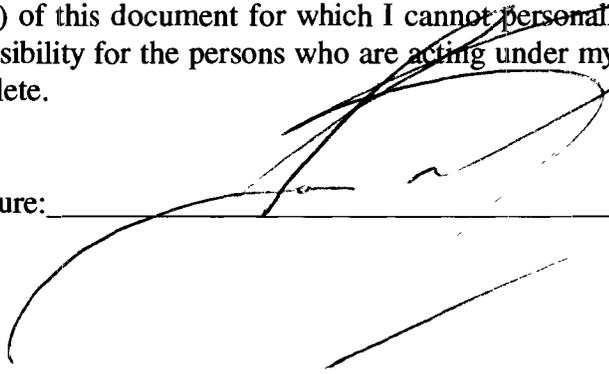
49350 N. I-94 Service Drive, Belleville, Michigan 48111

Telephone: 1-800-KWALITY (592-5489)

Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature: _____



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MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

Required under authority of Act 64 PA 1979 as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136, PA 1969

Please print or type **447310-13**

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL S MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER T 1-800-424-8802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SC0177002256013271		Manifest Document No 3271		2 Page 1 of 1		Information in the shaded areas is not required by Federal law						
3 Generator's Name and Mailing Address Environmental Detachment Charleston 189 N. Hobson Ave. N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456839								
4 Generator's Phone ()						B. State Generator's ID								
5 Transporter 1 Company Name Wills Trucking				6 US EPA ID Number MI D01618913409		C. State Transporter's ID				D. Transporter's Phone 8004238181				
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 Wayne Disposal Inc 49390 N. I-94 Service Dr. Belleville MI 48111						10 US EPA ID Number MI D048090633		G. State Facility's ID				H. Facility's Phone 313-699-6267		
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER).						12 Containers No. Type		13 Total Quantity		14 Unit Mt/Vol		I. Waste No. N/H		
a RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						001 CM 190111		K		None				
b														
c														
d														
J. Additional Descriptions for Materials Listed Above a) 103197, Soil w/ PCBs Bin # 338 Storage Start Date: 11/6/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /								
15. Special Handling Instructions and Additional Information 24 Hr Emer. # 8005355053(579) Truck # J177 TPO: 84305 DPO: 84306														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. <i>William F Lachicotte III</i>														
Printed/Typed Name WILLIAM F LACHICOTTE III						Signature <i>William F Lachicotte III</i>			Date 11/06/97					
17 Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Carl BURGESS			Signature <i>Carl Burgess</i>			Date 11/06/97		
18 Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name			Signature			Date		
19 Discrepancy Indication Space														
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19						Printed/Typed Name			Signature			Date		

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. DIS. REJ. PR.

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Please print or type

Form Approved OMB No 2050-0039 Expires 9-30-94

ALL FACILITIES MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MI, AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No	Manifest Document No	2 Page 1 of	Information in the shaded areas is not required by Federal law		
3 Generator's Name and Mailing Address				A. State Manifest Document Number MI 3456839			
4 Generator's Phone ()				B. State Generator's ID			
5 Transporter 1 Company Name		6 US EPA ID Number		C. State Transporter's ID			
7 Transporter 2 Company Name		8 US EPA ID Number		D. Transporter's Phone			
9 Designated Facility Name and Site Address		10 US EPA ID Number		E. State Transporter's ID			
				F. Transporter's Phone			
				G. State Facility's ID			
				H. Facility's Phone			
11 US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER)		12 Containers No	Type	13 Total Quantity	14 Unit Mt/Vol	I. Waste No.	N/H
a							
b							
c							
d							
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		a/ /	
						b/ /	
						c/ /	
						d/ /	
15 Special Handling Instructions and Additional Information							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations							
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Printed/Typed Name				Signature		Date Month Day Year	
17 Transporter 1 Acknowledgement of Receipt of Materials				Signature		Date Month Day Year	
Printed/Typed Name				Signature		Date Month Day Year	
18 Transporter 2 Acknowledgement or Receipt of Materials				Signature		Date Month Day Year	
Printed/Typed Name				Signature		Date 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				Signature		Date Month Day Year	



READ INSTRUCTIONS ON BACK OF MANIFEST

DNR
MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
 ATT. DIS. REJ. PR.

Required under authority of Act 64, PA 1979, as amended and Act 136 PA 1969

Failure to file is punishable under section 299 548 MCL or Section 10 of Act 136 PA 1969

Please print or type **44730-13**

Form Approved OMB No 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. SC0117002256073271		Manifest Document No. 13271		2 Page 1 of 1		Information in the shaded areas is not required by Federal law				
3 Generator's Name and Mailing Address Environmental Detachment Charleston 1829 N. Hobson Ave. N. Charleston SC 29405-2106						A. State Manifest Document Number MI 3456839						
4 Generator's Phone ()						B. State Generator's ID						
5 Transporter 1 Company Name Wills Trucking				6 US EPA ID Number 10H10068913409		C. State Transporter's ID				D. Transporter's Phone 8004238181		
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 Wayne Disposal Inc 49390 N. Ingham Service Dr. Belleville MI 48111						10 US EPA ID Number 1M7D048090633		G. State Facility's ID 313-699-6267				
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM						12 Containers No Type		13 Total Quantity		14 Unit M/Vol	I. Waste No. N/H	
a. X RQ Polychlorinated Biphenyls, 9, UN2315, II (None)						001 CM 190111		K		None		
b.												
c.												
d.												
J. Additional Descriptions for Materials Listed Above a) 103197, Soil w/ PCBs Bin # 338 Storage Start Date: 11/6/97						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /						
15. Special Handling Instructions and Additional Information 24 Hr Emer. # 8005355053(579) Truck # J177 DPO; 84306 TPO; 84305												
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. <i>William F. Lachicotte III</i>												
Printed/Typed Name WILLIAM F LACHICOTTE III						Signature <i>William F. Lachicotte III</i>			Date 11/10/97			
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name CARL BURGESS			Signature <i>Carl Burgess</i>			
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name			Signature			
19. Discrepancy Indication Space												
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in												

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 517-373-7860 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9324 - 24 HOURS PER DAY.

Customer Notification And Certification

Generator Name/Location: Environmental Detachment Charleston

EPA I.D. Number: SC0170022560

Waste Profile or ARF Designation: 103197PA

Manifest Number: MI3456839 / B271

EPA Waste Number(s): None

Waste Analysis Available? Yes (attached) No On file at receiving facility

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

(2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
 §268.45(b)(1)- Toxicity characteristic debris;
 §268.45(b)(2)- Debris contaminated with listed waste;
 §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

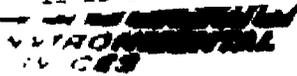
I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: William F. Lachicotte III DATE: 06 NOV 97
PRINT NAME: WILLIAM F. LACHICOTTE III TITLE: ENV. ENGINEER



FAX Transmission

To: Billy Fax #
 Company: _____
 Department: _____

From: Shannon Barrett

Page 1 of 5 Time: _____ Date: 11/3/97

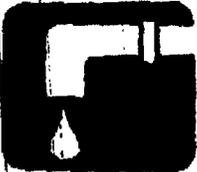
Comments: Profile for PCB contaminated soil.
Please have Michael [unclear] call me @ 912-0475-5618

If you do not receive the pages as specified, please call as soon as possible.

Laidlaw Environmental Services (GS), Inc.
 3902 Northside Drive Suite B-5
 Macon, GA 31210
 Phone: (912) 474-2248 Fax: (912) 474-4167



RECYCLING SERVICES



RESOURCE RECOVERY



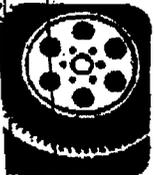
SITE REMEDIATION



PACK SERVICES



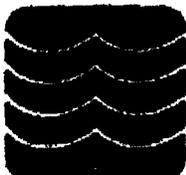
LABORATORY SERVICES



REGENERATION



INCINERATION



WASTEWATER TREATMENT



SECURE LANDFILLS



BIOLOGICAL TREATMENT



GOVERNMENT SERVICES

Laidlaw Environmental Services (GS), Inc.



GENERATOR WASTE CHARACTERIZATION REPORT

MANAGEMENT SERVICES, INC.

T# 047667

Original report form must be completed for each separate waste stream. Do not submit copies.

Is a New Waste for Approval?

Waste Stream Reapproval? Previous Approval # _____

Complete all sections of this report, attach laboratory reports required and send with a REPRESENTATIVE ONE-PINT SAMPLE of this waste to the facility. Waste loads will not be scheduled for shipment until 1.) the facility has issued an approval letter and 2.) the customer has signed and returned the quotation agreement.

SECTION 1: WASTE CHARACTERIZATION & RECOVERY NEEDS

Is waste approval request(s) being submitted for (check all that apply):



TREATMENT

Michigan Disposal, Inc.
49350 N. I-94 Service Drive
Belleville, MI 48111
ATTN: Technical Review

Hazardous and non-hazardous waste stabilization of solids, semi-solids slurries and liquids. Inorganic waste treatment to BDAT standards.
Customer Service: (313) 699-7120



RECOVERY/FUEL BLENDING

Michigan Recovery Systems, Inc.
36345 Van Born Road
Romulus, MI 48174
ATTN: Technical Review

Hazardous and non-hazardous waste solvent recovery, recycling, and fuel blending. Containerized and bulk waste handling. Technology is BDAT for many organic wastes. Customer Service: (313) 326-3100



LANDFILL

Wayne Disposal, Inc.
49350 N. I-94 Service Drive
Belleville, MI 48111
ATTN: Technical Review

Secure hazardous and non-hazardous waste landfill services. Containerized and bulk waste management.
Customer Service: (313) 697-7830

Generator Name Environmental Detachment Charleston S.I.C. Codes* 9711, A69, B301, M119

Site Name _____ US EPA ID # _____

Address 1899 North Hobson Avenue

Charleston State SC Zip 29405-2106

Contact Terry Lewis Telephone (803) 743-6777 Fax () _____

Contact Brian Ebert Telephone (414) 268-6720 Fax () _____

Customer Laidlaw Environmental Services Has an account been opened? Yes No

Address PO Box 140 If Yes, Account # _____

Saukville State WI Zip 53080

Contact Brian Ebert Telephone (414) 268-6720 Fax () _____

Sample bearing this label must accompany this report to initiate approval review process. Complete this label and attach to a REPRESENTATIVE ONE-PINT SAMPLE of the waste.

Record the date and name of person sampling: _____

Sampling completed by _____

Sample collected _____

Sample and form sent _____

Waste Common Name: Soil with PCB's

Generator Site Name: Environmental Detachment Charleston

Sample Collected By: _____

Date Collected: _____ T#: _____

047667

See instructions on separate sheet.

Printed on Recycled Paper

Form 911 (11-91)

1. Is this waste: a. Reactive? Yes No b. Shock Sensitive? Yes No c. Explosive? Yes No d. Pyrophoric? Yes No e. Oxidizer? Yes No f. Radioactive? Yes No

If yes, contact an Envotech Management Services Representative at (313) 697-7830 before completing this form.

2. Shipping Mode: Bulk Liquid Bulk Solid Drums Other

3. Shipping Volume per Week 1,400,000 pounds per Month _____

4. Annual Total Volume _____ One Time Only Volume 1,400,000 pounds

5. DOT Shipping Name* Poly chlorinated Biphenyls Hazard Class* 9 UN/NA #* UN2315 PG II

1. Select one or more general description(s) for the waste at 70°F:
 Powdery Solid Sludge (non pumpable)
 Other Solid* Liquid (pumpable)
 Soils Liquid (multi phase)
 Debris (describe) _____

2. Does the waste have a characteristic odor? Yes No Describe _____

3. Color Description*: dark brown or black

4. Are Free Liquids associated with this waste? Yes No USEPA SW-846* Method 9095

5. Density: 800 lbs/gallon or (lbs/cubic yards) or _____ specific gravity

6. pH-Range: <2 2-4.9 5-9.9 10-12.4 >12.5 (attach lab results) Method 9040 or 9045

7. Flash Point: - Liquid:* <90°F 90-140°F 140-200°F >200°F (attach lab results) .. Method 1010
 (If Flash Point <140°F, provide TOC and VOC analytical results.)
 - Solid:* <90°F 90-140°F >140°F

1. Waste Common Name Soil contaminated w/ PCB

2. Provide a description of the process(es) generating this waste: (A DETAILED EXPLANATION MUST BE PROVIDED. ATTACH ADDITIONAL PAGE(S) SHOWING PROCESS FLOW DIAGRAM AND DETAILS IF NECESSARY)
This is a soil remediation project from a former transformer storage site.

3. Based upon lab analyses and/or knowledge of the process(es) generating the waste, describe the composition of the waste:

	Minimum	to	Maximum	%
<u>dirt, grass, gravel, clay, etc</u>	<u>99</u>	to	<u>100</u>	%
<u>PCB's</u>	<u>0</u>	to	<u><500ppm</u>	%
TOTAL:				100 %

4. Based upon RCRA Hazardous Waste Regulations (40 CFR 261) and Michigan Act 64 Rules:

	YES	NO	CODES
a. Does this waste meet any F listing description?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
b. Does this waste meet any K listing description?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
c. Does this waste meet any P listing description?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
d. Does this waste meet any U listing description?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
e. Does this waste exhibit Ignitability? (attach lab results)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
f. Does this waste exhibit Corrosivity? (attach lab results)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
g. Does this waste exhibit Reactivity? (attach lab results)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
h. Does this waste exhibit Toxicity? (attach lab results)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
i. Does this waste leach Copper > 100ppm? (attach lab results)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
j. Does this waste leach Zinc > 500ppm? (attach lab results)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
5. For hazardous wastes, does the waste exceed any land Disposal restriction treatment standard(s) for the applicable codes?* (attach lab results)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
6. Is this a non-hazardous liquid waste regulated by Michigan Act 136?*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

Attach analytical results for all LDR constituents of concern for waste codes identified in Item 4 (above).

* See full instructions on separate sheet.

Only for Michigan Recovery Systems, Inc. wastes, perform all of the following analyses:

Water (%) _____ Solids (%) _____ Heat value (BTU/lb) _____
 Sulfur (%) _____ Chlorine (%) _____ PCBs (total ppm) _____
 Enclos lab r ports for F001 - F006 solvent scan and TCLP metals:* Ash (%) _____

- | | | | |
|--|-----|-------------------------------------|-------------------------------------|
| 1. Does the waste contain cyanide amenable to chlorination above 250 ppm?* | Yes | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Does the waste contain reactive sulfide above 500 ppm?* | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Does this waste contain PCBs greater than 49 ppm?* | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is this a dioxin/furan waste as specified in 40 CFR 261.31 under Hazardous Waste numbers F020, F021, F022, F023, F026, F027, F028? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Is this a California List hazardous waste containing halogenated organic compounds found in Appendix III of 40 CFR Part 268 in total concentration greater than or equal to 1,000 mg/L? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Is this a liquid hazardous waste containing Nickel (>134 mg/L) or Thallium (>130 mg/L)? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Mark the "Yes" column to indicate which TCLP testing has been conducted. (attach lab results*) | | | |

For those constituents not tested, mark "No" and sign the certification provided. Either "Yes" or "No" MUST be checked for each and every constituent.

TCLP REGULATORY ACTION LEVELS		CONSTITUENT TESTING CONDUCTED OR CERTIFICATION	
	mg./L	YES	NO
ZHE ORGANICS*			
D018 Benzene	0.5	<input type="checkbox"/>	CERTIFICATION "Based upon my knowledge of the waste and the process generating the waste, these constituents are not present in the waste above hazardous classification levels." Signed _____
D019 Carbon Tetrachloride	0.5	<input type="checkbox"/>	
D021 Chlorobenzene	100.0	<input type="checkbox"/>	
D022 Chloroform	6.0	<input type="checkbox"/>	
D028 1,2-Dichloroethane	0.5	<input type="checkbox"/>	
D029 1,1-Dichloroethylene	0.7	<input type="checkbox"/>	
D035 Methyl Ethyl Ketone	200.0	<input type="checkbox"/>	
D039 Tetrachloroethylene	0.7	<input type="checkbox"/>	
D040 Trichloroethylene	0.5	<input type="checkbox"/>	
D043 Vinyl Chloride	0.2	<input type="checkbox"/>	
METALS*			
D004 Arsenic	5.0	<input type="checkbox"/>	CERTIFICATION "Based upon my knowledge of the waste and the process generating the waste, these constituents are not present in the waste above hazardous classification levels." Signed _____
D005 Barium	100.0	<input type="checkbox"/>	
D006 Cadmium	1.0	<input type="checkbox"/>	
D007 Chromium	5.0	<input type="checkbox"/>	
D008 Lead	5.0	<input type="checkbox"/>	
D009 Mercury	0.2	<input type="checkbox"/>	
D010 Selenium	1.0	<input type="checkbox"/>	
D011 Silver	5.0	<input type="checkbox"/>	
001D Copper	100.0	<input type="checkbox"/>	
003D Zinc	500.0	<input type="checkbox"/>	
ACID EXTRACTABLES*			
D023 o-Cresol**	200.0	<input type="checkbox"/>	CERTIFICATION "Based upon my knowledge of the waste and the process generating the waste, these constituents are not present in the waste above hazardous classification levels." Signed _____
D024 m-Cresol**	200.0	<input type="checkbox"/>	
D025 p-Cresol**	200.0	<input type="checkbox"/>	
D026 Cresol	200.0	<input type="checkbox"/>	
D037 Pentachlorophenol	100.0	<input type="checkbox"/>	
D041 2,4,5-Trichlorophenol	400.0	<input type="checkbox"/>	
D042 2,4,6-Trichlorophenol	2.0	<input type="checkbox"/>	

** If o, m and p Cresols cannot be differentiated, use Total Cresol concentration

(Continued)

* See full instructions on separate sheet.

TCLP REGULATORY ACTION LEVELS		CONSTITUENT TESTING CONDUCTED OR CERTIFICATION	
BASE NEUTRAL EXTRACTABLES*	mg./L	YES	NO
D027 1,4-Dichlorobenzene	7.5	<input type="checkbox"/>	CERTIFICATION "Based upon my knowledge of the waste and the process generating the waste, these constituents are not present in the waste above hazardous classification levels." Signed _____
D030 2,4-Dinitrotoluene	0.13	<input type="checkbox"/>	
D032 Hexachlorobenzene	0.13	<input type="checkbox"/>	
D033 Hexachlorobutadiene	0.5	<input type="checkbox"/>	
D034 Hexachloroethane	3.0	<input type="checkbox"/>	
D036 Nitrobenzene	2.0	<input type="checkbox"/>	
D038 Pyridine	5.0	<input type="checkbox"/>	
PESTICIDES*				CERTIFICATION "Based upon my knowledge of the waste and the process generating the waste, these constituents are not present in the waste above hazardous classification levels." Signed _____
D020 Chlordane	0.03	<input type="checkbox"/>	
D012 Endrin	0.02	<input type="checkbox"/>	
D031 Heptachlor (& its Hydroxide)	0.008	<input type="checkbox"/>	
D013 Lindane	0.4	<input type="checkbox"/>	
D014 Methoxychlor	10.0	<input type="checkbox"/>	
D015 Toxaphene	0.5	<input type="checkbox"/>	
HERBICIDES*			CERTIFICATION "Based upon my knowledge of the waste and the process generating the waste, these constituents are not present in the waste above hazardous classification levels." Signed _____
D016 2,4-D	10.0	<input type="checkbox"/>	
D017 2,4,5-TP (Silvex)	1.0	<input type="checkbox"/>	

REQUIREMENTS FOR A COMPLETE APPLICATION SUBMITTAL

APPLICATION PACKAGE CONTENTS

All pertinent items must be included together in one application package.

- 1) Waste Characterization Report Form
- 2) Lab Reports Required for:
 - a. Free Liquid Testing
 - b. pH
 - c. Flashpoint
 - d. Cyanide
 - e. Sulfide
 - f. Land Disposal Restriction Constituent Levels
 - g. TCLP testing, including Copper and Zinc
- 3) Representative Sample of Waste
- 4) MSDS
- 5) Other: _____

"I hereby authorize Envotech personnel to add supplemental information to the waste approval file provided I am contacted to give verbal permission. I authorize Envotech personnel to obtain a sample from any waste shipment for purposes of verification and confirmation."

Signed _____ Title _____

"I certify that all information (including attached information) is complete and factual and is an accurate representation of the known and suspected hazards, and waste generator regulations, pertaining to the waste described herein."

Signature _____ Printed Name _____ Date _____

Company _____ Title _____

See full instructions on separate sheet.

Printed on Recycled Paper

Form 911 (11-91)
TOTAL P.05

REQUESTS FOR ACCOUNTS 892 TO 992 SHIPPED BETWEEN DATES 11/02/97 AND 11/08/97

SHIP DATE	TRUCK NO.	TYPE EQUIP.	TRANS-FORMER	TRANS P.O.	DISP P.O.	EQUIP POINT(S) GENERATOR	DISPOSAL SITE	DELIVERY DATE/TIME	ACCT CODE
11/04	J133	48X102	TRISH	84383	84384	WARNER ROBINS APT TO LES BARTON FL.	BARTON	11/05	992
11/03	J143	END DUMP	W.T.I.	84241	84242	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/04	992
11/03	J148	END DUMP	W.T.I.	84243	84244	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/04	992
11/03	J147	END DUMP	W.T.I.	84245	84246	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/04	992
11/03	J149	END DUMP	W.T.I.	84247	84248	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/04	992
11/03	J149	END DUMP	W.T.I.	84249	84250	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/04	992
11/03	J150	END DUMP	W.T.I.	84251	84252	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/04	992
11/03	J151	END DUMP	W.T.I.	84253	84254	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/04	992
11/04	J152	END DUMP	W.T.I.	84255	84256	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/05	992
11/04	J153	END DUMP	W.T.I.	84257	84258	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/05	992
11/04	J154	END DUMP	W.T.I.	84259	84260	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/05	992
11/04	J155	END DUMP	W.T.I.	84261	84262	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/05	992
11/04	J156	END DUMP	W.T.I.	84263	84264	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/05	992
11/04	J157	END DUMP	W.T.I.	84265	84266	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/05	992
11/04	J158	END DUMP	W.T.I.	84267	84268	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/05	992
11/05	J159	END DUMP	W.T.I.	84269	84270	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/06	992
11/05	J160	END DUMP	W.T.I.	84271	84272	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/06	992
11/05	J161	END DUMP	W.T.I.	84273	84274	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/06	992
11/05	J162	END DUMP	W.T.I.	84275	84276	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/06	992
11/05	J163	END DUMP	W.T.I.	84277	84278	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/06	992
11/05	J164	END DUMP	W.T.I.	84279	84280	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/06	992
11/05	J165	END DUMP	W.T.I.	84281	84282	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/06	992
11/06	J166	END DUMP	W.T.I.	84283	84284	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/07	992
11/06	J167	END DUMP	W.T.I.	84285	84286	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/07	992
11/06	J168	END DUMP	W.T.I.	84287	84288	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/07	992
11/06	J169	END DUMP	W.T.I.	84289	84290	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/07	992
11/06	J170	END DUMP	W.T.I.	84291	84292	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/07	992
11/06	J171	END DUMP	W.T.I.	84293	84294	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/07	992
11/06	J172	END DUMP	W.T.I.	84295	84296	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/07	992
11/07	J173	END DUMP	W.T.I.	84297	84298	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/08	992
11/07	J174	END DUMP	W.T.I.	84299	84300	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.Q.	11/08	992

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REQUESTS FOR ACCOUNTS 992 TO 992 SHIPPED BETWEEN DATES 11/02/97 AND 11/08/97

SHIP DATE	TRUCK NO.	TYPE EQUIP.	TRANS-PORTER	TRANS P.O.	DISP P.O.	PICKUP POINT(S) GENERATOR	DISPOSAL SITE	DELIVERY DATE/TIME	ACCT CODE
11/07	J175	END DUMP	W.T.I.	84301	84302	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.O.	11/08	992
11/07	J176	END DUMP	W.T.I.	84303	84304	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.O.	11/08	992
11/07	J177	END DUMP	W.T.I.	84306	84308	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.O.	11/08	992
11/07	J178	END DUMP	W.T.I.	84307	84308	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.O.	11/08	992
11/07	J179	END DUMP	W.T.I.	84309	84310	ENVIRONMENTAL DETACHMENT CHARLESTON SC. TO EQ BELLEVILLE, MI	E.O.	11/08	992

Receipt List

Wayne Disposal, Inc.

Wayne Disposal, Inc

December 4, 1997 2:00 PM

DEC-05-1997 10:37

Receipt ID	Manifest	Generator Code/Name	Waste Code	Bill Unit	Approval	Customer Name	KG	Quantity	Rec.Status	Fpr. Status	Date
1061179-01	MI3456803	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	19935	22.15	Accepted	Accepted	11/4/97
1061180-01	MI3456805	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	21933	24.37	Accepted	Accepted	11/4/97
1061181-01	MI3456806	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	18765	20.85	Accepted	Accepted	11/4/97
1061183-01	MI3456802	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	20673	22.97	Accepted	Accepted	11/4/97
1061184-01	MI3456806	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	21312	23.68	Accepted	Accepted	11/4/97
1061185-01	MI3456801	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	20808	23.12	Accepted	Accepted	11/4/97
1061186-01	MI3456800	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	21690	24.1	Accepted	Accepted	11/4/97
1061237-01	MI3456809	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	20016	22.24	Accepted	Accepted	11/5/97
1061249-01	MI3456812	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	21276	23.84	Accepted	Accepted	11/5/97
1061272-01	MI3456810	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	21150	23.5	Accepted	Accepted	11/5/97
1061276-01	MI3456807	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	21311	22.85	Accepted	Accepted	11/5/97
1061339-01	MI3456811	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	20664	22.96	Accepted	Accepted	11/6/97
1061342-01	MI3456824	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	21501	23.89	Accepted	Accepted	11/6/97
1061360-01	MI3456825	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	20745	23.05	Accepted	Accepted	11/6/97
1061382-01	MI3456827	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	20592	22.88	Accepted	Accepted	11/7/97
1061383-01	MI3456829	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	20890	23.2	Accepted	Accepted	11/7/97
1061399-01	MI3456814	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	21339	23.71	Accepted	Accepted	11/7/97
1061418-01	MI3456833	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	21078	23.42	Accepted	Accepted	11/7/97
1061417-01	MI3456831	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	20817	23.13	Accepted	Accepted	11/7/97
1061418-01	MI3456835	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	21456	23.84	Accepted	Accepted	11/7/97
1061419-01	MI3456837	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	20952	23.28	Accepted	Accepted	11/7/97
1061452-01	MI3456815	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	20016	22.24	Accepted	Accepted	11/10/97
1061453-01	MI3456826	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	20763	23.07	Accepted	Accepted	11/10/97
1061454-01	MI3456813	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	19665	21.85	Accepted	Accepted	11/10/97
1061455-01	MI3456832	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	20160	22.4	Accepted	Accepted	11/10/97
1061456-01	MI3456834	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	19899	22.11	Accepted	Accepted	11/10/97
1061458-01	MI3456836	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	16434	18.29	Accepted	Accepted	11/10/97
1061460-01	MI3456828	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	21105	23.45	Accepted	Accepted	11/10/97
1061464-01	MI3456839	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	18531	20.59	Accepted	Accepted	11/10/97
1061467-01	MI3456830	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	21402	23.78	Accepted	Accepted	11/10/97
1061480-01	MI3456838	SC0170022560 ENVIRONMENTAL DETACHMEN	PCB1	TONS	103197PA	LIDLAW WASTE SYSTEMS -WI	19845	22.05	Accepted	Accepted	11/10/97



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address WETNAM SERVICE CENTER 1000 WETNAM SERVICE CENTER MONTGOMERY, AL 36104				A. State Manifest Document Number CWMA 847659			
4. Generator's Phone () 93 985				B. State Generator's ID			
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 518 828 9997			
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459		10. US EPA ID Number ALD000622464		E. State Transporter's ID 856-588 OK			
				F. Transporter's Phone 800/324-1139			
				G. State Facility's ID 205/652-9721			
				H. Facility's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vo	I. Waste No.
a. Disposal Approval # _____ CWM Profile # _____				No.	Type		PO59, D031, U060, U061
b. Disposal Approval # _____ CWM Profile # _____							
c. Disposal Approval # _____ CWM Profile # _____							
d. Disposal Approval # _____ CWM Profile # _____							
J. Additional Descriptions for Materials Listed Above a. MIXTURE OF SOLIDS >4999PPH PCBS State of Generation <u>SOUTH CAROLINA</u> Removed from service: / /				K. Handling Codes for Wastes Listed Above a. _____ c. _____ b. _____ d. _____			
15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ EMERGENCY CONTACT: SERVICE CENTER: DERM CHARGE: CON EMERGENCY RESPONSE NUMBER: CONTRACT NO: SP400 060 0017							
16. GENERATOR'S CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name		Signature		Month Day Year			
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year			
Printed/Typed Name		Signature		Month Day Year			
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year			
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		Signature		Month Day Year			



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. S C D 1 7 0 0 2 2 5 6 0 1 / 3 2 7		Manifest Document No. 1327		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SOUTH DIVNAV FACEN GCOM P.O. BOX 190010 N. CHARLESTON, SC 29419-9010				CARETAKER OFFICE Contact: RICK NIELSON		A. State Manifest Document Number CWMA 847659		B. State Generator's ID	
4. Generator's Phone (803) 743-9985				5. Transporter 1 Company Name TCI INC.		6. US EPA ID Number N Y D 9 8 6 8 9 9 9 1 2		C. State Transporter's ID	
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 518 828-9997		E. State Transporter's ID	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459				10. US EPA ID Number A L D 0 0 0 6 2 2 4 6 4		F. Transporter's Phone		G. State Facility's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vo	
a. RO WASTE HAZARDOUS SOLID, N.O.S. 9 NA3077, PGIII (P051, P059, U036, U061, U060) Disposal Approval # _____ CWM Profile # CE1624				0 0 1 0 1 0 0 2 4 0 K				I. Waste No. P059, D031, U036 P051, D012, D020 U060, U061	
b. Disposal Approval # _____ CWM Profile # _____									
c. Disposal Approval # _____ CWM Profile # _____									
d. Disposal Approval # _____ CWM Profile # _____									
a. MIXTURE OF SOLIDS >4999PPM PCBs						K. Handling Codes for Wastes Listed Above			
State of Generation SOUTH CAROLINA Removed from service: / /						a. _____ c. _____ b. _____ d. _____			
15. Special Handling Instructions and Additional Information Purchase Order # DO#228 Work Order # _____ EMERGENCY CONTACT: Greg T. Maggaro 1800 626-9997 SERVICE CENTER: DRMO CHARLESTON EMERGENCY RESPONSE GUIDE# 171 CONTRACT NO: SP4400-96-D-0017									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford									
Printed/Typed Name RICHARD G. NIELSON				Signature <i>Richard G. Nielson</i>				Month Day Year 11/18/97	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name William Sultan II				Signature <i>William Sultan II</i>				Month Day Year 11/18/97	
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									
Signature				Month Day Year					

GENERATOR

TRANSPORTER

FACILITY



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address						A. State Manifest Document Number CWMA 847659							
4. Generator's Phone ()						B. State Generator's ID							
5. Transporter 1 Company Name				6. US EPA ID Number		C. State Transporter's ID							
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone							
9. Designated Facility Name and Site Address						E. State Transporter's ID 518 828 9917							
CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459						F. Transporter's Phone							
10. US EPA ID Number						G. State Facility's ID							
ALD000622464						H. Facility's Phone 205/652-9721							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vo		15. Waste No.	
a. Disposal Approval # _____ CWM Profile # _____						No. Type						PO59, D031, UC PO51, D012, DC D060, U061	
b. Disposal Approval # _____ CWM Profile # _____													
c. Disposal Approval # _____ CWM Profile # _____													
d. Disposal Approval # _____ CWM Profile # _____													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
MIXTURE OF SOLIDS 74999PPM PCBs						a. c.							
State of Generation SOUTH CAROLINA removed from service						b. d.							
15. Special Handling Instructions and Additional Information													
Purchase Order # _____													
Work Order # _____ EMERGENCY CONTACT: _____													
16. GENERATOR'S CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations													
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford													
Printed/Typed Name						Signature			Month Day Year				
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature			Month Day Year				
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						Signature			Month Day Year				

GENERATOR
TRANSPORTER
FACILITY

Chemical Waste Management, Inc.
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459

EPA ID Number: ALD000622464
205-652-9721 / Recordkeeping and Reporting

SOUTHDIVNAVFACENCOM
RICK NIELSON
CARETAKER SITE OFFI
P O BOX 190010
N. CHARLESTON, SC 29419-9010

MANIFEST #
13277

ACKNOWLEDGEMENT OF RECEIPT OF WASTE SHIPMENT

Generator Name: SOUTHDIVNAVFACENCOM
Generator US EPA ID: SC0170022560

Enclosed is/are your Generator Number Two copy/copies for Alabama Manifest Number(s): CWMA - 847659

This copy is to acknowledge that Chemical Waste Management, Inc., of Emelle, Alabama has received your shipment. As a requirement of 40 CFR 264.12 (b), this letter serves to inform you that this facility has the proper permits and will accept your shipment upon completion of waste analysis procedures specified in the facility's Waste Analysis Plan and as determined in the approval waste profile submitted for this/these wastes.

As of July 11, 1988, Chemical Waste Management, Inc., Emelle Alabama (ALD000622464) is operating under a RCRA permit issued by the U.S. E.P.A., Region IV and also interim status from the Alabama Department of Environmental Management (ADEM).

Dorothy Oliver / *AD*
Recordkeeping and Reporting Technician

12/22/97

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC 1 7 0 0 2 2 5 6 0		Manifest Document No. 173292	2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address SOUTH DIVNAV FACENGCOM N. CHARLESTON, SC 29419-9010 803 743-9985					A. State Manifest Document Number				
4. Generator's Phone () EXT 33					B. State Generator's ID				
5. Transporter 1 Company Name TCI INC.					6. US EPA ID Number NYD 9 8 6 8 9 9 9 1 2		C. State Transporter's ID		
7. Transporter 2 Company Name					8. US EPA ID Number		D. Transporter's Phone 518 828-9997		
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-					10. US EPA ID Number ALD 9 8 3 1 6 7 8 9 1		E. State Transporter's ID		
							F. Transporter's Phone		
							G. State Facility's ID		
							H. Facility's Phone 205 338-9997		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RO POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII (SOLID)						No.	Type		
b. RO POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII (LIQUID)									
c. RO POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII (SOLID)									
d. NON DOT REGULATED ELECTRICAL EQUIPMENT (SOLID)									
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above			
a. PCB SOLID DEBRIS						a.			
b. PCB CONTAMINATED FLUID IN ELECTRICAL EQUIPMENT						c.			
c. PCB-CONTAMINATED ELECTRICAL EQUIPMENT						b.			
d. NON-PCB ELECTRICAL EQUIPMENT						d.			
15. Special Handling Instructions and Additional Information Service Center: DRMO CHARLESTON Emergency Response Guide #171 Contract # SP440096D0017 D.O. # 247 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name RICHARD G. NIELSON					Signature <i>Richard G. Nielson</i>			Month Day Year 10/11/2/98	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name MARK A KUBENS					Signature <i>Mark A Kubens</i>			Month Day Year 12/1/2/98	
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 STANLEY HEAD					Signature <i>Stanley Head</i>			Month Day Year 10/11/5/98	



Generator: SOUTHDIVNAVFACENGC0M

US EPA ID: SC170022560

Item Nbr	Gen Ref Nbr	Serial Nbr	Type	Size	PCB PPM	Removed From Service For Disposal	Qty	Gallons	Wt LBS
005	0005	21HH01-1	7029	55	499	11-25-97	1		731
006	0005	21HH01-2	7029	55	499	11-25-97	1		731
007	0006	21HH02-1	7029	55	4999	11-25-97	1		698
008	0006	21HH02-2	7029	55	4999	11-25-97	1		699
TOTALS:							4	0	2859

DOT Code: 21PCBS TCI Code: PSSDM PCB SOLID DEBRIS

001	0001	2362	7010	0	499	11-25-97	1		2318
TOTALS:							1	0	2318

DOT Cod : 31PCBL TCI Code: CELTP PCB CONTAMINATED FLUID IN ELECTRICAL EQUIPMENT

002	0002	95HH01	7011	0	499	11-20-97	1		4700
003	0003	95HH02	7011	0	499	11-20-97	1		4500
TOTALS:							2	0	9200

DOT Cod : 52NRES TCI Code: CESTP DRAINED PCB-CONTAMINATED ELECTRICAL EQUIPMENT

004	0004	95HH03	7013	0	1		1		4600
TOTALS:							1	0	4600

DOT Code: 52NRES TCI Code: NESTP DRAINED NON-PCB ELECTRICAL EQUIPMENT

Appointment Time: 8:00am Arrival Time: 8:00am Loading Complete Time: 10:30am
 Driver Signature: *[Signature]* Date: 1-12-98
 Generator Signature: *[Signature]* Date: 1-12-98

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	Manifest Document No. 113370	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address				A. State Manifest Document Number		
				B. State Generator's ID		
4. Generator's Phone () 0733				C. State Transporter's ID		
5. Transporter 1 Company Name		6. US EPA ID Number		D. Transporter's Phone 818 322 91		
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		
9. Designated Facility Name and Site Address		10. US EPA ID Number		F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone 205 308		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers		13. Total Quantity
				No	Type		14. Unit Wt/Vol	15. Waste No.
a.	HM			00400	21300 K	PCB-2
b.				001TF	01054 K	PCB-1
c.				002C	04182 K	PCB-1
d.				001	008391 K	N/A
J. Additional Descriptions for Materials Listed Above PCB SOLID DEBRIS PCB CONTAMINATED FLUID IN ELECTRICAL EQUIPMENT PCB-CONTAMINATED ELECTRICAL EQUIPMENT AND THE ELECTRICAL EQUIPMENT				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford						
Printed/Typed Name			Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name			Signature		Month Day Year	
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			Signature		Month Day Year	



ORDER FOR SUPPLIES OR SERVICES
 (Contractor must submit four copies of invoice.) P03

Form Approved
 OMB No. 0704-0187
 Expires Dec 31, 1993

PAGE 1 OF
 3

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.
 SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

1. CONTRACT/PURCH ORDER NO. SP440096D0017-		2. DELIVERY ORDER NO. 0247		3. DATE OF ORDER (YYMMDD) 97 DEC 18		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY	
6. ISSUED BY DEF REUT & MKT SVC/DRMS-PME 926 TAYLOR STA RD/PO 0533 BLACKLICK OH 43004-0533				7. ADMINISTERED BY (If other than 6) CODE		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)			
9. CONTRACTOR NAME AND ADDRESS • TRANSCYCLE INDUSTRIES INC P O BOX 765 101 PARKWAY EAST • PELL CITY AL 35125		CODE OUC01		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 98 JAN 20		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNE	
12. DISCOUNT TERMS		13. MAIL INVOICES TO SEE BLOCK 15		14. SHIP TO SP440096D0017-0247 SEE SCHEDULE		15. PAYMENT WILL BE MADE BY DEFENSE FINANCE & ACCOUNTING ATTN DFAS-CO-LC P. O. BOX 369016 COLUMBUS OH 43236-9016		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16. DELIVER TYPE OF ORDER: DELIVER, PURCHASE
 This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
 Reference your ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.
 furnish the following on terms specified herein.

NAME OF CONTRACTOR: _____ SIGNATURE: _____ TYPED NAME AND TITLE: _____ DATE SIGNED (YYMMDD): _____
 If this box is marked, supplier must sign Acceptance and return the following number of copies:
 1. COUNTING AND APPROPRIATION DATE/LOCAL USE
 01 97X4930 5NR0 001 P900 25 S33181 5027.99

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	DOCUMENT NOUN DTID 11/24/97 ACC 73496427 WASTE, POLY N645047328HH02 01 7010AA WASTE, POLYCHLORINATED BIPHENYLS, 9 UN2315, LDWATER PURGE 2362 1 55GLDR LOCATON CSY25R068 PICKUP ADDR <N64504> SPVR SHIPBLDG CONV REPAIR PRTSMTH VA ENVIR DET CHAS 1899 N HOBSON AVE BLDG 30 N CHARLESTON SC 29408-2160 EPA WASTE CODE PCB-1 PICK UP MANIFEST 13292 UD QTY PICKED UP 2318 LINE CODE 11-b UD UNIT OF ISSUE lbs PICK UP DATE 1-12-98	2318	LB	.22000	509.96

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
 BY: Dorothy Chamberlain CONTRACTING OFFICER
_____ ORDERING OFFICER

25. TOTAL 5027.99
 29. DIFFERENCE
 30. INITIALS

26. QUANTITY IN COLUMN 20 HAS BEEN
 INSPECTED RECEIVED ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

27. SHIP NO. PARTIAL FINAL
 28. D.C. VOUCHER NO.

31. PAYMENT
 COMPLETE PARTIAL FINAL

32. PAID BY
 33. AMOUNT VERIFIED CORRECT FOR
 34. CHECK NUMBER
 35. BILL OF LADING NO.

36. I certify this account is correct and proper for payment.
 DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____

37. RECEIVED AT
 38. RECEIVED BY (Print)
 39. DATE RECEIVED (YYMMDD)
 40. TOTAL CONTAINERS
 41. S/R ACCOUNT NUMBER
 42. S/R VOUCHER NO.

continuation sheet P

REFERENCE NO. OF DOCUMENT BEING CONTINUED

SP440096D0017-0247

PAGE OF

2

PAGES

NAME OF OFFEROR OR CONTRACTOR

TRANSCYCLE INDUSTRIES INC

ITEM NO.	SUPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002	CLIN DOC DOCUMENT NOUN DTID <u>10/22/97</u> 01 73496431 WASTE, POLY N645047295HH01 7011AA WASTE, POLYCHLORINATED BIPHENYLS, 9, UN2315, II<50-499PPM PCB> 2 TRANSFORMER, DRAINED<59 PPM PCB> 1B-25BOX PICKUP ADDR <N64504> EPA WASTE CODE <u>PCB-1</u> UD QTY PICKED UP <u>4700</u> PICK UP MANIFEST <u>13292</u> LINE CODE <u>11-C</u> PICK UP DATE <u>1-12-98</u>	4700	LB	.18000	846.00
0003	01 73496436 WASTE, POLY N645047295HH02 7011AA WASTE, POLYCHLORINATED BIPHENYLS, 9, UN2315, II<50-499PPM PCB> 2 TRANSFORMER, DRAINED<73 PPM PCB> 1B-25BOX CSY03P017 PICKUP ADDR <N64504> EPA WASTE CODE <u>PCB-1</u> UD QTY PICKED UP <u>4500</u> PICK UP MANIFEST <u>13292</u> LINE CODE <u>11-C</u> PICK UP DATE <u>1-12-98</u>	4500	LB	.18000	810.00
0004	01 73496447 WASTE, NON- N645047295HH03 7013AA WASTE, NON-REGULATED SOLID TRANSFORMER, DRAINED <<2PPMPCB> 2 1B-25BOX CSY04P017 PICKUP ADDR <N64504> EPA WASTE CODE <u>N/A</u> UD QTY PICKED UP <u>4600</u> PICK UP MANIFEST <u>13292</u> LINE CODE <u>11-C</u> PICK UP DATE <u>1-12-98</u>	4600	LB	.18000	828.00
0005	01 73496460 WASTE, POLY N645047321HH01 7029AA WASTE, POLYCHLORINATED BIPHENYLS, 9, UN2315, II<50-499PCB> 2 PCB CONTAMINATED SOIL FROM SWMU 7 CSY05P017 PICKUP ADDR <N64504> EPA WASTE CODE <u>PCB-2</u> UD QTY PICKED UP <u>1462</u> PICK UP MANIFEST <u>13292</u> LINE CODE <u>11-C</u> PICK UP DATE <u>1-12-98</u>	1462	LB	.65000	950.30
0006	01 73496476 WASTE, POLY N645047321HH02 7029AA WASTE, POLYCHLORINATED BIPHENYLS, 9, UN2315, II<>500PCB> 2 PCB CONTAMINATED SOIL FROM SWMU 7 CSY06P017 TWO 55 GL DRUMS PICKUP ADDR <N64504> EPA WASTE CODE <u>PCB-2</u> UD QTY PICKED UP <u>1397</u> PICK UP MANIFEST <u>13292</u> LINE CODE <u>11-C</u> PICK UP DATE <u>1-12-98</u>	1397	LB	.65000	908.05
0007	01 73496487 TRANSFORMER FB441872250341 7013AA TRANSFORMER 50 KVA EMPTY <50	509	LB	.18000	91.62

continuation sheet p

REFERENCE NO. OF DOCUMENT BEING CONTINUED

SP440096D0017-0247

PAGE OF PAGES

3

NAME OF OFFEROR OR CONTRACTOR

TRANSCYCLE INDUSTRIES INC

ITEM NO.	SUPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
CLIN	ACC DOCUMENT NOUN DTID				
	PPM 2 CAB07P017				
	PICKUP ADDR <FB4418> 437 SUPS - LGS				
	101 W STEWART AVENUE				
	CHARLESTON AFB SC 29404-4824				
EPA WASTE CODE	UD QTY PICKED UP			UD UNIT OF ISSUE	
PICK UP MANIFEST	LINE CODE			PICK UP DATE	
0008	01 73496491 TRANSFORMER FB441872230075	467	LB	.18000	84.06
	7013AA TRANSFORMER 50 KVA EMPTY <50				
	PPM 2 CAB08P017				
	PICKUP ADDR <FB4418>				
EPA WASTE CODE	UD QTY PICKED UP			UD UNIT OF ISSUE	
PICK UP MANIFEST	LINE CODE			PICK UP DATE	
	DRMO FT JACKSON COR DAVID ISSENBERGER				
	DOR P017				
	PROMPT PAYMENT <MAR 1994> FAR				
	52.232-25				
AUTH TRANSPORTER NAME	TCI INC	AUTH TRANSPORTER	EPA #	104D986899912	
AUTH TSDF NAME	Trans-Cycle Industries Inc	AUTH TSDF	EPA #	FLD983161891	
TRANSPORTER SIGNATURE		CONTRACTOR SIGNATURE			
AUTH COR SIGNATURE					

ISSUED BY: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-
 PHONE (205) 338-9997
 FAX (205) 338-9979

DISPOSAL SUMMARY #980038

MANIFEST DOC#: 13292

PAGE: 1

STATE MANIFEST DOC#: UHWM-13292
 SHIPPED: 01/12/98
 RECEIVED: 01/15/98
 COMPLETED: 02/25/98

GENERATOR: SOUTHDIVNAVFACENCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE (803) 743-9985

SERVICE CENTER: DRMO CHARLESTON
 CONTRACT #: SP440096D0017
 DELIVERY #: 247

In accordance with our agreement to provide disposal services, the following item(s) picked up on the above listed manifest were disposed per 40 CFR Part 761. A summary of the disposition is as follows:

Serial Number	CARCASS OR CONTAINER			Outgoing		
	Item Type	Method	Facility	Manifest	Shipped	Disposed
21HH01-1	7029	CWL	CWM	98008	01/16/98	01/16/98
21HH01-2	7029	CWL	CWM	98008	01/16/98	01/16/98
21HH02-1	7029	CWL	CWM	98008	01/16/98	01/16/98
21HH02-2	7029	CWL	CWM	98008	01/16/98	01/16/98
Total	4 DM's of PCB SOLID					
2362	7010	MCR	TCIAL		/ /	01/20/98
Total	1 TP of PCB-CONT ELECTRICAL EQUIPMENT					
95HH01	7011	MCR	TCIAL		/ /	01/20/98
95HH02	7011	MCR	TCIAL		/ /	01/20/98
Total	2 CM's of PCB-CONT ELECTRICAL EQUIPMENT					
95HH03	7013	MCR	TCIAL		/ /	01/20/98
Total	1 CM of NON-PCB ELECTRICAL EQUIPMENT					

Component	CONTENT			Outgoing		
	Method	Facility	Manifest	Shipped	Disposed	
				/ /	/ /	
				/ /	/ /	
				/ /	/ /	
				/ /	/ /	
OIL	DTX	SUNOHI	98017	02/02/98	02/25/98	
				/ /	/ /	
				/ /	/ /	
				/ /	/ /	

DISPOSAL METHODS:

CWL = PCB CHEMICAL WASTE LANDFILL

DTX = DETOXIFICATION

MCR = METALS CLEANING AND RECYCLING

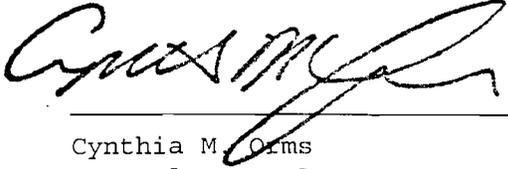
DISPO FACILITY

#980038

CWM = CHEMICAL WASTE MANAGEMENT EMELLE, AL
TCIAL = TRANS-CYCLE INDUSTRIES, INC. PELL CITY, AL

SUNOHI = SUNOHIO, INC. CANTON, OH

OUTGOING MANIFEST DOCUMENT #'S: S-98008 L-98017



Cynthia M. Orms
General Counsel

04/15/98

Date



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

RECEIVED JAN 27 1998

72614

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

9 8 0 0 8

Form Approved, OMB No. 2050-0039, Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. A I L D 1 9 1 8 1 3 1 1 6 1 7 1 8 1 9 1 1 9 1 8 1 0 1 0 2		Manifest Document No. 2		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST P.O. BOX 765 PELL CITY, AL 35125- Contact: GREG MASSARO				A. State Manifest Document Number CWMA 861172		B. State Generator's ID							
4. Generator's Phone (800) 626-9997 Ext: 0				6. US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone					
5. Transporter 1 Company Name ROBBIE D. WOOD				A I L D 1 0 1 6 7 1 1 3 1 8 1 8 1 9 1 1		E. State Transporter's ID		F. Transporter's Phone					
7. Transporter 2 Company Name				8. US EPA ID Number		G. State Facility's ID		H. Facility's Phone					
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459				10. US EPA ID Number A L D 0 0 0 6 2 2 4 6 4		I. Facility's Phone 805/652-9721							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vo		15. Waste No.	
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (SOLID) Disposal Approval # 051599-C001 CWM Profile # AN6834						1. D T		11620		10341K			
b.													
Disposal Approval # _____ CWM Profile # _____													
c.													
Disposal Approval # _____ CWM Profile # _____													
d.													
Disposal Approval # _____ CWM Profile # _____													
16. Additional Descriptions for Materials Listed Above a. PCB SOLID DEBRIS						K. Handling Codes for Wastes Listed Above c.							
State of Generation: ALABAMA						Removed from service: 10/26/97							
15. Special Handling Instructions and Additional Information Purchase Order # Verbal - Mr Massaro , - ERG# 171 Work Order # 415299 EMERGENCY CONTACT: Greg T. Massaro 1800 626-9997													
16. GENERATOR'S CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford													
Printed/Typed Name Gregory T. Massaro				Signature <i>Gregory T. Massaro</i>				Month Day Year 10/11/98					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name James K. Cheuvront				Signature <i>James K. Cheuvront</i>				Month Day Year 10/11/98					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month Day Year					
19. Discrepancy Indication Space See item 19A for NE Total of 97 removed due to use of discrepancy													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Tina L. ...													
Printed/Typed Name				Signature				Month Day Year					



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

RECEIVED JAN 27 1998

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 98008

TRANS-CYCLE INDUSTRIES, I
 ATTN: GREG MASSARO
 P O BOX 765
 PELL CITY, AL 35125

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 TRANS-CYCLE INDUSTRIES, I
 described on Alabama Hazardous Waste Manifest Number CWMA 0861172-1

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation {18 U.S.C. abd 15 U.S.C. 2615}, I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver, RW

Dorothy Oliver, Recordkeeping and Reporting Technician
 01/21/98

OSD	Unique ID	Profile	Disposed	Description
10/06/97	861172-01	AN6834	01/16/98	PCB SOLIDS

988017

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

9 8 0 1 7

Form Approved: OMB No. 2050-003

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. A L D 9 8 3 1 6 7 8 9 1	Manifest Document No. 9 8 0 1 7	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST PELL CITY, AL 35125- P.O. BOX 765		4. Generator's Phone (800) 626-9997 Ext: 0		Cnt: GREG MASSARO		A. State Manifest Document Number
5. Transporter 1 Company Name TCI INC.		6. US EPA ID Number N Y D 9 8 6 8 9 9 1 2		D. Transporter's Phone 518-828-9997		B. State Generator's ID
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone		C. State Transporter's ID
9. Designated Facility Name and Site Address SUNOHIO, INC. 1501 RAFF ROAD CANTON, OH 44710-		10. US EPA ID Number O H D 9 8 1 1 0 0 9 6 9		H. Facility's Phone 330-450-4482		G. State Facility's ID
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII (LIQUID)		1	T T	1 8 0 1 4	K	
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above a. PCB ELUID <14500PPM PCBs GALLONS - 5,582 POUNDS - 39,630 DATE REMOVED FROM SERVICE: 04/30/97 * CONTAINED IN FRONT & REAR COMPARTMENTS *		K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information Emergency Response Guide #171 24H EMERGENCY CONTACT: Greg T. Massaro @ 800 626-9997						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford						
Printed/Typed Name TRACY Helms		Signature <i>[Signature]</i>		Month Day Year 6 2 10 21 98		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name MARK A KUTENS		Signature <i>[Signature]</i>		Month Day Year 06 21 19 98		
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 TERRY MAY		Signature <i>[Signature]</i>		Month Day Year 10 21 03 19 98		



ORIGINAL-RETURN TO GENERATOR



Field Service for Electric Power Systems

RECEIVED APR 06 1998

=====
CERTIFICATE OF DISPOSAL
=====

CERTIFICATE NUMBER: SUN4773
ISSUED: 03/30/98

SUNOHIO, Inc. received PCB contaminated MODEF from:

TRANS-CYCLE INDUSTRIES, INC.
101 Parkway East
Pell City AL 35125
Manifest No. #98017

The MODEF received was disposed by chemical treatment as of 02/25/98 in accordance with 40 CFR 761 by SUNOHIO, Inc.'s PCBX Rig #2, Canton, OH 44710 (EPA ID No. OHD986978971).

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

SUNOHIO, Inc.

*Debbie Ludwig
Director of Waste Management*

cc: SUNOHIO Job File 4773

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC017002256013297	Manifest Document No	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address ATTN: RICK NELSON		SOUTH DIV, NAVFAC, EUGCOM CARETAKER SITE OFFICE P.O. BOX 190010 N. CHARLESTON, SC 29405		A. State Manifest Document Number				
4. Generator's Phone 803 743-9985		6. US EPA ID Number WYD986899912		B. State Generator's ID				
5. Transporter 1 Company Name TCI, INC.		8. US EPA ID Number		C. State Transporter's ID				
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone 518 828-9997				
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125		10. US EPA ID Number ALD983167891		E. State Transporter's ID				
				F. Transporter's Phone				
				G. State Facility's ID				
				H. Facility's Phone 205-338-9997				
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit W/Vol	I. Waste No.	
	a.	RR, POLYCHLORINATED BIARYNYLS, 9 UN. 2315, PG III (LIQUID)			008 DM 01320 K			
	b.							
	c.							
	d.							
J. Additional Descriptions for Materials Listed Above a. PCB CONTAMINATED FLUID 50-499 PPM PCB'S				K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information SERVICE CENTER: DARD CHARLESTON EMERGENCY RESPONSE GUIDE #171 CONTRACT # SP44009600017 24HR EMERGENCY CONTACT: GREG MASSARD 800-626-9997								
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford								
Printed/Typed Name RICHARD G. NELSON			Signature <i>Richard G. Nelson</i>			Month Day Year 01201918		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials							
	Printed/Typed Name RUSSELL MATHIS			Signature <i>Russell Mathis</i>			Month Day Year 01201918	
	18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name			Signature			Month Day Year		
FACILITY	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 STANLEY HEAD			Signature <i>Stanley Head</i>			Month Day Year 01201918		



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

Form Approved. OMB No 2050-0039 Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC017002256013297		Manifest Document No 3297		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ATTN: RICK NELSON		SOUTH DIV., NAVFAC, EUGCOM CARETAKER SITE OFFICE		A. State Manifest Document Number		B. State Generator's ID			
4. Generator's Phone (803) 743-9985		P.O. BOX 190010 N. CHARLESTON, SC 29405		C. State Transporter's ID		D. Transporter's Phone 518 828-9997			
5. Transporter 1 Company Name TCL, INC.		6. US EPA ID Number WYD986899912		E. State Transporter's ID		F. Transporter's Phone			
7. Transporter 2 Company Name		8. US EPA ID Number		G. State Facility's ID		H. Facility's Phone 205-338-9997			
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125		10. US EPA ID Number ALD983167891							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. RQ, POLYCHLORINATED BIPHENYLS, 9 UNH 2315, PG III (LIQUID)		No. Type		Quantity		Unit Wt/Vol		Waste No.	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above a. PCB CONTAMINATED FLUID 50-499 PPM PCB'S		K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information SERVICE CENTER: DDMO CHARLESTON EMERGENCY RESPONSE GUIDE # 171 CONTRACT # SP440096 D0017 24HR EMERGENCY CONTACT: GREG MASSARO 800-626-9997		D.O. # 266							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford									
Printed/Typed Name RICHARD G. NELSON		Signature <i>[Signature]</i>		Month Day Year 10/20/98					
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Russell Mathis		Signature <i>[Signature]</i>		Month Day Year 10/20/98			
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		Signature		Month Day Year					

GENERATOR

TRANSPORTER

FACILITY

TCI INC - Detail Pickup List of Items
Addendum to Load Number 980174
Addendum to Manifest Doc 13297

Generator: SOUTH DIV. NAVFAC ENCOM
CHARLESTON AIR FORCE BASE

US EPA ID: SC0170022560
SC3570024460

Item Nbr	Gen Ref Nbr	Serial Nbr	Type	Size	PCB PPM	Removed From Service For Disposal	Qty	Gallons	Wt LBS
001	0001	93HH01	7031	0	499	10/9/87	1		75
002	0002	93HH02-1	7031	0	499	10/9/87	1		393
003	0002	93HH02-2	7031	0	499	10/9/87	1		393
004	0002	93HH02-3	7031	0	499	10/9/87	1		391
005	0003	93HH03-1	7031	0	499	10/9/87	1		413
006	0003	93HH03-2	7031	0	499	10/9/87	1		413
007	0003	93HH03-3	7031	0	499	10/9/87	1		413
008	0003	93HH03-4	7031	0	499	10/9/87	1		414
TOTALS:							8	0	2905

DOT Cod : 31PCBL TCI Code: CLLDM PCB CONTAMINATED FLUID 50-499PPM PCBS

Appointment Time: 8:30 Arrival Time: 8:30 Loading Complete Time: 9:15
 Driver Signature: *Russell M. [Signature]* Date: 2-4-98

Generator Signature: *Richard B. [Signature]* Date: 2-4-98

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No <i>33-01-001-20001-5297</i>		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
		3. Generator's Name and Mailing Address <i>SOUTH BAY NAVY DEPOT</i>				A. State Manifest Document Number		B. State Generator's ID									
4. Generator's Phone () <i>205-338-7997</i>				6. US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone <i>518 828-7997</i>									
5. Transporter 1 Company Name				7. Transporter 2 Company Name		E. State Transporter's ID		F. Transporter's Phone									
9. Designated Facility Name and Site Address				10. US EPA ID Number		G. State Facility's ID		H. Facility's Phone <i>205-338-9997</i>									
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.					
						a.		No.		Type							
						b.											
						c.											
						d.											
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above											
15. Special Handling Instructions and Additional Information																	
<p>16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations</p> <p>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford</p>																	
Printed/Typed Name					Signature					Month Day Year							
17. Transporter 1 Acknowledgement of Receipt of Materials																	
Printed/Typed Name					Signature					Month Day Year							
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					Signature					Month Day Year							



SOUTH OY. NAVY

SC0170022560

Item Nbr	Gen Ref Nbr	Serial Nbr	Qty	Unit Price	Total Price
801	0001	93HH01	1	7.15	7.15
802	0002	93HH02-1	1	7.15	7.15
803	0002	93HH02-2	1	7.15	7.15
804	0002	93HH02-3	1	7.15	7.15
805	0003	93HH03-1	1	7.15	7.15
806	0003	93HH03-2	1	7.15	7.15
807	0003	93HH03-3	1	7.15	7.15
808	0003	93HH03-4	1	7.15	7.15

DOT Code: J1PUBL TCT Code: ELLEN PUB CONTAMINATED FLUIDS SYSTEM INTS

Appointment Time: 8:30 Arrival Time: 8:50 Loading Complete Time: 7:15
 Driver Signature: *Russell W. [Signature]* Date: 2-4-98
 Generator Signature: *Richard S. [Signature]* Date: 2-4-98

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.) P03

Form Approved OMB No. 0704-0187 Expires Dec 31, 1993

PAGE OF 3

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.

1. CONTRACT/PURCH ORDER NO. SP440096D0017- 2. DELIVERY ORDER NO. 0266 3. DATE OF ORDER (YYMMDD) 98 FEB 02 4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE 5. PRIORITY

6. ISSUED BY DEF REUT & MKT SVC/DRMS-PME 926 TAYLOR STA RD/PO 0533 BLACKLICK OH 43004-0533 7. ADMINISTERED BY (if other than 6) CODE 03DRMR 8. DELIVERY FOB DEST

9. CONTRACTOR TRANSCYCLE INDUSTRIES INC P O BOX 765 101 PARKWAY EAST PELL CITY AL 35125 10. DELIVER TO FOB POINT BY (Date) 98 MAR 05 11. MARK IF BUSINESS SMALL DISADVANTAGED WOMEN-OWNE 12. DISCOUNT TERMS 13. MAIL INVOICES TO SEE BLOCK 15

14. SHIP TO SP440096D0017-0266 CODE SEE SCHEDULE 15. PAYMENT WILL BE MADE BY DEFENSE FINANCE & ACCOUNTING ATTN DFAS-CO-LC P. O. BOX 369016 COLUMBUS OH 43236-9016 MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. DELIVER PURCHASE TYPE OF ORDER X This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED (YYMMDD)

17. ACCOUNTING AND APPROPRIATION DATE/LOCAL USE 01 97X4930 5NR0 001 P900 25 S33181 1236.70

Table with 6 columns: ITEM NO., SCHEDULE OF SUPPLIES/SERVICE, QUANTITY ORDERED/ACCEPTED, UNIT, UNIT PRICE, AMOUNT. Row 1: 0001, DOCUMENT NOUN DTID ACC 73386036 WASTE POLYC N645047293HH01. 01, 75 LB, .30000, 22.50. Includes EPA WASTE CODE and PICKUP ADDR <N68892> DEF FUN AND ACCT SER OPERATING LOCATION CHARLESTO 1545 SECOND STREET WEST CHARLESTON SC 29405-1968.

24. UNITED STATES OF AMERICA BY: DOROTHY CHAMBERLAIN CONTRACTING OFFICER 25. TOTAL 1236.70 26. DIFFERENCE

27. SHIP NO. 28. D.O. VOUCHER NO. 29. INITIALS 30. AMOUNT VERIFIED CORRECT FOR

31. PAYMENT COMPLETE PARTIAL FINAL 32. PAID BY 33. CHECK NUMBER 34. BILL OF LADING NO.

35. I certify this account is correct and proper for payment. DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER 36. RECEIVED BY DATE 37. DATE RECEIVED (YYMMDD) 38. TOTAL CONTAINERS 39. S/R ACCOUNT NUMBER 40. S/R VOUCHER NO.

continuation sheet p

REFERENCE NO. OF DOCUMENT BEING CONTINUED

SP440096D0017-0. 6

PAGE OF PAGES

2

NAME OF OFFEROR OR CONTRACTOR

TRANSCYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	CLIN ACC DOCUMENT NOUN DTID PICK UP MANIFEST <u>13297</u> LINE CODE <u>11A</u>				
					PICK UP DATE <u>02/03/98</u>
0002	01 73386039 WASTE POLYC N645047293HH02 7031AA WASTE POLYCHLORINATED BIPHENYLS 9 UN2315 11 <50-499PPM PCB> LIQUID PCB CONTAMINATED OIL <50-499 PPM PCB>3-55GLDR LOC CSYP10602 PICKUP ADDR <N68892>	1177	LB	.30000	353.10
	EPA WASTE CODE _____ UD QTY PICKED UP <u>1177</u>				UD UNIT OF ISSUE <u>LBS</u>
	PICK UP MANIFEST <u>13297</u> LINE CODE <u>11A</u>				PICK UP DATE <u>02/03/98</u>
0003	01 73386040 WASTE POLYC N645047293HH03 7031AA WASTE POLYCHLORINATED BIPHENYLS 9 UN2315 11 <50-499PPM PCB> LIQUID PCB CONTAMINATED OIL <50-499 PPM PCB>4-55GLDR LOC CSYP10603 PICKUP ADDR <N68892>	1653	LB	.30000	495.90
	EPA WASTE CODE _____ UD QTY PICKED UP <u>1653</u>				UD UNIT OF ISSUE <u>LBS.</u>
	PICK UP MANIFEST <u>13297</u> LINE CODE <u>11A</u>				PICK UP DATE <u>02/03/98</u>
0004	01 80216074 >500 PPM PC N003918011ZI11 701400 >500 PPM PCB CAPACITORS: 2 BXS: 5910-00-PCB: BLDG 07: BAY H-1: POLYCHLORINATED BIPHENYLS, 9, UN 2315, PG II: PICKUP ADDR <N00104> NAVY INVENTORY CONTROL POINT PO BOX 2020 <MECHANICSBURG> 5450 CARLISLE PIKE MECHANICSBURG PA 17055-0788	503	LB	.40000	201.20
	EPA WASTE CODE _____ UD QTY PICKED UP _____				UD UNIT OF ISSUE _____
	PICK UP MANIFEST _____ LINE CODE _____				PICK UP DATE _____
0005	01 80216075 NON-PCB CAP N003918011ZI12 702200 NON-PCB CAPACITORS: 2 BXS: 5910-00-PCB: BLDG 07: BAY H-1: NON-RCRA: PICKUP ADDR <N00104>	205	LB	.80000	164.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____				UD UNIT OF ISSUE _____
	PICK UP MANIFEST _____ LINE CODE _____				PICK UP DATE _____
	DRMOS MECHANICSBURG/JACKSON CORS D. ISENBERGER/J. FRY DORS 0012/P106 PROMPT PAYMENT <MAR 1994> FAR 52.232-25				
	AUTH TRANSPORTER NAME <u>T.C.I. INC.</u>				AUTH TRANSPORTER EPA # <u>NYD 986899912</u>

continuation sheet p

REFERENCE NO. OF DOCUMENT BEING CONTINUED

SP440096D0017-0.6

PAGE 3 OF 3 PAGES

NAME OF OFFEROR OR CONTRACTOR

TRANSCYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
CLIN ACC DOCUMENT	NOUN # DTID				
AUTH TSDF NAME	<u>TRANS-CYCLE INDUSTRIES</u>	AUTH TSDF EPA #		<u>ALD 983167891</u>	
TRANSPORTER SIGNATURE	<u>[Signature]</u>	CONTRACTOR SIGNATURE		<u>[Signature]</u>	
AUTH COR SIGNATURE	<u>[Signature]</u>				

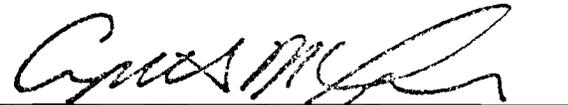
Issued By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc: 13297
 TCI Load # 980174
 of: 02/04/98

Generator: SOUTHDIVNAVFACENGCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE (803) 743-9985

Service Center:
 DRMO CHARLESTON
 Contract # SP440096D0017
 Delivery # 266

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follow:

Qty	Item Description	Disposal Method	Completed
1	DM of PCB 500-4999 SOLID	PCB CHEMICAL WASTE LANDFILL Shipped on Manifest #98024, 02/13/98 To CHEMICAL WASTE MANAGEMENT	02/13/98
7	DM's of PCB-CONT LIQUID	METALS CLEANING AND RECYCLING	02/12/98
	FLUID FROM ABOVE	DETOXIFICATION Shipped on Manifest #98030, 02/25/98 To SUNOHIO, INC.	03/31/98
Certification:			06/30/98
		Cynthia M. Orms General Counsel	Date



RECEIVED FEB 23 1998
HAZARDOUS WASTE MANIFEST
 (As Required By The Alabama Department of Environmental Management)

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

98024

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. AL109821372910200		Manifest Document No. 0200		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST P.O. BOX 765 PELL CITY, AL 35125- PELL CITY, AL 35125- Contact: GREG MASSARO						A. State Manifest Document Number CWMA 861186				
4. Generator's Phone (800) 626-9997 Ext: 0						B. State Generator's ID				
5. Transporter 1 Company Name TCL INC.				6. US EPA ID Number N72026200912		C. State Transporter's ID				
7. Transporter 2 Company Name						D. Transporter's Phone 518-828-9997				
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459						10. US EPA ID Number ALD000622464		E. State Transporter's ID		
						F. Transporter's Phone				
						G. State Facility's ID		H. Facility's Phone 205/652-9721		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vo	15. Waste No.
a. RO. POLYCHLORINATED BIPHENYLS, 0 N2315, PGIII (SOLID) Disposal Approval # 031599-C001 CWM Profile # AN6824						1		12527	K	00
b.										
c.										
Disposal Approval # _____ CWM Profile # _____										
Disposal Approval # _____ CWM Profile # _____										
Disposal Approval # _____ CWM Profile # _____										
J. Additional Descriptions for Materials Listed Above a. PCB SOLID DEBRIS						K. Handling Codes for Wastes Listed Above a. b. c. d.				
State of Generation <u>ALABAMA</u> Removed from manifest: 02/22/98										
15. Special Handling Instructions and Additional Information Purchase Order # _____ Mr. Massaro _____ ERC# 171 Work Order # _____ EMERGENCY CONTACT: _____										
16. GENERATOR'S CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name Trace Helms				Signature <i>[Signature]</i>		Month Day Year 10/21/98				
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>[Signature]</i> Month Day Year 10/21/98				
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature <i>[Signature]</i> 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 Steve ...				Signature <i>[Signature]</i>		Month Day Year 10/21/98				

GENERATOR

TRANSPORTER

FACILITY



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

RECEIVED FEB 23 1998

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 98024

TRANS-CYCLE INDUSTRIES, I
 ATTN: GREG MASSARO
 P O BOX 765
 PELL CITY, AL 35125

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 TRANS-CYCLE INDUSTRIES, I
 described on Alabama Hazardous Waste Manifest Number CWMA 0861186-1

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. abd 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

[Handwritten signature]

 Dorothy Oliver, Recordkeeping and Reporting Technician
 02/16/98

<u>OSD</u>	<u>Unique ID</u>	<u>Profile</u>	<u>Disposed</u>	<u>Description</u>
08/28/97	861186-01	AN6834	02/13/98	PCB SOLIDS

RECEIVED APR 03 1998

988030

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

98030

Form Approved. OMB No. 2050-0039.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. A.L.D.9.8.3.1.6.7.8.9.1		Manifest Document No. 9.8.0.3.0		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST PELL CITY, AL 35125- P.O. BOX 765 4. Generator's Phone (800) 626-9997 Ext: 0 Cnt: GREG MASSARO						A. State Manifest Document Number					
5. Transporter 1 Company Name TCI INC.						6. US EPA ID Number N.Y.D.9.8.6.8.9.9.1.2				C. State Transporter's ID	
7. Transporter 2 Company Name						8. US EPA ID Number				D. Transporter's Phone 518-828-9997	
9. Designated Facility Name and Site Address SUNOHIO, INC. 1501 RAFF ROAD CANTON, OH 44710-						10. US EPA ID Number O.H.D.9.8.1.1.0.0.9.6.9 G.N.R.9.8.Y.Y.8.8.8.8.8				E. State Transporter's ID	
										F. Transporter's Phone	
										G. State Facility's ID	
										H. Facility's Phone 330-430-4482	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	Waste No.	
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII (LIQUID)						1		T T	1 1 3 9 8	K	
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above					
a. PCB FLUID <14,500 PPM PCBs GALLONS - 3,421 POUNDS - 25,076 DATE REMOVED FROM SERVICE: 04/01/97 *CONTAINED IN FRONT AND REAR COMPARTMENTS*						a.					
15. Special Handling Instructions and Additional Information											
Emergency Response Guide #171 24H EMERGENCY CONTACT: Greg T. Massaro @ 800 626-9997											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford											
Printed/Typed Name RACY Helms						Signature <i>Racy Helms</i>			Month Day Year 10/22/98		
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name MARK A KUBENS						Signature <i>Mark A Kubens</i>			Month Day Year 02/25/98		
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature			Month Day Year		
19. Discrepancy Indication Space											
LINE 13 A SHOULD READ 11558K											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.											
Printed/Typed Name Charles Stauffer						Signature <i>Charles Stauffer</i>			Month Day Year 02/26/98		



Field Service for Electric Power Systems

RECEIVED MAY 0 1 1998

=====
CERTIFICATE OF DISPOSAL
=====

CERTIFICATE NUMBER: SUN4789
ISSUED: 04/10/98

SUNOHIO, Inc. received PCB contaminated MODEF from:

TRANS-CYCLE INDUSTRIES, INC.
*101 Parkway East
Pell City AL 35125
Manifest No. #98030*

The MODEF received was disposed by chemical treatment as of 03/31/98 in accordance with 40 CFR 761 by SUNOHIO, Inc.'s PCBX Rig #2, Canton, OH 44710 (EPA ID No. OHD986978971).

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

SUNOHIO, Inc.

*Debbie Ludwig
Director of Waste Management*

cc: SUNOHIO Job File: 4789

Disposal Detail #980174

Issued By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-
PHONE (205) 338-9997
FAX (205) 338-9979

Shipped: 02/04/98
Manifest Doc: 13297
Received: 02/06/98
Disposed: 03/31/98

Generator: SOUTHDIVNAVFACENCOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (803) 743-9985

Service Center:
DRMO CHARLESTON
Contract # SP440096D0017
Delivery # 266

We hereby certify that the following PCB items were disposed of in accordance with 40 CFR 761 as of the date(s) shown below:

Carcass or Container		Contents					
Item Number	Item Type	Method	Disp	Comp Method	Disp	Facility	EPA ID #
93HH01	7028	CWL	02/13/98				
93HH02-1	7031	MCR	02/12/98	OIL	DTX 03/31/98	SUNOHI	OHD986978971
93HH02-2	7031	MCR	02/12/98	OIL	DTX 03/31/98	SUNOHI	OHD986978971
93HH02-3	7031	MCR	02/12/98	OIL	DTX 03/31/98	SUNOHI	OHD986978971
93HH03-1	7031	MCR	02/12/98	OIL	DTX 03/31/98	SUNOHI	OHD986978971
93HH03-2	7031	MCR	02/12/98	OIL	DTX 03/31/98	SUNOHI	OHD986978971
93HH03-3	7031	MCR	02/12/98	OIL	DTX 03/31/98	SUNOHI	OHD986978971
93HH03-4	7031	MCR	02/12/98	OIL	DTX 03/31/98	SUNOHI	OHD986978971

CWL = PCB CHEMICAL WASTE LANDFILL
DTX = DETOXIFICATION

MCR = METALS CLEANING AND RECYCLING



Cynthia M. Orms
General Counsel

06/30/98

Date

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC 170022560		Manifest Document No. 113298		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.						
		3. Generator's Name and Mailing Address SOUTH DIVNAVFACENCOM N. CHARLESTON, SC 29419-9010						A. State Manifest Document Number						
4. Generator's Phone (803) 743-9985						B. State Generator's ID								
5. Transporter 1 Company Name TCI INC.						C. State Transporter's ID								
6. US EPA ID Number NYD986899912						D. Transporter's Phone 518 828-9997								
7. Transporter 2 Company Name						E. State Transporter's ID								
8. US EPA ID Number						F. Transporter's Phone								
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-						G. State Facility's ID								
10. US EPA ID Number ALD98316789						H. Facility's Phone 205 338-9997								
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.		
						No.		Type						
a. RO POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII (SOLID)						0010M00281		K						
b.														
c.														
d.														
16. J. Additional Descriptions for Materials Listed Above a. OIL CONTAMINATED SOLIDS >49PPH PCBS						K. Handling Codes for Wastes Listed Above a.								
15. Special Handling Instructions and Additional Information Service Center: DRMO CHARLESTON Emergency Response Guide #171 Contract # SP440096D0017 24H EMERGENCY CONTACT: GREG MASSARO														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.														
Printed/Typed Name RICHARD G. NIELSON						Signature <i>Richard G. Nielson</i>			Month Day Year 10/21/1998					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name MARK A. KUBERS			Signature <i>Mark A. Kubers</i>			Month Day Year 10/21/1998		
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 STANLEY HEAD						Signature <i>Stanley Head</i>			Month Day Year 10/22/1998					



MANIFEST #
13298

February 19, 1998



To Whom It May Concern:

As required, this letter serves to affirm that this facility is authorized, and has the capacity to pick-up, transport and will provide ultimate disposal method(s) as provided for the PCB fluids received.

Authorized Facility:

Trans-Cycle Industries, Inc.
101 Parkway East
Cogswell Industrial Park
Pell City, AL 35125
EPA ID No. ALD983167891

Authorized Transporter:

TCI Inc.
Rd 3, Box 153T,
Falls Road Industrial Park
Hudson, NY 12534
EPA ID No. NYD986899912

With kind regards,

A handwritten signature in black ink, appearing to read 'Cynthia M. Orms', is written over the typed name.

Cynthia M. Orms
General Counsel



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 13301

SOUTHDIVNAVFACENGCOM
 ATTN: RICK NIELSON
 P O BOX 190010
 N. CHARLESTON, SC 29419-9010

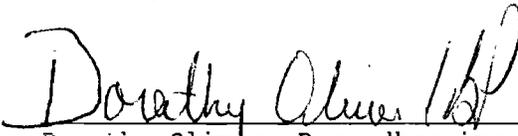
CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 SOUTHDIVNAVFACENGCOM
 described on Alabama Hazardous Waste Manifest Number CWMA 0847679-1

#13301

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation {18 U.S.C. abd 15 U.S.C. 2615}, I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.


 Dorothy Oliver, Recordkeeping and Reporting Technician
 03/27/98

OSD	Unique ID	Profile	Disposed	Description
03/17/98	847679-01	CE1647	03/26/98	DIRT/DEBRIS WITH PCB'S



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

Federal EPA ID Number: ALD000622464

Manifest Document Number: 13302

SOUTHDIVNAVFACENGCOM
 ATTN: RICK NIELSON
 P O BOX 190010
 N. CHARLESTON, SC 29419-9010

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 SOUTHDIVNAVFACENGCOM
 described on Alabama Hazardous Waste Manifest Number CWMA 0847680-1

13302

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation {18 U.S.C. abd 15 U.S.C. 2615}, I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver /BP

 Dorothy Oliver, Recordkeeping and Reporting Technician
 03/27/98

<u>OSD</u>	<u>Unique ID</u>	<u>Profile</u>	<u>Disposed</u>	<u>Description</u>
03/17/98	847680-01	CE1647	03/26/98	DIRT/DEBRIS WITH PCB'S

Chemical Waste Management, Inc.
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459

EPA ID Number: ALD000622464
205-652-9721 / Recordkeeping and Reporting

SOUTHDIVNAVFACENCOM
RICK NIELSON
CARETAKER SITE OFFI
P O BOX 190010
N. CHARLESTON, SC 29419-9010

ACKNOWLEDGEMENT OF RECEIPT OF WASTE SHIPMENT

Generator Name: SOUTHDIVNAVFACENCOM
Generator US EPA ID: SC0170022560

Enclosed is/are your Generator Number Two copy/copies for Alabama Manifest
Number(s): CWMA - 0847680

This copy is to acknowledge that Chemical Waste Management, Inc., of Emelle,
Alabama has received your shipment. As a requirement of 40 CFR 264.12 (b),
this letter serves to inform you that this facility has the proper permits and
will accept your shipment upon completion of waste analysis procedures specified
in the facility's Waste Analysis Plan and as determined in the approval waste
profile submitted for this/these wastes.

As of July 11, 1988, Chemical Waste Management, Inc., Emelle Alabama
(ALD000622464) is operating under a RCRA permit issued by the U.S. E.P.A.,
Region IV and also interim status from the Alabama Department of Environmental
Management (ADEM).

Dorothy Oliver *DO*
Recordkeeping and Reporting Technician

03/27/98



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 13303

SOUTHDIVNAVFACENGCOM
 ATTN: RICK NIELSON
 P O BOX 190010
 N CHARLESTON, SC 29419-9010

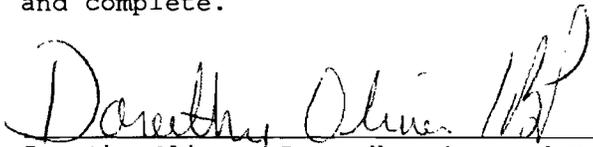
CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 SOUTHDIVNAVFACENGCOM
 described on Alabama Hazardous Waste Manifest Number CWMA 0847683-1

 13303

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. abd 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.



 Dorothy Oliver, Recordkeeping and Reporting Technician
 03/27/98

OSD	Unigue ID	Profile	Disposed	Description
03/17/98	847683-01	CE1647	03/26/98	DIRT/DEBRIS WITH PCB'S

Chemical Waste Management, Inc.
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459

EPA ID Number: ALD000622464
205-652-9721 / Recordkeeping and Reporting

SOUTHDIVNAVFACENCOM
RICK NIELSON
CARETAKER SITE OFFI
P O BOX 190010
N. CHARLESTON, SC 29419-9010

ACKNOWLEDGEMENT OF RECEIPT OF WASTE SHIPMENT

Generator Name: SOUTHDIVNAVFACENCOM
Generator US EPA ID: SC0170022560

Enclosed is/are your Generator Number Two copy/copies for Alabama Manifest
Number(s): CWMA - 0847683

This copy is to acknowledge that Chemical Waste Management, Inc., of Emelle,
Alabama has received your shipment. As a requirement of 40 CFR 264.12 (b),
this letter serves to inform you that this facility has the proper permits and
will accept your shipment upon completion of waste analysis procedures specified
in the facility's Waste Analysis Plan and as determined in the approval waste
profile submitted for this/these wastes.

As of July 11, 1988, Chemical Waste Management, Inc., Emelle Alabama
(ALD000622464) is operating under a RCRA permit issued by the U.S. E.P.A.,
Region IV and also interim status from the Alabama Department of Environmental
Management (ADEM).

Dorothy Oliver 
Recordkeeping and Reporting Technician

03/27/98



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 13304

SOUTHDIVNAVACENGCOM
 ATTN: RICK NIELSON
 P O BOX 190010
 N CHARLESTON, SC 29419-9010

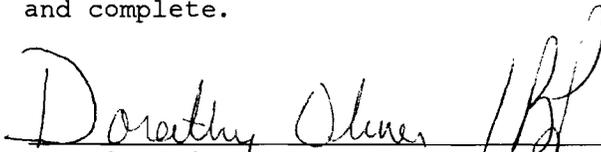
CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 SOUTHDIVNAVACENGCOM
 described on Alabama Hazardous Waste Manifest Number CWMA 0847682-1

13304

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.



 Dorothy Oliver, Recordkeeping and Reporting Technician
 03/27/98

OSD	Unique ID	Profile	Disposed Description
03/17/98	847682-01	CE1647	03/26/98 DIRT/DEBRIS WITH PCB'S

Chemical Waste Management, Inc.
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459

EPA ID Number: ALD000622464
205-652-9721 / Recordkeeping and Reporting

SOUTHDIVNAVFACENCOM
RICK NIELSON
CARETAKER SITE OFFI
P O BOX 190010
N. CHARLESTON, SC 29419-9010

ACKNOWLEDGEMENT OF RECEIPT OF WASTE SHIPMENT

Generator Name: SOUTHDIVNAVFACENCOM
Generator US EPA ID: SC0170022560

Enclosed is/are your Generator Number Two copy/copies for Alabama Manifest
Number(s): CWMA - 0847682

This copy is to acknowledge that Chemical Waste Management, Inc., of Emelle,
Alabama has received your shipment. As a requirement of 40 CFR 264.12 (b),
this letter serves to inform you that this facility has the proper permits and
will accept your shipment upon completion of waste analysis procedures specified
in the facility's Waste Analysis Plan and as determined in the approval waste
profile submitted for this/these wastes.

As of July 11, 1988, Chemical Waste Management, Inc., Emelle Alabama
(ALD000622464) is operating under a RCRA permit issued by the U.S. E.P.A.,
Region IV and also interim status from the Alabama Department of Environmental
Management (ADEM).

Dorothy Oliver 
Recordkeeping and Reporting Technician

03/27/98



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91

80844009

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. 1501100225101158017
Manifest Document No. 1501100225101158017

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

3. Generator's Name and Mailing Address
SOUTHVIEW FACENCON
P.O. BOX 190010
W. CHARLESTON, SC 29419-9010
803, 741-9985

A. State Manifest Document Number
CWMA 847682

B. State Generator's ID

4. Generator's Phone (803) 741-9985
5. Transporter 1 Company Name
ROBBIE D. WOOD
6. US EPA ID Number
AL000622464

C. State Transporter's ID
40067
D. Transporter's Phone
205 744-8440

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
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459
10. US EPA ID Number
ALD000622464

G. State Facility's ID

H. Facility's Phone
205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type
13. Total Quantity
14. Unit Wt/Vol
I. Waste No.

a. RC POLYCHLORINATED BIPHENYLS, UN2315, PGI1 (SOLID)
Disposal Approval # _____ CWM Profile # CE1647

1 container, Type 1, Total Quantity 1999, Unit Wt/Vol K

b. Disposal Approval # _____ CWM Profile # _____

c. Disposal Approval # _____ CWM Profile # _____

d. Disposal Approval # _____ CWM Profile # _____

Disposal Approval # _____ CWM Profile # _____

J. Additional Descriptions for Materials Listed Above
a. PCB SOLID DEBRIS
Track # 104
Trailer # 592
State of Generation Removed from service 17 May 98

K. Handling Codes for Wastes Listed Above
a. _____ c. _____
b. _____ d. _____

15. Special Handling Instructions and Additional Information
Purchase Order # _____
Work Order # _____
CONTRACT# SP44009600017 DOR 293
EMERGENCY RESPONSE GUIDE #171
Greg T. Massaro 1800 626-9997

16. GENERATOR'S CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name _____ Signature _____ Month Day Year 05 02 98

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name _____ Signature _____ Month Day Year 05 02 98

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 _____ Signature _____ Month Day Year 05 02 98

GENERATOR

TRANSPORTER

CITY



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 13305

SOUTHDIVNAVFACENGCOM
 ATTN: RICK NIELSON
 P O BOX 190010
 N. CHARLESTON, SC 29419-9010

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 SOUTHDIVNAVFACENGCOM
 described on Alabama Hazardous Waste Manifest Number CWMA 0847681-1

13305

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. abd 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver

 Dorothy Oliver, Recordkeeping and Reporting Technician
 03/27/98

<u>OSD</u>	<u>Unique ID</u>	<u>Profile</u>	<u>Disposed</u>	<u>Description</u>
03/17/98	847681-01	CE1647	03/26/98	DIRT/DEBRIS WITH PCB'S

. Chemical Waste Management, Inc.
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459

EPA ID Number: ALD000622464
205-652-9721 / Recordkeeping and Reporting

SOUTHDIVNAVFACENCOM
RICK NIELSON
CARETAKER SITE OFFI
P O BOX 190010
N. CHARLESTON, SC 29419-9010

ACKNOWLEDGEMENT OF RECEIPT OF WASTE SHIPMENT

Generator Name: SOUTHDIVNAVFACENCOM
Generator US EPA ID: SC0170022560

Enclosed is/are your Generator Number Two copy/copies for Alabama Manifest
Number(s): CWMA - 0847681

This copy is to acknowledge that Chemical Waste Management, Inc., of Emelle,
Alabama has received your shipment. As a requirement of 40 CFR 264.12 (b),
this letter serves to inform you that this facility has the proper permits and
will accept your shipment upon completion of waste analysis procedures specified
in the facility's Waste Analysis Plan and as determined in the approval waste
profile submitted for this/these wastes.

As of July 11, 1988, Chemical Waste Management, Inc., Emelle Alabama
(ALD000622464) is operating under a RCRA permit issued by the U.S. E.P.A.,
Region IV and also interim status from the Alabama Department of Environmental
Management (ADEM).

Dorothy Oliver 
Recordkeeping and Reporting Technician

03/27/98



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

80044405

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. SIC 117101012131516101115105
Manifest Document No. 115105

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

A. State Manifest Document Number
CWMA 847681

B. State Generator's ID

C. State Transporter's ID
40067

D. Transporter's Phone
205 744-8440

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone
205/652-9721

I. Waste No.

12. Containers
No. Type

13. Total Quantity

14. Unit Wt/Vol

1. Disposal Approval # CWM Profile #

2. Disposal Approval # CWM Profile #

3. Disposal Approval # CWM Profile #

4. Disposal Approval # CWM Profile #

J. Additional Descriptions for Materials Listed Above
a. PCB SOLID DEBRIS
Truck # 118
Trailer # 593
State of Generation Removed from service 17/Mar/98

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
Purchase Order # CONTRACT# SP440096D0017 DO# 248
Work Order # EMERGENCY RESPONSE GUIDE #171
Greg T. Massaro 1800 626-9997

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name Signature Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Month Day Year

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 Signature Month Day Year

GENERATOR
TRANSPORTER
FACILITY



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 13306

SOUTHDIVNAVFACENGOM
 ATTN: RICK NIELSON
 P O BOX 190010
 N CHARLESTON, SC 29419-9010

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 SOUTHDIVNAVFACENGOM

described on Alabama Hazardous Waste Manifest Number CWMA 0847684-1

13306

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation {18 U.S.C. abd 15 U.S.C. 2615}, I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section{s} of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver

Dorothy Oliver, Recordkeeping and Reporting Technician

03/27/98

<u>OSD</u>	<u>Unique ID</u>	<u>Profile</u>	<u>Disposed</u>	<u>Description</u>
03/17/98	847684-01	CE1647	03/26/98	DIRT/DEBRIS WITH PCB'S

Chemical Waste Management, Inc.
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459

EPA ID Number: ALD000622464
205-652-9721 / Recordkeeping and Reporting

SOUTHDIVNAVFACENGCOM
RICK NIELSON
CARETAKER SITE OFFI
P O BOX 190010
N. CHARLESTON, SC 29419-9010

ACKNOWLEDGEMENT OF RECEIPT OF WASTE SHIPMENT

Generator Name: SOUTHDIVNAVFACENGCOM
Generator US EPA ID: SC0170022560

Enclosed is/are your Generator Number Two copy/copies for Alabama Manifest
Number(s): CWMA - 0847684

This copy is to acknowledge that Chemical Waste Management, Inc., of Emelle,
Alabama has received your shipment. As a requirement of 40 CFR 264.12 (b),
this letter serves to inform you that this facility has the proper permits and
will accept your shipment upon completion of waste analysis procedures specified
in the facility's Waste Analysis Plan and as determined in the approval waste
profile submitted for this/these wastes.

As of July 11, 1988, Chemical Waste Management, Inc., Emelle Alabama
(ALD000622464) is operating under a RCRA permit issued by the U.S. E.P.A.,
Region IV and also interim status from the Alabama Department of Environmental
Management (ADEM).

Dorothy Oliver 
Recordkeeping and Reporting Technician

03/27/98



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved, OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. 81017002250113306	Manifest Document No. 13306	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address SOUTHFLORIANAVACENCO P O BOX 190010 N CHARLESTON SC 29419 9010			CONTACT: RICK NIELSON		A. State Manifest Document Number CWMA 847684
4. Generator's Phone (803) 743-8985			B. State Generator's ID		
5. Transporter 1 Company Name ROBBIE WOOD		6. US EPA ID Number ALD007118901		C. State Transporter's ID 40067	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 205 744-8440	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459		10. US EPA ID Number ALD000622464		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone 205/852-9721	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit Wt/Vo
a. RC POLYCHLORINATED BIPHENYLS, UN2315, PGII (SOLID)			No.	Type	Waste No.
Disposal Approval # _____ CWM Profile # CE1647					
b.					
Disposal Approval # _____ CWM Profile # _____					
c.					
Disposal Approval # _____ CWM Profile # _____					
d.					
Disposal Approval # _____ CWM Profile # _____					
J. Additional Descriptions for Materials Listed Above a. PCB SOLID DEBRIS			K. Handling Codes for Wastes Listed Above		
Truck # 145 Trailer # 591			a. _____ c. _____		
State of Generation: Removed from service: 17 Mar 98			b. _____ d. _____		
15. Special Handling Instructions and Additional Information					
Purchase Order # _____			CONTRACT# SP4400960017 ED# 275		
Work Order # _____			EMERGENCY RESPONSE GUIDE #171		
			Greg T. Massaro 1800 826 9997		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations					
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford					
Printed/Typed Name Gary L. [Signature]			Signature [Signature]		Month Day Year 03 27 98
17. Transporter 1 Acknowledgement of Receipt of Materials			Printed/Typed Name [Signature]		Signature [Signature]
					Month Day Year 03 27 98
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 [Signature]			Signature [Signature]		Month Day Year 03 27 98



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 13307

SOUTHDIVNAVFACENCOM
 ATTN: RICK NIELSON
 P O BOX 190010
 N CHARLESTON, SC 29419-9010

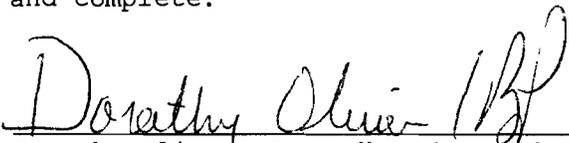
CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 SOUTHDIVNAVFACENCOM
 described on Alabama Hazardous Waste Manifest Number CWMA 0847685-1

13307

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. abd 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.


 Dorothy Oliver, Recordkeeping and Reporting Technician
 03/27/98

OSD	Unique ID	Profile	Disposed	Description
03/17/98	847685-01	CE1647	03/26/98	DIRT/DEBRIS WITH PCB'S

Chemical Waste Management, Inc.
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459

EPA ID Number: ALD000622464
205-652-9721 / Recordkeeping and Reporting

SOUTHDIVNAVFACENGCOM
RICK NIELSON
CARETAKER SITE OFFI
P O BOX 190010
N. CHARLESTON, SC 29419-9010

ACKNOWLEDGEMENT OF RECEIPT OF WASTE SHIPMENT

Generator Name: SOUTHDIVNAVFACENGCOM
Generator US EPA ID: SC0170022560

Enclosed is/are your Generator Number Two copy/copies for Alabama Manifest
Number(s): CWMA - 0847685

This copy is to acknowledge that Chemical Waste Management, Inc., of Emelle,
Alabama has received your shipment. As a requirement of 40 CFR 264.12 (b),
this letter serves to inform you that this facility has the proper permits and
will accept your shipment upon completion of waste analysis procedures specified
in the facility's Waste Analysis Plan and as determined in the approval waste
profile submitted for this/these wastes.

As of July 11, 1988, Chemical Waste Management, Inc., Emelle Alabama
(ALD000622464) is operating under a RCRA permit issued by the U.S. E.P.A.,
Region IV and also interim status from the Alabama Department of Environmental
Management (ADEM).

Dorothy Oliver *fw*
Recordkeeping and Reporting Technician

03/27/98



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 13308

SOUTHDIVNAVFACENGCOM
 ATTN: RICK NIELSON
 P O BOX 190010
 N CHARLESTON, SC 29419-9010

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 SOUTHDIVNAVFACENGCOM
 described on Alabama Hazardous Waste Manifest Number CWMA 0847686-1

13308

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. abd 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver

 Dorothy Oliver, Recordkeeping and Reporting Technician
 03/27/98

OSD	Unique ID	Profile	Disposed	Description
03/17/98	847686-01	CE1647	03/26/98	DIRT/DEBRIS WITH PCB'S

Chemical Waste Management, Inc.
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459

EPA ID Number: ALD000622464
205-652-9721 / Recordkeeping and Reporting

SOUTHDIVNAVFACENCOM
RICK NIELSON
CARETAKER SITE OFFI
P O BOX 190010
N. CHARLESTON, SC 29419-9010

ACKNOWLEDGEMENT OF RECEIPT OF WASTE SHIPMENT

Generator Name: SOUTHDIVNAVFACENCOM
Generator US EPA ID: SC0170022560

Enclosed is/are your Generator Number Two copy/copies for Alabama Manifest
Number(s): CWMA - 0847686

This copy is to acknowledge that Chemical Waste Management, Inc., of Emelle,
Alabama has received your shipment. As a requirement of 40 CFR 264.12 (b),
this letter serves to inform you that this facility has the proper permits and
will accept your shipment upon completion of waste analysis procedures specified
in the facility's Waste Analysis Plan and as determined in the approval waste
profile submitted for this/these wastes.

As of July 11, 1988, Chemical Waste Management, Inc., Emelle Alabama
(ALD000622464) is operating under a RCRA permit issued by the U.S. E.P.A.,
Region IV and also interim status from the Alabama Department of Environmental
Management (ADEM).

Dorothy Oliver 
Recordkeeping and Reporting Technician

03/27/98



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

80841408

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. 50017002250		Manifest Document No. 1133013		2. Page 1 of		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address SOUTHDI NAVRACENCO.COM P.O. BOX 190010 CHARLESTON, SC 29415 9010 803 743 9985						A. State Manifest Document Number CWMA 847686									
4. Generator's Phone ()						B. State Generator's ID									
5. Transporter 1 Company Name ROBBIE D WOOD				6. US EPA ID Number AL000622464		C. State Transporter's ID 40067				D. Transporter's Phone 205-744-8440					
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 CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459						10. US EPA ID Number AL000622464									
						G. State Facility's ID									
						H. Facility's Phone 205/652-9721									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)								12. Containers		13. Total Quantity		14. Unit Wt/Vo		15. Waste No.	
a. POLYCHLORINATED BIPHENYLS, UN2815 (GHS) SOLID								No. Type		20164		K		0	
Disposal Approval # _____ CWM Profile # CE1647															
b.															
Disposal Approval # _____ CWM Profile # _____															
c.															
Disposal Approval # _____ CWM Profile # _____															
j. Additional Descriptions for Materials Listed Above a. PCB SOLID DEBRIS								k. Handling Codes for Wastes Listed Above							
Truck # 106 Trailer # 599 Removed from service: 17 May 98								c. d.							
15. Special Handling Instructions and Additional Information															
Purchase Order # _____				CONTRACT# SP440096D0017 DO# 295 EMERGENCY RESPONSE GUIDE #17 Greg T. Massaro 1800 626-9997											
Work Order # _____				EMERGENCY CONTACT:											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations															
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford															
Printed/Typed Name Greg L. Benjamin				Signature <i>Greg L. Benjamin</i>				Month Day Year 11/17/98							
17. Transporter 1 Acknowledgement of Receipt of Materials															
Printed/Typed Name ROBBIE D WOOD				Signature <i>Robbie D Wood</i>				Month Day Year 11/17/98							
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				Signature				Month Day Year							

GENERATOR

TRANSPORTER

FACILITY



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 13309

SOUTHDIVNAVFACENGCOM
 ATTN: RICK NIELSON
 P O BOX 190010
 N CHARLESTON, SC 29419-9010

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 SOUTHDIVNAVFACENGCOM

described on Alabama Hazardous Waste Manifest Number CWMA 0847687-1

 13309

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. abd 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver

Dorothy Oliver, Recordkeeping and Reporting Technician
 03/30/98

OSD	Unique ID	Profile	Disposed	Description
03/17/98	847687-01	CE1647	03/27/98	DIRT/DEBRIS WITH PCB'S

Chemical Waste Management, Inc.
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459

EPA ID Number: ALD000622464
205-652-9721 / Recordkeeping and Reporting

SOUTHDIVNAVFACENGCOM
RICK NIELSON
CARETAKER SITE OFFI
P O BOX 190010
N. CHARLESTON, SC 29419-9010

ACKNOWLEDGEMENT OF RECEIPT OF WASTE SHIPMENT

Generator Name: SOUTHDIVNAVFACENGCOM
Generator US EPA ID: SC0170022560

Enclosed is/are your Generator Number Two copy/copies for Alabama Manifest Number(s): CWMA - 0847687

This copy is to acknowledge that Chemical Waste Management, Inc., of Emelle, Alabama has received your shipment. As a requirement of 40 CFR 264.12 (b), this letter serves to inform you that this facility has the proper permits and will accept your shipment upon completion of waste analysis procedures specified in the facility's Waste Analysis Plan and as determined in the approval waste profile submitted for this/these wastes.

As of July 11, 1988, Chemical Waste Management, Inc., Emelle Alabama (ALD000622464) is operating under a RCRA permit issued by the U.S. E.P.A., Region IV and also interim status from the Alabama Department of Environmental Management (ADEM).

Dorothy Oliver *lu*
Recordkeeping and Reporting Technician

03/30/98



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Form Approved, OMB No. 2050-0039, Expires 9-30-91

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

205 11101

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. S 0017 10 012 115 15 11 11 13 30 1		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address SOUTH INNA FACENCOM CARETAKER OFFICE P.O. BOX 190010 CHARLESTON, SC 29415-9010				6. US EPA ID Number 18 11 15 10 17 11 13 18 14 11		A. State Manifest Document Number CWMA 847687		B. State Generator's ID			
4. Generator's Phone (803) 743-9995				5. Transporter 1 Company Name ROBBIE D. WOOD		C. State Transporter's ID 40067		D. Transporter's Phone 205 744-8440			
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 CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459				10. US EPA ID Number A L D 0 0 0 6 2 2 4 6 4		G. State Facility's ID		H. Facility's Phone 205/652-9721			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vo	1. Waste No.	
a. POLYCHLORINATED BIPHENYLS, UN2315, PG11 (SOLID)						No.		Type	Quantity	Wt/Vo	Waste No.
Disposal Approval # _____ CWM Profile # NE1647											
b.											
Disposal Approval # _____ CWM Profile # _____											
c.											
Disposal Approval # _____ CWM Profile # _____											
Disposal Approval # _____ CWM Profile # _____											
J. Additional Descriptions for Materials Listed Above a. PCB SOLID DEBRIS Truck # 117 Trailer # 617 State of Generation _____ Removed from service: 17 Mar 98						K. Handling Codes for Wastes Listed Above a. _____ c. _____ b. _____ d. _____					
15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ CONTRACT# SP440096D0017 10# 29. EMERGENCY RESPONSE GUIDE #171 T. Masero 1800 626 9991											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name				Signature				Month Day Year			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Joseph W. Fowler Signature Joseph W. Fowler Month Day Year 11 21 98											
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 Signature Month Day Year											

GENERATOR

TRANSPORTER

FACILITY



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 13310

SOUTHDIVNAVFACENGCOM
 ATTN: RICK NIELSON
 P O BOX 190010
 N CHARLESTON, SC 29419-9010

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 SOUTHDIVNAVFACENGCOM
 described on Alabama Hazardous Waste Manifest Number CWMA 0847688-1

#13310

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation {18 U.S.C. abd 15 U.S.C. 2615}, I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver

Dorothy Oliver, Recordkeeping and Reporting Technician
 03/30/98

OSD	Unique ID	Profile	Disposed	Description
03/17/98	847688-01	CE1647	03/27/98	DIRT/DEBRIS WITH PCB'S

Chemical Waste Management, Inc.
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459

EPA ID Number: ALD000622464
205-652-9721 / Recordkeeping and Reporting

SOUTHDIVNAVFACENGCOM
RICK NIELSON
CARETAKER SITE OFFI
P O BOX 190010
N. CHARLESTON, SC 29419-9010

ACKNOWLEDGEMENT OF RECEIPT OF WASTE SHIPMENT

Generator Name: SOUTHDIVNAVFACENGCOM
Generator US EPA ID: SC0170022560

Enclosed is/are your Generator Number Two copy/copies for Alabama Manifest
Number(s): CWMA - 0847688

This copy is to acknowledge that Chemical Waste Management, Inc., of Emelle,
Alabama has received your shipment. As a requirement of 40 CFR 264.12 (b),
this letter serves to inform you that this facility has the proper permits and
will accept your shipment upon completion of waste analysis procedures specified
in the facility's Waste Analysis Plan and as determined in the approval waste
profile submitted for this/these wastes.

As of July 11, 1988, Chemical Waste Management, Inc., Emelle Alabama
(ALD000622464) is operating under a RCRA permit issued by the U.S. E.P.A.,
Region IV and also interim status from the Alabama Department of Environmental
Management (ADEM).

Dorothy Oliver *YRW*
Recordkeeping and Reporting Technician

03/30/98



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

print or type. (Form designed for use on elite (12 pin) typewriter.)

8085 HHO 2

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. 300170022509113312

Manifest Document No. 3312

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

3. Generator's Name and Mailing Address
SOUTHVIEW WASTE FACILITY
P.O. BOX 190010
N CHARLESTON, SC 29419-9010
803 742 9985

CARETAKER OFFICE
CONTACT: RICK NIELSON

A. State Manifest Document Number
CWMA 847688

B. State Generator's ID

4. Generator's Phone (803) 742 9985

5. Transporter 1 Company Name
ROBBIE D. WOOD

6. US EPA ID Number
AL000622464

C. State Transporter's ID
40067

D. Transporter's Phone
205 744-8440

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
CHEMICAL WASTE MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459

10. US EPA ID Number
AL000622464

G. State Facility's ID

H. Facility's Phone
205/652-9721

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type 13. Total Quantity 14. Unit Wt/Vo 15. Waste No.

a. POLYCHLORINATED BIPHENYLS
(SOLID)

1 container, Type FA, Total Quantity 1320, Unit Wt/Vo K

Disposal Approval # _____ CWM Profile # _____

b. _____

Disposal Approval # _____ CWM Profile # _____

c. _____

Disposal Approval # _____ CWM Profile # _____

J. Additional Descriptions for Materials Listed Above
a. PCB SOLID DEBRIS
Truck # 111
Trailer # 613
State of Generation Removed from service: 17 May 98

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15. Special Handling Instructions and Additional Information
Purchase Order # _____
Work Order # _____ EMERGENCY CONTACT: _____

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name _____ Signature _____ Month Day Year _____

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name _____ Signature _____ Month Day Year _____

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 _____ Signature _____ Month Day Year _____

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Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 13311

SOUTHDIVNAVFACENGOM
 ATTN: RICK NIELSON
 P O BOX 190010
 N CHARLESTON, SC 29419-9010

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 SOUTHDIVNAVFACENGOM
 described on Alabama Hazardous Waste Manifest Number CWMA 0847690-1

13311

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. abd 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver

 Dorothy Oliver, Recordkeeping and Reporting Technician
 03/30/98

OSD	Unique ID	Profile	Disposed	Description
03/17/98	847690-01	CE1647	03/27/98	DIRT/DEBRIS WITH PCB'S

Chemical Waste Management, Inc.
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459

EPA ID Number: ALD000622464
205-652-9721 / Recordkeeping and Reporting

SOUTHDIVNAVFACENCOM
RICK NIELSON
CARETAKER SITE OFFI
P O BOX 190010
N. CHARLESTON, SC 29419-9010

ACKNOWLEDGEMENT OF RECEIPT OF WASTE SHIPMENT

Generator Name: SOUTHDIVNAVFACENCOM
Generator US EPA ID: SC0170022560

Enclosed is/are your Generator Number Two copy/copies for Alabama Manifest
Number(s): CWMA - 0847690

This copy is to acknowledge that Chemical Waste Management, Inc., of Emelle,
Alabama has received your shipment. As a requirement of 40 CFR 264.12 (b),
this letter serves to inform you that this facility has the proper permits and
will accept your shipment upon completion of waste analysis procedures specified
in the facility's Waste Analysis Plan and as determined in the approval waste
profile submitted for this/these wastes.

As of July 11, 1988, Chemical Waste Management, Inc., Emelle Alabama
(ALD000622464) is operating under a RCRA permit issued by the U.S. E.P.A.,
Region IV and also interim status from the Alabama Department of Environmental
Management (ADEM).

Dorothy Oliver *DO*
Recordkeeping and Reporting Technician

03/30/98

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC 170022560	Manifest Document No. 13314	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SOUTHDIYNAVFACEGCOM N. CHARLESTON, SC 29419-9010				A. State Manifest Document Number		
4. Generator's Phone (803) 743-9985				B. State Generator's ID		
5. Transporter 1 Company Name ROBBIE D. WOOD		6. US EPA ID Number ALD067138891		C. State Transporter's ID 40067		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 205 744-8440		
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-		10. US EPA ID Number ALD983167891		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone 205 338-9997		
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
	a.	RM POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII (SOLID)				
	b.					
	c.					
	d.					
J. Additional Descriptions for Materials Listed Above a. DRUM OF SMALL PCB CAPACITORS				K. Handling Codes for Wastes Listed Above a.		
15. Special Handling Instructions and Additional Information Service Center: DRMO CHARLESTON Emergency Response Guide #171 Contract # SP440096D0017 D.O. # 298 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name GARY L CRAWFORD			Signature <i>Gary L Crawford</i>		Month Day Year 10/10/98	
17. Transporter 1 Acknowledgement of Receipt of Materials			Printed/Typed Name Charles A. Hawkins		Signature <i>Charles A. Hawkins</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials			Printed/Typed Name		Signature	
19. Discrepancy Indication Space			Printed/Typed Name DOUG CHURCH		Signature <i>Doug Church</i>	
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19			Printed/Typed Name DOUG CHURCH		Signature <i>Doug Church</i>	
					Month Day Year 10/10/98	



General Announcement

Due to the requests of numerous DRMO's TCI has restructured its Disposal Summaries. The new format is attached. Please note that the "CONTENT" section will only be filled if liquid was disposed separately from the original items shipped.

If you should have any questions regarding this format please contact Contract Specialist Deann Strong at 205-338-9997.

ISSUED BY: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-
 PHONE (205) 338-9997
 FAX (205) 338-9979

DISPOSAL SUMMARY #980267
 MANIFEST DOC#: 13298

PAGE: 1

STATE MANIFEST DOC#: UHWM-13298
 SHIPPED: 02/19/98
 RECEIVED: 02/20/98
 COMPLETED: 03/05/98

GENERATOR: SOUTHDIVNAVFACENGCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE (803) 743-9985

SERVICE CENTER: DRMO CHARLESTON
 CONTRACT #: SP440096D0017
 DELIVERY #: 272

In accordance with our agreement to provide disposal services, the following item(s) picked up on the above listed manifest were disposed per 40 CFR Part 761. A summary of the disposition is as follows:

CARCASS OR CONTAINER						
Serial Number	Item Type	Method	Facility	Outgoing		
				Manifest	Shipped	Disposed
49HH01	7029	CWL	CWM	98031	03/02/98	03/05/98
Total	1 DM of PCB 500-4999 SOLID					

CONTENT						
Component	Method	Facility	Outgoing			
			Manifest	Shipped	Disposed	
				/	/	/ /

DISPOSAL METHODS:

CWL = PCB CHEMICAL WASTE LANDFILL

DISPOSAL FACILITY:

CWM = CHEMICAL WASTE MANAGEMENT EMELLE, AL

OUTGOING MANIFEST DOCUMENT #'S: S-98031


 Cynthia M. Orms
 General Counsel
 Date 04/15/98



RECEIVED MAR 27 1998

TR 203 D

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

9 8 0 3 1

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. AL11D191813116171819191819131		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 PELL CITY, AL 35125-		101 PARKWAY EAST Contact: GREG MASSARO		A. State Manifest Document Number CWMA 881192		B. State Generator's ID			
4. Generator's Phone (800) 626-9997 Ext: 0		5. Transporter 1 Company Name ROBBIE D. WOOD		6. US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone 40007	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone		205-744-8440	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459		10. US EPA ID Number ALD000622464		G. State Facility's ID		H. Facility's Phone 205/652-9721			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		Waste No.	
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (SOLID) Disposal Approval # 051599-C001 CWM Profile # AN6834		No. Type		Quantity		Unit Wt/Vol		Waste No.	
		1 1 D T		1 7 8 2 7 K					
b. Disposal Approval # _____ CWM Profile # _____									
c. Disposal Approval # _____ CWM Profile # _____									
d. Disposal Approval # _____ CWM Profile # _____									
J. Additional Descriptions for Manifests Listed Above a. PCB SOLID		K. Handling Codes for Wastes Listed Above							
State of Generation ALABAMA		Removal From Service 04/02/98							
15. Special Handling Instructions and Additional Information Purchase Order # Verbal - Mr Massaro , - ERG# 171 Work Order # 423047 EMERGENCY CONTACT: Greg T. Massaro 1800 626 9997									
16. GENERATOR'S CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Printed/Typed Name TRACY HELMS		Signature <i>[Signature]</i>		Month Day Year 10 3 1998			
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name OLIVER NAUCE SR		Signature <i>[Signature]</i>		Month Day Year 10 3 1998			
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 Nancy Ramsey		Signature <i>[Signature]</i>		Month Day Year 10 3 1998			



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

RECEIVED MAR 27 1998

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 98031

TRANS-CYCLE INDUSTRIES, I
 ATTN: GREG MASSARO
 P O BOX 765
 PELL CITY, AL 35125

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 TRANS-CYCLE INDUSTRIES, I
 described on Alabama Hazardous Waste Manifest Number CWMA 0861192-1

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.



 Dorothy Oliver, Recordkeeping and Reporting Technician
 03/06/98

OSD	Unigue ID	Profile	Disposed	Description
04/02/97	861192-01	AN6834	03/05/98	PCB SOLIDS

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC170022560	Manifest Document No. 13314	2. Page 1 of 1	Information in the shaded areas is not required by Federal law	
Generator's Name and Mailing Address SOUTH DIVNAV FACENG COM N. CHARLESTON, SC 29419-9010 803 743-9985				A. State Manifest Document Number		
Generator's Phone () 803 743-9985				B. State Generator's ID		
5. Transporter 1 Company Name ROBBIE D. WOOD		6. US EPA ID Number ALD067138891		C. State Transporter's ID 40067		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 205 744-8440		
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-		10. US EPA ID Number ALD983167891		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone 205 338-9997		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
a. RQ POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII (SOLID)						
b.						
c.						
d.						
Additional Descriptions for Materials Listed Above a. DRUM OF SMALL PCB CAPACITORS				K. Handling Codes for Wastes Listed Above a.		
15. Special Handling Instructions and Additional Information Service Center: DRMO CHARLESTON Emergency Response Guide #171 Contract # SP440096D0017 D.O. # 298 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name GARY L CRAWFORD			Signature <i>Gary L Crawford</i>		Month Day Year 10/10/98	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Charles A. Hawkins			Signature <i>Charles A. Hawkins</i>		Month Day Year 10/10/98	
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			Signature		Month Day Year	

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 2
2. AMENDMENT/MODIFICATION NO. P00001	3. EFFECTIVE DATE SEE BLOCK 16C	4. REQUISITION/PURCHASE REQ. NO. CONSOLIDATION	5. PROJECT NO. (If applicable)
6. ISSUED BY DEF REUT & MKT SVC/DRMS-PME 926 TAYLOR STA RD/PO 0533 BLACKLICK OH 43004-0533	CODE 03DRMR	7. ADMINISTERED BY (If other than Item 6)	CODE

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) TRANSCYCLE INDUSTRIES INC P O BOX 765 101 PARKWAY EAST PELL CITY AL 35125	9A. AMENDMENT OF SOLICITATION NO.
	9B. DATED (SEE ITEM 11)
	10A. MODIFICATION OF CONTRACT/ORDER NO. SP440096D0017-0298
	10B. DATED (SEE ITEM 13) 98 MAR 30
CODE OUC01	FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing items 8 and 16, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (If required)
01 97X4930 5NRO 001 P900 25 S33181 332.84

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

99 A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
SP440096D0017

B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

D. OTHER (Specify type of modification and authority)
FAR 52.216-18

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)
DOCUMENT 80906436 HAS BEEN ADDED FOR AN AMOUNT OF \$64.44
CLIN 0004 IS BEING ADDED, QTY 179 LBS, HIN 7014AA, U/P \$.36, DTID# N645048056HH01, WASTE, POLYCHLORINATED BIPHENYLS FLUORESCENT LAMP BALLAST. <1> 20 GAL OP. WP# N00191-8028. N.R. LOC CSY25P027. ASD: 3/9/98 <500PPM PCB>
EPA WASTE CODE *N/A* UD QTY PICKED UP *179* UD UNIT OF ISSUE *1DS*
PICK UP MANIFEST *13314* LINE CODE *11-a* PICK UP DATE *4/7/98*
APPROPRIATION REF 01 TOT 64.44

DOCUMENT 80906443 HAS BEEN ADDED FOR AN AMOUNT OF \$14.00

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect

15A. NAME AND TITLE OF SIGNER (Type or print)	18A. NAME AND TITLE OF SIGNER (Type or print) CONTRACTING OFFICER
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED
16B. UNITED STATES OF AMERICA BY <i>[Signature]</i> (Signature of Contracting Officer)	16C. DATE SIGNED <i>4/1/98</i>

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

continuation sheet P00001

REFERENCE NO. OF DOCUMENT BEING CONTINUED
SP440096D0017-0298

PAGE OF PAGES
2

NAME OF OFFEROR OR CONTRACTOR
TRANSCYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<p>CLIN 0005 IS BEING ADDED, QTY 28 LBS, HIN 7022AA, U/P \$.50, DTID# M0026380720009, SMALL CAPACITOR < 50 PPM PCB WP#LAB ID#96RS012. O/S 2/8/96. <1> 10 GAL DR. LOC: MRDB5P027</p> <p>EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____ APPROPRIATION REF 01 TOT 14.00</p> <p>DOCUMENT 80906810 HAS BEEN ADDED FOR AN AMOUNT OF \$254.40 CLIN 0006 IS BEING ADDED, QTY 424 LBS, HIN 7006AA, U/P \$.60, DTID# FB48038090H001, WASTE PCB CAPACITORS/REGULATORS CE EXT ELEC. N.R. <1> BX <1> DM. LOC: 1986P027. ASD: 3/26/98</p> <p>EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____ APPROPRIATION REF 01 TOT 254.40</p> <p>TOTAL DOLLAR AMOUNT OF PIIN SP440096D0017-0298 HAS INCREASED BY \$ 332.84 FROM \$18320.00 TO \$18652.84</p> <p>AUTH TRANSPORTER NAME <u>Robbie D. Wood</u> AUTH TRANSPORTER EPA # <u>AUD 0167138891</u> AUTH TSDF NAME <u>Trans-Cycle Industries Inc</u> AUTH TSDF EPA # <u>AUD 983167891</u> TRANSPORTER SIGNATURE <u>Charles A. Hawkins</u> CONTRACTOR SIGNATURE _____ AUTH COR SIGNATURE <u>[Signature]</u></p>				

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address				A. State Manifest Document Number			
4. Generator's Phone ()				B. State Generator's ID			
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID 40027			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 205 747-0140			
9. Designated Facility Name and Site Address		10. US EPA ID Number		E. State Transporter's ID			
				F. Transporter's Phone			
				G. State Facility's ID			
				H. Facility's Phone 205 747-0140			
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
			No.	Type			
	a.	HM					
	b.						
	c.						
d.							
J. Additional Descriptions for Materials Listed Above a. DRUM OF SMALL PCB CAPACITORS				K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information							
<p>16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations</p> <p>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford</p>							
Printed/Typed Name			Signature		Month Day Year		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials						
	Printed/Typed Name			Signature		Month Day Year	
	18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name			Signature		Month Day Year		
FACILITY	19. Discrepancy Indication Space						
	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name			Signature		Month Day Year		



2022

GENERAL OF SUPERVISOR/TEFA B...

cm Nbr Nbr
Nbr Nbr

01 0004 50001

DOI Code 110005 FBI Zone 000000 113000 113000 113000 113000 113000

Appointment Time: 1130	Arrival Time: 1130	Leaving Complete Time: 1200
Driver Signature: <i>[Signature]</i>		Date: 11/16
General Signature: <i>[Signature]</i>		Date: 11/16

Disposal Summary #980503

Used By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc: 13314
 TCI Load # 980503
 of: 04/07/98

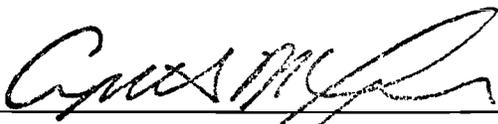
Generator: SOUTH DIVNAVFACENCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE (803) 743-9985

Service Center:
 DRMO CHARLESTON
 Contract # SP440096D0017
 Delivery # 298

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follows:

Qty	Item Description	Disposal Method	Completed
1	DF of PCB 500-4999 SMALL CAPACITOR	PCB CHEMICAL WASTE LANDFILL Shipped on Manifest #98054, 04/17/98 To CHEMICAL WASTE MANAGEMENT	04/17/98

Certification:



 Cynthia M. Orms
 General Counsel

06/30/98

Date



RECEIVED MAY 04 1998

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Print in plain type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ALD000016700100051	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST P.O. BOX 765 Contact: GREG MASSARO PELL CITY, AL 35125-9997				A. State Manifest Document Number CWMA 861209		
4. Generator's Phone (800) 626-9997 Ext.: 0				B. State Generator's ID		
5. Transporter 1 Company Name TCI INC		6. US EPA ID Number NY0028000012		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 518-828-8897		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459				E. State Facility's ID		
				F. Facility's Phone 205/652-9721		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vo	15. Waste No.	
a. RC, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (SOLID) Disposal Approval # 051599-C001 CWM Profile # AN6831		No. Type			16945K	
b. Disposal Approval # CWM Profile #						
c. Disposal Approval # CWM Profile #						
Disposal Approval # CWM Profile #						
J. Additional Descriptions for Materials Listed Above a. PCB SOLID DEBRIS				K. Handling Codes for Wastes Listed Above a. L c. b. d.		
State of Generation ALABAMA				15. Special Handling Instructions and Additional Information Removed from service: 03/99/97		
Purchase Order # Verbal Mr Massaro				ERG: 171		
Work Order # 170				EMERGENCY CONTACT: 1800-626-9997		
16. GENERATOR'S CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name DOUG CHURCH		Signature <i>Doug Church</i>		Month, Day, Year 04/17/98		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name MARK A HUBERTS		Signature <i>Mark A Huberts</i>		Month, Day, Year 04/17/98		
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 Nancy Lamm		Signature <i>Nancy Lamm</i>		Month, Day, Year 04/17/98		

GENERATOR

TRANSPORTER

FACILITY

RECEIVED MAY 04 1998



Chemical Waste Management, Inc.,
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459-0055
205-652-9721

Federal EPA ID Number: ALD000622464
Manifest Document Number: 98054

TRANS-CYCLE INDUSTRIES, I
ATTN: GREG MASSARO
P O BOX 765
PELL CITY, AL 35125

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
TRANS-CYCLE INDUSTRIES, I
described on Alabama Hazardous Waste Manifest Number CWMA 0861209-1

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. abd 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver, Recordkeeping and Reporting Technician
04/20/98

OSD	Unique ID	Profile	Disposed	Description
03/09/97	861209-01	AN6834	04/17/98	PCB SOLIDS

Disposal Detail #980503

Used By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-
PHONE (205) 338-9997
FAX (205) 338-9979

Shipped: 04/07/98
Manifest Doc: 13314
Received: 04/08/98
Disposed: 04/17/98

Generator: SOUTHDIVNAVFACENCOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (803) 743-9985

Service Center:
DRMO CHARLESTON
Contract # SP440096D0017
Delivery # 298

We hereby certify that the following PCB items were disposed of in accordance with 40 CFR 761 as of the date(s) shown below:

Item Number	Carcass or Container	Item Type	Method Disp	Comp Method Disp	Contents	Facility	EPA ID #
56HH01		7047	CWL	04/17/98			

CWL = PCB CHEMICAL WASTE LANDFILL



Cynthia M. Orms
General Counsel

06/30/98

Date

Issued By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc:
 TCI Load # 980480
 of: 04/07/98

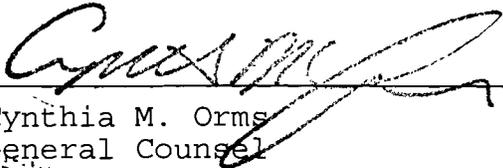
Generator: SOUTHDIVNAVFACENCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 MARK EPSTEIN
 PHONE (803) 764-7901

Service Center:
 DRMO CHARLESTON
 Contract # SP440096D0017
 Delivery # 331

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follow:

Qty	Item Description	Disposal Method	Completed
7	DM's of PCB 500-4999 MIXTURE	PCB CHEMICAL WASTE LANDFILL Shipped on Manifest #98054, 04/17/98 To CHEMICAL WASTE MANAGEMENT	04/17/98

Certification:


 Cynthia M. Orms
 General Counsel

06/30/98

Date



RECEIVED MAY 04 1998 11-203D

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. A L D 0 0 0 1 6 7 0 0 1 0 0 0 5	Manifest Document No. 5	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST P.O. BOX 765 Contact: GREG PELL CITY, AL 35125- MASSARO				A. State Manifest Document Number CWMA 861209			
4. Generator's Phone (300) 626-9997 Ext: 0				B. State Generator's ID			
5. Transporter 1 Company Name TCI INC		6. US EPA ID Number 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		C. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone			
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459				10. US EPA ID Number A L D 0 0 0 6 2 2 4 6 4		E. State Transporter's ID 518 826-9997	
				F. Transporter's Phone			
				G. State Facility's ID			
				H. Facility's Phone 205/652-9721			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total	14. Unit	15. Waste No.
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (SOLID) Disposal Approval # 251599-C001 CWM Profile # A96831				No.	Quantity	Wt/Vo	
b. Disposal Approval # _____ CWM Profile # _____							
c. Disposal Approval # _____ CWM Profile # _____							
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above			
a. PCB SOLID DEBRIS				a. <input checked="" type="checkbox"/> c. <input type="checkbox"/>			
State of Generation: ALABAMA				b. <input type="checkbox"/> d. <input type="checkbox"/>			
15. Special Handling Instructions and Additional Information							
Purchase Order # Verbal Mr. Massaro ERG= 171							
Work Order # _____ EMERGENCY CONTACT: _____							
16. GENERATOR'S CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations							
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford							
Printed/Typed Name DOUG CHURCH				Signature <i>[Signature]</i>		Month Day Year 04/17/98	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name MARK A BUBENS				Signature <i>[Signature]</i>		Month Day Year 04/17/98	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name				Signature		Month Day Year	
3. 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 <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year	

GENERATOR

TRANSPORTER

FACILITY

RECEIVED MAY 04 1998



Chemical Waste Management, Inc.,
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459-0055
205-652-9721

Federal EPA ID Number: ALD000622464
Manifest Document Number: 98054

TRANS-CYCLE INDUSTRIES, I
ATTN: GREG MASSARO
P O BOX 765
PELL CITY, AL 35125

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
TRANS-CYCLE INDUSTRIES, I
described on Alabama Hazardous Waste Manifest Number CWMA 0861209-1

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. abd 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver, Recordkeeping and Reporting Technician
04/20/98

OSD	Unique ID	Profile	Disposed	Description
03/09/97	861209-01	AN6834	04/17/98	PCB SOLIDS

Issued By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-
 PHONE (205) 338-9997
 FAX (205) 338-9979

Shipped: 04/07/98
 Manifest Doc:
 Received: 04/08/98
 Disposed: 04/17/98

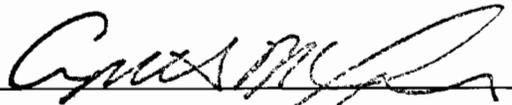
Generator: SOUTHDIVNAVFACENGCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 PHONE (803) 764-7901

Service Center:
 DRMO CHARLESTON
 Contract # SP440096D0017
 Delivery # 331

We hereby certify that the following PCB items were disposed of
 in accordance with 40 CFR 761 as of the date(s) shown below:

Item Number	Item Type	Method	Disp	Comp	Method	Disp	Facility	EPA ID #
232526X	7035	CWL	04/17/98					
232527X	7035	CWL	04/17/98					
232524X	7035	CWL	04/17/98					
232525X	7035	CWL	04/17/98					
232528X	7035	CWL	04/17/98					
232529X	7035	CWL	04/17/98					
232530X	7035	CWL	04/17/98					

CWL = PCB CHEMICAL WASTE LANDFILL



 Cynthia M. Orms
 General Counsel

06/30/98

 Date

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No S C 0 1 7 0 0 2 2 5 6 0	Manifest Document No. 1.3326	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SOUTH DIV NAV FAC ENG COM N. CHARLESTON, SC 29419-9010 803 743-9985 EXT. 33				CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK NIELSON		A. State Manifest Document Number
4. Generator's Phone ()						B. State Generator's ID
5. Transporter 1 Company Name TCI INC.		6. US EPA ID Number N Y D 9 8 6 8 9 9 9 1 2		C. State Transporter's ID 518 828 9997		D. Transporter's Phone
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 TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-				10. US EPA ID Number A L D 9 8 3 1 6 7 8 9 1		G. State Facility's ID
						H. Facility's Phone 205 338-9997
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
a. NON DOT REGULATED WASTE OIL		002 DM	04.234	K		
b. NON DOT REGULATED ELECTRICAL EQUIPMENT (SOLID)		001 TP	00.903	K		
c. NON DOT REGULATED SOLID WASTE		002 CM	05.409	K		
d. NON DOT REGULATED SOLID WASTE		003 DM	00.182	K		
J. Additional Descriptions for Materials Listed Above a. NON-PCB FLUID <50PPM PCBs b. NON-PCB ELECTRICAL EQUIPMENT c. CONTAINER OF NON-PCB SOLIDS d. NON-PCB SOLIDS IN A DRUM				K. Handling Codes for Wastes Listed Above a. _____ b. _____ c. _____ d. _____		
15. Special Handling Instructions and Additional Information Service Center: DRMO CHARLESTON Contract # SP440096D0017 D.O. # 337 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. COR [Signature] 6/17/98						
Printed/Typed Name RICHARD G. NIELSON			Signature [Signature]		Month Day Year 06/17/98	
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name James P. [Signature]			Signature [Signature]		Month Day Year 06/17/98	
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 STANLEY HEAD			Signature Stanley Head		Month Day Year 06/22/98	



TCI INC - Detail Pickup List of Items
Addendum to Load Number 980880
Addendum to Manifest Doc 13322

Generator: SOUTHDIVNAVFACENGCOM

US EPA ID: SC0170022560

am or	Gen Ref Nbr	Serial Nbr	Type	Size	PCB PPM	Removed From Service For Disposal	Qty	Gallons	Wt LBS
001	0007	8120HH01-1	7032	0	49	_____	1	_____	288 257
002	0007	8120HH01-2	7032	0	49	_____	1	_____	288 257
TOTALS:							2	0	576 514

DOT Code: 41NRL TCI Code: NLLDM NON-PCB FLUID <50PPM PCBs

006	0009	8120HH03	7013	0	49	_____	1	_____	2000
TOTALS:							1	0	2000

DOT Code: 52NRES TCI Code: NESTP DRAINED NON-PCB ELECTRICAL EQUIPMENT

007	0010	8120HH04-1	7028	0	49	_____	1	_____	5950
008	0010	8120HH04-2	7028	0	49	_____	1	_____	5950
TOTALS:							2	0	11900

DOT Code: 61NRS TCI Code: NSSCM CONTAINER OF NON-PCB SOLIDS

003	0008	8120HH02-1	7028	0	49	_____	1	_____	133
004	0008	8120HH02-2	7028	0	49	_____	1	_____	134
005	0008	8120HH02-3	7028	0	49	_____	1	_____	134
TOTALS:							3	0	401

DOT Code: 61NRS TCI Code: NSSDM NON-PCB SOLIDS IN A DRUM

Appointment Time:	Arrival Time:	Loading Complete Time:
Driver Signature: <i>J. J. [Signature]</i>		Date: 06-17-98
Generator Signature: <i>[Signature]</i>		Date: 6-17-98



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

Form Approved OMB No. 2050-0039.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No S C 0 1 7 0 0 2 2 5 6 0	Manifest Document No. 13326	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SOUTH DIVNAV FAC ENG COM N. CHARLESTON, SC 29419-9010			CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK NIELSON		A. State Manifest Document Number	
4. Generator's Phone () 803 743-9985 EXT. 33					B. State Generator's ID	
5. Transporter 1 Company Name TCI INC.			6. US EPA ID Number N Y D 9 8 6 8 9 9 9 1 2	C. State Transporter's ID		D. Transporter's Phone 510-828-9997
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 TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-			10. US EPA ID Number A L D 9 8 3 1 6 7 8 9 1		G. State Facility's ID	
					H. Facility's Phone 205 338-9997	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
a. NON DOT REGULATED WASTE OIL		No. Type				
b. NON DOT REGULATED ELECTRICAL EQUIPMENT (SOLID)		002 DM	08234	K		
c. NON DOT REGULATED SOLID WASTE		001 TP	08959	K		
d. NON DOT REGULATED SOLID WASTE		002 CMP	5409	K		
		003 DM	00182	K		
J. Additional Descriptions for Materials Listed Above a. NON-PCB FLUID <50PPM PCBs b. NON-PCB ELECTRICAL EQUIPMENT c. CONTAINER OF NON-PCB SOLIDS d. NON-PCB SOLIDS IN A DRUM			K. Handling Codes for Wastes Listed Above a. c. b. d.			
15. Special Handling Instructions and Additional Information Service Center: DRMO CHARLESTON Contract # SP440096D0017 D.O. # 337 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. COR [Signature] 6/17/98						
Printed/Typed Name RICHARD G. NIELSON			Signature Richard G. Nielson		Month Day Year 06/17/98	
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name James P. [Signature]			Signature [Signature]		Month Day Year 06/17/98	
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			Signature		Month Day Year	

GENERATOR

TRANSPORTER

FACILITY

TCI INC - Detail Pickup List of Items
Addendum to Load Number 980880
Addendum to Manifest Doc 13326

Generator: SOUTHDIVNAVFACENGCOM

US EPA ID: SC0170022560

Item Nbr	Gen Ref Nbr	Serial Nbr	Type	Size	PCB PPM	Removed From Service For Disposal	Qty	Gallons	Wt LBS
001	0007	8120HH01-1	7032	0	49		1		257
002	0007	8120HH01-2	7032	0	49		1		257
TOTALS:							2	0	514

DOT Code: 41NRL TCI Code: NLLDM NON-PCB FLUID <50PPM PCBs

006	0009	8120HH03	7013	0	49		1		2000
TOTALS:							1	0	2000

DOT Code: 52NRES TCI Code: NESTP DRAINED NON-PCB ELECTRICAL EQUIPMENT

007	0010	8120HH04-1	7028	0	49		1		5950
008	0010	8120HH04-2	7028	0	49		1		5950
TOTALS:							2	0	11900

DOT Code: 61NRS TCI Code: NSSCM CONTAINER OF NON-PCB SOLIDS

003	0008	8120HH02-1	7028	0	49		1		133
004	0008	8120HH02-2	7028	0	49		1		134
005	0008	8120HH02-3	7028	0	49		1		134
TOTALS:							3	0	401

DOT Code: 61NRS TCI Code: NSSDM NON-PCB SOLIDS IN A DRUM

Appointment Time:	Arrival Time:	Loading Complete Time:
Driver Signature: <i>[Signature]</i>		Date: 06-17-98
Generator Signature: <i>[Signature]</i>		Date: 6-17-98

GENERATOR	UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No		Manifest Document No.	2. Page 1 of		Information in the shaded areas is not required by Federal law.					
	3. Generator's Name and Mailing Address					A. State Manifest Document Number							
	4. Generator's Phone ()					B. State Generator's ID							
	5. Transporter 1 Company Name			6. US EPA ID Number		C. State Transporter's ID							
	7. Transporter 2 Company Name			8. US EPA ID Number		D. Transporter's Phone							
	9. Designated Facility Name and Site Address			10. US EPA ID Number		E. State Transporter's ID							
						F. Transporter's Phone							
						G. State Facility's ID							
TRANSPORTER	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)					12. Containers		13. Total		14. Unit		1. Waste No.	
						No. Type		Quantity		Wt/Vol			
	a.												
	b.												
	c.												
d.													
J. Additional Descriptions for Materials Listed Above					K. Handling Codes for Wastes Listed Above								
1. NON-PCB FLUID (SOPH PCBs) 2. NON-PCB ELECTRICAL EQUIPMENT 3. CONTAINER OF NON-PCB SOLIDS 4. NON-PCB SOLIDS IN A DRUM					1. 4.								
15. Special Handling Instructions and Additional Information													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR , if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford													
Printed/Typed Name					Signature					Month Day Year			
FACILITY	17. Transporter 1 Acknowledgement of Receipt of Materials												
	Printed/Typed Name					Signature					Month Day Year		
	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					Signature					Month Day Year			



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	Manifest Document No.	2. Page 1 of		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address				A. State Manifest Document Number			
				B. State Generator's ID			
4. Generator's Phone ()		6. US EPA ID Number		C. State Transporter's ID			
5. Transporter 1 Company Name		7. Transporter 2 Company Name		D. Transporter's Phone			
8. US EPA ID Number		8. US EPA ID Number		E. State Transporter's ID			
9. Designated Facility Name and Site Address		10. US EPA ID Number		F. Transporter's Phone			
10. US EPA ID Number		G. State Facility's ID				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol	
		No. Type				I. Waste No.	
a. HM							
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above			
SOLIDS IN A DRUM (faded text)				(faded text)			
15. Special Handling Instructions and Additional Information							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name				Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature		Month Day Year	
Printed/Typed Name				Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Month Day Year	
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				Signature		Month Day Year	



13327

Generator: SOUTH DAKOTA

UNIT NO. 1001

Reg. Y	Gen Ref No.	Serial No.	...	...	...	...	...
	0004	80978101	...	...	11/3/98	...	...
	0004	80978101	...	...	11/3/98	...	...

502
 257
 759 → 576

POI Code: ZIP Code: TCI Code: PC ID# 158 10/11/98

Appointment Time	Arrival Time	Loading Complete Time
Driver Signature: <i>[Signature]</i>		Date: 9-11-98
Generator Signature: <i>[Signature]</i>		Date: 6-17-98

ORDER FOR SUPPLIES OR SERVICES
 (Contractor must submit four copies of invoice.) POH

Form Approved
 OMB No. 0704-0187
 Expires Dec 31, 1993

PAGE 1 OF 4

The reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.
 SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

1. CONTRACT/PURCH ORDER NO. SP440096D0017-	2. DELIVERY ORDER NO. 0337	3. DATE OF ORDER (YYMMDD) 98 JUN 05	4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE	5. PRIORITY
---	-------------------------------	---	--	-------------

6. ISSUED BY DEF REUT & MKT SVC/DRMS-PME 926 TAYLOR STA RD/PO 0533 BLACKCLICK OH 43004-0533	7. ADMINISTERED BY (if other than 6) CODE	8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)
--	--	--

9. CONTRACTOR NAME AND ADDRESS TRANSCYCLE INDUSTRIES INC P O BOX 765 101 PARKWAY EAST PELL CITY AL 35125	10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 98 JUL 05	11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNE
---	---	---

14. SHIP TO SP440096D0017-0337 CODE SEE SCHEDULE	15. PAYMENT WILL BE MADE BY CODE S33181 DEFENSE FINANCE & ACCOUNTING ATTN DFAS-CO-LC P. O. BOX 369016 COLUMBUS OH 43236-9016	MARK ALL PACKAGES AND PAPERS WITH CONTRACTOR ORDER NUMBER
---	---	---

18. DELIVER TYPE OF ORDER <input checked="" type="checkbox"/> PURCHASE This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.	19. TYPED NAME AND TITLE DATE SIGNED (YYMMDD)
--	--

NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____

If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATE/LOCAL USE 01 97X4930 5NR0 001 P900 25 S33181	18675.80
---	----------

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	DOCUMENT NOUN DTID ACC 81566332 PCB DEBRIS N001938148J029 01 7035AA PCB DEBRIS <RCRA METAL>, D007, D008, 1 DR, DR #23-2561, OSD 5/20/98 PICKUP ADDR <N00193> NAVAL WEAPONS STATION 2450 RED BANK ROAD GOOSE CREEK SC 29445-8605	522	LE	3.00000	1566.00
0002	81566333 PCB DEBRIS N001938148J035 01	796	LE	3.00000	2388.00

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.	24. UNITED STATES OF AMERICA BY: CONTRACTING OFFICER	25. TOTAL 18675.80
--	--	-----------------------

28. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED	27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	28. D.O. VOUCHER NO.	30. INITIALS
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____	31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR
38. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____			34. CHECK NUMBER
			35. BILL OF LADING NO.

37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.
-----------------	-------------------------	----------------------------	----------------------	------------------------	---------------------

continuation sheet p

REFERENCE NO. OF DOCUMENT BEING CONTINUED

SP440096D0017-0337

PAGE OF PAGES

2

NAME OF OFFEROR OR CONTRACTOR

TRANSCYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003	CLIN ACC DOCUMENT NOUN DTID 7035AA PCB DEBRIS <RCRA METAL>, D007, D008, 1 DR, DR #23-2553, OSD 5/11/98 PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	605	LB	3.00000	1815.00
0004	01 81566334 PCB DEBRIS N001938148J037 7035AA PCB DEBRIS <RCRA METAL>, D007, D008, 1 DR, DR #23-2551, OSD 4/30/98 PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	975	LB	3.00000	2925.00
0005	01 81566337 PCB DEBRIS N001938148J074 7035AA PCB DEBRIS <RCRA METAL>, D007, D008, 1 DR, DR #23-2556, OSD 5/13/98 PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	501	LB	3.00000	1503.00
0006	01 81566338 PCB DEBRIS N001938148J076 7035AA PCB DEBRIS <RCRA METAL>, D007, D008, 1 DR, DR #23-2552, OSD 5/6/98 PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	514	LB	3.00000	1542.00
0007	01 81566344 TRANSFORMER N645048120HH01 7032AA TRANSFORMER OIL <PCB>, 2 DR, OSD 4/30.98 PICKUP ADDR <N64504> SPVR SHIPBLDG CONV REPAIR PRISMTH VA ENVIR DET CHAS 1899 N HOBSON AVE BLDG 30 N CHARLESTON SC 29408-2160 EPA WASTE CODE _____ UD QTY PICKED UP <u>576</u> UD UNIT OF ISSUE <u>165</u> PICK UP MANIFEST <u>13326</u> LINE CODE <u>11A</u> PICK UP DATE <u>6-2-98</u>	576	LB	.15000	86.40
0008	01 81566348 PCB CONTAMI N645048120HH02 7028AA PCB CONTAMINATED SPILL DEBRIS AND PPE, 3 DR, OSD 4/30/98, <50PPM	401	LB	.40000	160.40

continuation sheet p

REFERENCE NO. OF DOCUMENT BEING CONTINUED

SP440096D0017-0337

PAGE OF PAGES

3

NAME OF OFFEROR OR CONTRACTOR

TRANSCYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0009	CLIN ACC DOCUMENT NOUN DTID PICKUP ADDR <N64504> EPA WASTE CODE _____ UD QTY PICKED UP <u>2000</u> PICK UP MANIFEST <u>13326</u> LINE CODE <u>110</u>	2000	LB	.18000	360.00
0010	01 81566410 TRANSFORMER N645048120HH03 7013AA TRANSFORMER CONTAMINATED WITH PCB, <50PPM, 1 EA, OSD 4/30/98 PICKUP ADDR <N64504> EPA WASTE CODE _____ UD QTY PICKED UP <u>2000</u> PICK UP MANIFEST <u>13326</u> LINE CODE <u>11B</u>	11900	LB	.40000	4760.00
0011	01 81566413 PCB CONTAMI N645048120HH04 7028AA PCB CONTAMINATED ASPHALT AND SOIL, 2 B25 BOX, OSD 4/30/98 <50PPM PICKUP ADDR <N64504> EPA WASTE CODE _____ UD QTY PICKED UP <u>11300</u> PICK UP MANIFEST <u>13326</u> LINE CODE <u>11C</u>	800	LB	.22000	176.00
0012	01 81566420 TRANSFORMER W33M8Q73232001 7010AA TRANSFORMER 1 EA, SER#C350671, 130PPM, OSD 10/2/97 PICKUP ADDR <SYG164> DEF REUTILIZATION MRTG OFFIC DRMO II GORDON SITE G BUILDING 10601 FORT GORDON GA 30905-5667 EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____	900	LB	.22000	198.00
0013	01 81566424 TRANSFORMER W33M8Q80892001 7010AA TRANSFORMER 1 EA, SER# 6699661, 360PPM, GE 50 KVA, OSD 3/9/98 PICKUP ADDR <SYG164> EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____	4000	LB	.20000	800.00
0014	01 81566429 BALLAST, 4 W33M8Q80922000 7000AA BALLAST, 4 85 GL DRUMS, OSD 4/2/98 PICKUP ADDR <SYG164> EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____	850	LB	.22000	187.00

continuation sheet P

REFERENCE NO. OF DOCUMENT BEING CONTINUED

SP440096D0017-0337

PAGE OF PAGES

4

NAME OF OFFEROR OR CONTRACTOR

TRANSCYCLE INDUSTRIES INC

ITEM No.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
CLIN ACC DOCUMENT NOUN DTID EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____	PICKUP ADDR <SYG164> TRANSFORMER W33M8Q80892010 7010AA TRANSFORMER 1 EA, SER# 6588977, 52PPM, 75 KVA, OSD 3/9/98 PICKUP ADDR <SYG164>	950	LB	.22000 UD UNIT OF ISSUE PICK UP DATE _____	209.00
EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____	DRMO JACKSON, COR: DAVID ISENBARGER, DOR: P030 PROMPT PAYMENT <MAR 1994> FAR 52.232-25			UD UNIT OF ISSUE PICK UP DATE _____	
AUTH TRANSPORTER NAME	<u>TCI Inc</u>	AUTH TRANSPORTER EPA #	<u>WJTD 086899912</u>		
AUTH TSDF NAME	<u>Trans Cycle Industries, Inc</u>	AUTH TSDF EPA #	<u>ALD9 83167891</u>		
TRANSPORTER SIGNATURE		CONTRACTOR SIGNATURE			
AUTH COR SIGNATURE					

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC0170022560		Manifest Document No. 3327		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
		3. Generator's Name and Mailing Address CARETAKER OFFICE SOUTH DIVNAVACENGCOM N. CHARLESTON, SC 29419-9010 803 743-9985 EXT. 33				P.O. BOX 190010 Cnt: RICK NIELSON		A. State Manifest Document Number		
4. Generator's Phone ()				6. US EPA ID Number NYD986899912		C. State Transporter's ID				
5. Transporter 1 Company Name TCI INC.				8. US EPA ID Number		D. Transporter's Phone 518 828-9997				
7. Transporter 2 Company Name				10. US EPA ID Number		E. State Transporter's ID				
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-				10. US EPA ID Number ALD983167891		F. Transporter's Phone				
						G. State Facility's ID				
						H. Facility's Phone 205 338-9997				
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)					12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
	a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII (SOLID)									
J. Additional Descriptions for Materials Listed Above a. PCB SOLIDS IN A DRUM						K. Handling Codes for Wastes Listed Above a.				
15. Special Handling Instructions and Additional Information Service Center: DRMO CHARLESTON Emergency Response Guide #171 Contract # SP440096D0017 D.O. # 331 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name RICHARD G. NIELSON					Signature <i>Richard G. Nielson</i>			Month Day Year 06/17/98		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials					Signature <i>James P. ...</i>			Month Day Year 06/17/98	
	Printed/Typed Name JAMES P. ...					Signature <i>James P. ...</i>			Month Day Year 06/17/98	
	18. Transporter 2 Acknowledgement of Receipt of Materials					Signature			Month Day Year	
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 STANLEY HEAD					Signature <i>Stanley Head</i>			Month Day Year 06/23/98		



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

Form Approved OMB No. 2050-0039.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No S C 0 1 7 0 0 2 2 5 6 0	Manifest Document No. 13327	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SOUTH DIVNAV FACENGCOM N. CHARLESTON, SC 29419-9010			CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK NIELSON		A. State Manifest Document Number	
4. Generator's Phone (803) 743-9985 EXT. 33			5. Transporter 1 Company Name TCI INC.		B. State Generator's ID	
6. US EPA ID Number N Y D 9 8 6 8 9 9 9 1 2			7. Transporter 2 Company Name		C. State Transporter's ID	
8. US EPA ID Number			9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-		D. Transporter's Phone 518 828-9997	
10. US EPA ID Number A L D 9 8 3 1 6 7 8 9 1			11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		E. State Transporter's ID	
12. Containers			13. Total Quantity		14. Unit Wt/Vol	
14. Unit Wt/Vol			I. Waste No.		15. Special Handling Instructions and Additional Information	
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII (SOLID)			b. DRUM		c. 3.45 K	
J. Additional Descriptions for Materials Listed Above a. PCB SOLIDS IN A DRUM			K. Handling Codes for Wastes Listed Above a.			
15. Special Handling Instructions and Additional Information Service Center: DRMO CHARLESTON Emergency Response Guide #171 Contract # SP440096D0017 D.O. # 331 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name RICHARD G. NIELSON			Signature <i>Richard G. Nielson</i>		Month Day Year 06/17/98	
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name James P. ...			Signature <i>James P. ...</i>		Month Day Year 06/17/98	
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			Signature		Month Day Year	

GENERATOR

TRANSPORTER

FACILITY

continuation sheet p

REFERENCE NO. OF DOCUMENT BEING CONTINUED

SP440096D0017-0331

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2 1

NAME OF OFFEROR OR CONTRACTOR

TRANSCYCLE INDUSTRIES INC

ITEM NO.	SUPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003	CLIN ACC DOCUMENT NOUN DTID 3 DR PICKUP ADDR <FB4418> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 81426760 LIGHT BALLA FB441881077216 199 LB .02000 3.98 7018AA LIGHT BALLAST, DR #8964, 1 DR PICKUP ADDR <FB4418>	199	LB	.02000	3.98
0004	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 81426761 PCB CONTAMI N645048097HH01 259 LB .40000 303.60 7028AA PCB CONTAMINTED SOIL AND PPE, 259 50-499 PPM, 2 DR PICKUP ADDR <N64504> SPVR SHIPBLDG CONV REPAIR PRTSMTH VA ENVIR DET CHAS 1899 N HOBSON AVE BLDG 30 N CHARLESTON SC 29408-2160	259	LB	.40000	303.60
0005	EPA WASTE CODE <u>N/A</u> UD QTY PICKED UP <u>576</u> UD UNIT OF ISSUE <u>lbs</u> PICK UP MANIFEST <u>13327</u> LINE CODE <u>11A</u> PICK UP DATE <u>6-18-98</u> 01 81466106 TRANSFORMER W33M8Q80912001 900 LB .22000 198.00 7010AA TRANSFORMER, 1 EA, GE 50 KVA, SER# 6699669, OSD 3/31/98, 390PPM PICKUP ADDR <SYG164> DEF REUTILIZATION MKTG OFFIC DRMO II GORDON SITE G BUILDING 10601 FORT GORDON GA 30905-5667	900	LB	.22000	198.00
0006	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 81466108 TRANSFORMER W33M8Q80912006 900 LB .22000 198.00 7010AA TRANSFORMER, 1 EA, WESTINGHOUSE, 50 KVA, SER #67J8143, OSD 3/31/98, 280 PPM PICKUP ADDR <SYG164>	900	LB	.22000	198.00
0007	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 81466113 TRANSFORMER W33M8Q80912000 900 LB .22000 198.00 7010AA TRANSFORMER, 1 EA, GE, 50 KVA, SER #6699614, OSD 3/31/98, 380PPM PICKUP ADDR <SYG164>	900	LB	.22000	198.00
0008	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 81466116 TRANSFORMER W33M8Q80912007 900 LB .22000 198.00	900	LB	.22000	198.00

continuation sheet P

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR

TRANSCYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
CLIN	ACC DOCUMENT NOUN DTID 7010AA TRANSFORMER, 1 EA, WESTINGHOUSE, 50 KVA, SER # 67J8135, 270PPMM OSD 3/31/98 PICKUP ADDR <SYG164>				
	EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____			UD UNIT OF ISSUE _____ PICK UP DATE _____	
0009	01 81466118 TRANSFORMER W33M8Q80912008 7010AA TRANSFORMER, 1 EA, WESTINGHOUSE, 50 KVA, SER # 67J8139, 280PPMM OSD 3/31/98 PICKUP ADDR <SYG164>	900	LB	.22000	198.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____			UD UNIT OF ISSUE _____ PICK UP DATE _____	
0010	01 81466125 PCB CONTAMI N001938100J002 7028AA PCB CONTAMINATED SOLIDS, 1 DR, OSD 1/6/98, DR # 23-2453 >500PPM PICKUP ADDR <N00193> NAVAL WEAPONS STATION 2450 RED BANK ROAD GOOSE CREEK SC 29445-8605	220	LB	.40000	88.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____			UD UNIT OF ISSUE _____ PICK UP DATE _____	
0011	01 81466127 PCB CONTAMI N001938100J003 7028AA PCB CONTAMINATED SOLIDS, 1 DR, OSD 1/8/98, DR # 23-2454 >500PPM PICKUP ADDR <N00193>	230	LB	.40000	92.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____			UD UNIT OF ISSUE _____ PICK UP DATE _____	
0012	01 81466130 PCB CONTAMI N001938100J004 7028AA PCB CONTAMINATED SOLIDS, 1 DR, OSD 1/9/98, DR # 23-2456 >500PPM PICKUP ADDR <N00193>	450	LB	.40000	180.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____			UD UNIT OF ISSUE _____ PICK UP DATE _____	
0013	01 81466131 PCB CONTAMI N001938100J005 7028AA PCB CONTAMINATED SOLIDS, 1 DR, OSD 1/10/98 DR# 23-2457 >500PPM PICKUP ADDR <N00193>	220	LB	.40000	88.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____			UD UNIT OF ISSUE _____ PICK UP DATE _____	
0014	01 81466200 PCB CONTAMI N001938100J006 7028AA PCB CONTAMINATED SOLIDS, 1 DR,	160	LB	.40000	64.00

continuation sheet p

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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4

NAME OF OFFEROR OR CONTRACTOR

TRANSCYCLE INDUSTRIES INC

ITEM NO.	SUPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0015	CLIN ACC DOCUMENT NOUN DTID OSD 1/15/98, DR # 23-2458, >500PPM PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	210	LB	.40000	84.00
0016	01 81466211 PCB CONTAMI N001938100J008 7028AA PCB CONTAMINATED SOLIDS, 1 DR, OSD 1/18/98, DR # 23-2459, >500PPM PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	430	LB	.40000	172.00
0017	01 81466216 PCB CONTAMI N001938100J009 7028AA PCB CONTAMINATED DEBRIS, 1 DR, OSD 3/18/98, DR # 09-1036, >500PPM PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	70	LB	.40000	28.00
0018	01 81466219 PCB CONTAMI N001938134J024 7028AA PCB CONTAMINATED DEBRIS, 1 DR, OSD 4/7/98, DR # 23-2541, >500PPM PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	220	LB	.40000	88.00
0019	01 81466223 PCB CONTAMI N001938134J025 7028AA PCB CONTAMINATED DEBRIS, 1 DR, OSD 4/13/98, DR # 23-2542, >500PPM PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	190	LB	.40000	76.00
0020	01 81466226 PCB CONTAMI N001938134J026 7028AA PCB CONTAMINATED DEBRIS, 1 DR, OSD 4/24/98, DR # 23-2543, >500PPM PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	160	LB	.40000	64.00

continuation sheet P

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR

TRANSCYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0021	CLIN ACC DOCUMENT NOUN DTID 01 81466233 PCB CONTAMI N001938134J029 7035AA PCB CONTAMINATED DEBRIS, <RCRA METAL>, D007, D008, OSD 4/7/98 DR # 23-2544, 1 DR, >500PPM PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	470	LB	3.00000	1410.00
0022	01 81466237 PCB CONTAMI N001938134J030 7035AA PCB CONTAMINATED DEBRIS, <RCRA METAL>, D007, D008, OSD 4/17/98 DR # 23-2545, 1 DR, >500PPM PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	560	LB	3.00000	1680.00
0023	01 81466249 PCB CONTAMI N001938134J031 7035AA PCB CONTAMINATED DEBRIS, <RCRA METAL>, D007, D008, OSD 4/20/98 DR # 23-2546, 1 DR, >500PPM PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	430	LB	3.00000	1290.00
0024	01 81466287 PCB CONTAMI N001938134J032 7035AA PCB CONTAMINATED DEBRIS, <RCRA METAL>, D007, D008, OSD 4/23/98 DR # 23-2547, 1 DR, >500PPM PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ DRMO JACKSON, COR: DAVID ISENBARGER, DOR; P028 PROMPT PAYMENT <MAR 1994> FAR 52.232-25	750	LB	3.00000	2250.00
AUTH TRANSPORTER NAME <u>TCE Inc</u> AUTH TRANSPORTER EPA # <u>110 429012</u> AUTH TSDF NAME <u>Trans Cycle Ind. Inc</u> AUTH TSDF EPA # <u>110 431 258</u> TRANSPORTER SIGNATURE <u>[Signature]</u> CONTRACTOR SIGNATURE <u>[Signature]</u> AUTH COR SIGNATURE <u>[Signature]</u>					

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No S, C, 0, 1, 7, 0, 0, 2, 2, 5, 6, 0	Manifest Document No. 13335	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address SOUTH DIVNAV FACEN GCOM N. CHARLESTON SC 29419-9010				A. State Manifest Document Number	
4. Generator's Phone 803-743-9985				B. State Generator's ID	
5. Transporter 1 Company Name TCI INC.		6. US EPA ID Number N.Y.D. 9.8.6.8.9.9.1.2		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 518-828-9997	
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-		10. US EPA ID Number LA.I.D. 9.8.3.1.6.7.8.9.1		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone 205-338-9997	
11 US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII		No. Type			
		001 DM	00462	K	R61
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above a. PCB CONTAMINATED ELEC. EQUIPT IN A DRUM				K. Handling Codes for Wastes Listed Above a.	
15. Special Handling Instructions and Additional Information Service Center: DRMO FT. JACKSON EMERGENCY RESPONSE GUIDE #171 Contract # SP440096D0017 24H EMERGENCY CONTACT: GREG MASSARO D.O. # 372 @ 800 626-9997					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. <i>Cor. Sub. & Washed 9/14/98</i>					
Printed/Typed Name Lillie D. Frierson		Signature <i>Lillie D. Frierson</i>		Month Day Year 10/9/14/98	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name <i>James P. ...</i>		Signature <i>[Signature]</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
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 STANLEY HEAD		Signature <i>Stanley Head</i>		Month Day Year 10/9/17/98	



UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
	3. Generator's Name and Mailing Address			A. State Manifest Document Number	
4. Generator's Phone ()	B. State Generator's ID				
5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID		D. Transporter's Phone	
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	10. US EPA ID Number	G. State Facility's ID		H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. HM					
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above POB CONTAMINATED ELEC. EQUIPT. IN 3 DRUM			K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information					
<p>16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations</p> <p>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.</p>					
Printed/Typed Name			Signature		Month Day Year
17. Transporter 1 Acknowledgement of Receipt of Materials			Printed/Typed Name		Signature
18. Transporter 2 Acknowledgement of Receipt of Materials			Printed/Typed Name		Signature
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name			Signature		Month Day Year



12-1-01

Operator: SOUTHDOWNANT

PLATE ID: 0011772350

Seq	Gov	Rei	Serial	Year	PLATE	Disposal	Qty	Ballon	WE	LEA
		Nbr	Nbr		NUM					
01	0046		0138HH01	2010	001	0068	1			1017
						0068	1			1017

DOT Code: 31FCBL TCI Code: CELDF PCB CONTAMINATED BLENDING IN A BOTT

Appointment Time:	Arrival Time:	Loading/Unloading Time:
Driver Signature:		Date:
Generator Signature:		Date:



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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No S.C.0.1.7.0.0.2.2.5.6.0		Manifest Document No. 13335		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address SOUTH DIVNAV FACENG COM N. CHARLESTON SC 29419-9010						A. State Manifest Document Number							
4. Generator's Phone 843-743-9985						B. State Generator's ID							
5. Transporter 1 Company Name TCI INC.						C. State Transporter's ID							
6. US EPA ID Number N.Y.D.9.8.6.8.9.9.1.2						D. Transporter's Phone 518 828 9997							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-						G. State Facility's ID							
10. US EPA ID Number LA.L.D.9.8.3.1.6.7.8.9.1						H. Facility's Phone 205 338 9997							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		Waste No.	
a. RO POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII						0.01 DM		0.0462 K		RB1			
b.													
c.													
J. Additional Descriptions for Materials Listed Above a. PCB CONTAMINATED ELEC.EQUIPT IN A DRUM						K. Handling Codes for Wastes Listed Above a.							
15. Special Handling Instructions and Additional Information Service Center: DRMO FT. JACKSON EMERGENCY RESPONSE GUIDE #171 Contract # SP440096D0017 24H EMERGENCY CONTACT: GREG MASSARO D.O. # 372 @ 800 626-9997													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford <i>Coz Sub & Washed 9/14/98</i>													
Printed/Typed Name Lillie D. Frierson						Signature <i>Lillie D. Frierson</i>						Month Day Year 10/9/98	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name <i>James Potts</i>						Signature <i>J Potts</i>						Month Day Year 10/9/98	
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						Signature						Month Day Year	

GENERATOR

TRANSPORTER

FACILITY

ORDER FOR SUPPLIES OR SERVICES
 (Contractor must submit four copies of invoice.) POH

Form Approved
 OMB No. 0704-0187
 Expires Dec 31, 1993

PAGE 1 OF
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Put reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.
 SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

1. CONTRACT/PURCH ORDER NO. SP440096D0017-	2. DELIVERY ORDER NO. 0372	3. DATE OF ORDER (YYMMDD) 98 SEP 01	4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE	5. PRIORITY
---	-------------------------------	---	--	-------------

6. ISSUED BY DEF REUT & MKT SVC/DRMS-PME 926 TAYLOR STA RD/PO 0533 BLACKLICK OH 43004-0533	7. ADMINISTERED BY (if other than 6) CODE	8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule (if other))
---	--	--

9. CONTRACTOR NAME AND ADDRESS TRANSCYCLE INDUSTRIES INC P O BOX 765 101 PARKWAY EAST PELL CITY AL 35125	10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 98 OCT 01	11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNE
---	--	---

14. SHIP TO SP440096D0017-0372 SEE SCHEDULE	15. PAYMENT WILL BE MADE BY DEFENSE FINANCE & ACCOUNTING ATTN DFAS-CO-LC P. O. BOX 369016 COLUMBUS OH 43236-9016	MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
--	--	--

16. DELIVER TYPE OF CRDE <input checked="" type="checkbox"/> DELIVER <input type="checkbox"/> PURCHASE	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ furnish the following on terms specified herein. ACCEPTANCE: THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.
--	--

NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____

If this box is marked, supplier must sign Acceptance and return the following number of copies: _____

17. ACCOUNTING AND APPROPRIATION DATE/LOCAL USE 01 97X4930 5NR0 001 P900 25 S33181	8393.74
---	---------

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	DOCUMENT NOUN DTID ACC 82446001 PCB TRANSFO N001938225J002 01 7012AA PCB TRANSFORMER << 50 PPM> N.R. AD: 8/5/98. DN: 09-1083.LOC: NWSNSB380. POLE MOUNTED. PICKUP ADDR <N00193> NAVAL WEAPONS STATION 2450 RED BANK ROAD GOOSE CREEK SC 29445-8605	400	LB	.18000	72.00
EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____		PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____			

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.	24. UNITED STATES OF AMERICA A <i>Ronald W. Wagner</i> BY: CONTRACTING OFFICER CONTRACTING ORDERING OFFICER	25. TOTAL 8393.74
--	--	----------------------

26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED	27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	28. P.O. VOUCHER NO.	29. DIFFERENCE
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____	31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____			34. CHECK NUMBER
			35. BILL OF LADING NO.

37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.
-----------------	-------------------------	----------------------------	----------------------	------------------------	---------------------

continuation sheet P

REFERENCE NO. OF DOCUMENT BEING CONTINUED

SP440096D0017-0372

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NAME OF OFFEROR OR CONTRACTOR

TRANSCYCLE INDUSTRIES INC

ITEM	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0036	CLIN ACC DOCUMENT NOUN DTID 01 82446104 PCB CONTAIN N001938225J016 7033AA PCB CONTAINING LIQUID OIL/WATER MIX. N.R. <1> 55 GAL DR. DN: 23-2570. LOC: NWSB8P034.AD: 6/18/98. PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	460	LB	.80000	368.00
0037	01 82446106 PCB CONTAIN N001938225J015 7033AA PCB CONTAINING LIQUID OIL/WATER MIX. N.R. <1> 55 GAL DR. DN: 23-2569. LOC: NWSB8P034.AD: 6/18/98. PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	465	LB	.80000	372.00
0038	01 82446113 PCB CONTAIN N001938225J014 7033AA PCB CONTAINING LIQUID OIL/WATER MIX. N.R. <1> 55 GAL DR. DN: 23-2568. LOC: NWSB8P034.AD: 6/18/98. PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	470	LB	.80000	376.00
0039	01 82446115 PCB CONTAIN N001938225J013 7033AA PCB CONTAINING LIQUID OIL/WATER MIX. N.R. <1> 55 GAL DR. DN: 23-2567. LOC: NWSB8P034.AD: 6/18/98. PICKUP ADDR <N00193> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	460	LB	.80000	368.00
0040	01 82446343 TRANSFORMER N645048238HH01 7010AA TRANSFORMER <50-499 PPM PCB.>N.R. <1> 85 GAL OP. LOC: E252001A0.AD: 8/28/98.WP#N00191-8211. PICKUP ADDR <N64504> SPVR SHIPBLDG CONV REPAIR PRTSMTH VA ENVIR DET CHAS 1899 N HOBSON AVE BLDG 30 N CHARLESTON SC 29408-2160 EPA WASTE CODE <u>R62</u> UD QTY PICKED UP <u>1017</u> UD UNIT OF ISSUE <u>1b5</u> PICK UP MANIFEST <u>12215</u> LINE CODE <u>11-C</u> PICK UP DATE <u>9-14-98</u>	1017	LB	.22000	223.74

continuation sheet P

REFERENCE NO. OF DOCUMENT BEING CONTINUED

SP440096D0017-0372

PAGE 9 OF PAGES

NAME OF OFFEROR OR CONTRACTOR

TRANSCYCLE INDUSTRIES INC

ITEM NO.	SUPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0041	CLIN ACC DOCUMENT NOUN DTID 01 82256167 TRANSFORMER W33BWD81912008 7010AA TRANSFORMER PCB WP#W33M8Q8036. N.R. WESTINGHOUSE 50 KVA S/N 67J8156-678. LOC: BLDG 10703. SAMPLE # 105176. PICKUP ADDR <SYG164> DEF REUTILIZATION MKTG OFFIC DRMO II GORDON SITE G BUILDING 10601 FORT GORDON GA 30905-5667	800	LB	.22000	176.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____				
0042	01 82256177 TRANSFORMER W33BWD81912005 7010AA TRANSFORMER PCB WP#W33M8Q8036. N.R. GENERAL ELECTRIC.10KVA S/N B455676. LOC: BLDG 10703. SAMPLE # 105236. PICKUP ADDR <SYG164>	200	LB	.22000	44.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____				
0043	01 82256198 TRANSFORMER W33BWD81912006 7010AA TRANSFORMER PCB WP#W33M8Q8036. N.R. GENERAL ELECTRIC.10KVA S/N 6577948. LOC: BLDG 10703. SAMPLE # 17254. PICKUP ADDR <SYG164>	200	LB	.22000	44.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ DRMO JACKSON, COR: ARTHUR WASHINGTON, DOR: P034 PROMPT PAYMENT <MAR 1994> FAR 52.232-25				
	AUTH TRANSPORTER NAME <u>TCI Inc.</u> AUTH TRANSPORTER EPA # <u>DND 9816899912</u> AUTH TSDF NAME <u>Trans-Cycle Industries Inc</u> AUTH TSDF EPA # <u>ALD 983161891</u> TRANSPORTER SIGNATURE <u>[Signature]</u> CONTRACTOR SIGNATURE <u>[Signature]</u> AUTH COR SIGNATURE <u>[Signature]</u>				

Certificate of Disposal Number 981367

Issued By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-
PHONE (205) 338-9997
FAX (205) 338-9979

TCI EPA ID # ALD983167891
Manifest Doc: 13335
TCI Load # 981367
of: 09/14/98

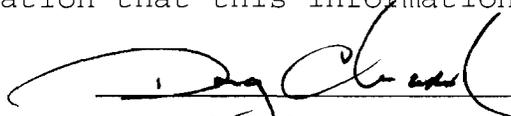
Generator: SOUTH DIV NAV FAC ENG COM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (803) 743-9985

Service Center:
DRMO CHARLESTON
Contract # SP440096D0017
Delivery # 372

We hereby certify that the following PCB items were disposed of as of the date(s) shown below:

Serial Number	Qty	Description	Disposed	Disposal Method
8238HH01	1	TRANSFORMERS	11/30/98	METALS CLEANING AND RECYCLING

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.



Doug Church
Plant Superintendent

12/10/98

Date

ISSUED BY: TRANS-CYCLE INDUSTRIES INC
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125
 PHONE (205) 338-9997
 FAX (205) 338-9979

DISPOSAL SUMMARY #	981367
MANIFEST DOC # :	13335

STATE MANIFEST DOC #: UHWM-13335
 SHIPPED: 9/14/98
 RECEIVED: 9/17/98
 COMPLETED: 1/5/99

GENERATOR: SOUTH DIVNAVFACENCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE: (803) 743-9985

SERVICE CENTER: DRMO CHARLESTON
 CONTRACT #: SP440096D0017
 DELIVERY #: 372

In accordance with our agreement to provide disposal services, the following item(s) picked up on the above listed manifest were disposed per 40 CFR Part 761. A summary of the disposition is as follows:

Page 1 of 1 for Disposal Summary # 981367

CARCASS, CONTAINER AND/OR CONTENT

Serial Number	Item Type	Method	Facility	Outgoing Manifest	Shipped	Disposed
8238HH01	7010	MCR	TCIAL			11/30/98
Total 1 DM of PCB-CONT 50-499 ELECTRICAL EQUIPMENT						

FLUID

Component	Method	Facility	Outgoing Manifest	Shipped	Disposed
OIL	DTX	SUNOHI	98143	10/14/98	1/5/99

DISPOSAL METHODS:

DTX = DETOXIFICATION
 MCR = METALS CLEANING AND RECYCLING

DISPOSAL FACILITY:

SUNOHI = SUNOHIO, INC. CANTON, OH
 TCIAL = TRANS-CYCLE INDUSTRIES, INC. PELL CITY, AL

OUTGOING MANIFEST DOCUMENT #(S):

L - 98143

Deann Strong
 Deann Strong
 Contract Specialist

2/18/99
 Date

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

9 8 1 4 3

Form Approved. OMB No. 2060-005

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No A L D 9 8 3 1 6 7 8 9 1	Manifest Document No. 9 8 1 4 3	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST PELL CITY, AL 35125- P.O. BOX 765 4. Generator's Phone (800) 626-9997 Ext: 0 Cnt: GREG MASSARO		6. US EPA ID Number O K D 9 8 1 5 8 8 7 9 1		A. State Manifest Document Number			
5. Transporter 1 Company Name TRIAD TRANSPORT, INC.		8. US EPA ID Number		B. State Generator's ID			
7. Transporter 2 Company Name		10. US EPA ID Number		C. State Transporter's ID			
9. Designated Facility Name and Site Address SUNOHIO, INC. 1501 RAFF ROAD CANTON, OH 44710-		12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol	1. Waste No.	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	1. Waste No.	
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (LIQUID)		1 T T		1 8 8 6 8	K		
J. Additional Descriptions for Materials Listed Above a. PCB FLUID < 14,500 PPM PCBs GALLONS - 5,608 POUNDS - 41,510 DATE REMOVED FROM SERVICE: 12/17/97 * ALL CONTAINED IN ONE COMPARTMENT *		K. Handling Codes for Wastes Listed Above a.					
15. Special Handling Instructions and Additional Information Emergency Response Guide #171 24H EMERGENCY CONTACT: Greg T. Massaro @ 800 626-9997							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford							
Printed/Typed Name DOUG CHURCH		Signature <i>Doug Church</i>		Month Day Year 11/01/98			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name TERRY HARRILL		Signature <i>Terry Harrill</i>		Month Day Year 11/01/98			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year			
19. Discrepancy Indication Space LINE 13 ASHELUO RD RD 18 429K							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name TERRY MAY							
Printed/Typed Name TERRY MAY		Signature <i>Terry May</i>		Month Day Year 11/01/98			





Field Service for Electric Power Systems

RECEIVED FEB 1 1999

=====
CERTIFICATE OF DISPOSAL
=====

CERTIFICATE NUMBER: SUN4947
ISSUED: 02/08/99

SUNOHIO, Inc. received PCB contaminated MODEF from:

TCI INC.
101 Parkway East
Pell City AL
Manifest No. #98143

The MODEF received was disposed by chemical treatment as of 01/05/99 in accordance with 40 CFR 761 by SUNOHIO, Inc.'s PCBX Rig #6, Canton, OH 44710 (EPA ID No. OHD986978963).

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

SUNOHIO, Inc.

*Debbie Ludwig
Director of Waste Management*

cc: SUNOHIO Job File 4947

ISSUED BY: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O BOX 765
 PELL CITY, AL 35125
 PHONE (205) 338-9997
 FAX (205) 338-9979

DISPOSAL SUMMARY #	980841
MANIFEST DOC # :	13327

STATE MANIFEST DOC # UHWM-13327
 SHIPPED 6/17/98
 RECEIVED 6/22/98
 COMPLETED 6/29/98

GENERATOR: SOUTHDIVNAVFACENGCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE: (803) 743-9985

SERVICE CENTER DRMO CHARLESTON
 CONTRACT # SP440096D0017
 DELIVERY # 331

COPY

In accordance with our agreement to provide disposal services, the following item(s) picked up on the above listed manifest were disposed per 40 CFR Part 761. A summary of the disposition is as follows:

Page 1 of 1 for Disposal Summary # 980841

----- CARCASS, CONTAINER AND/OR CONTENT -----

Serial Number	Item Type	Method	Facility	Outgoing Manifest	Shipped	Disposed
8097HH01-1	7028	CWL	CWM	98088	6/26/98	6/29/98
8097HH01-2	7028	CWL	CWM	98088	6/26/98	6/29/98
Total 2 DM's of PCB SOLID						

----- FLUID -----

Component	Method	Facility	Outgoing Manifest	Shipped	Disposed

DISPOSAL METHODS:

CWL = PCB CHEMICAL WASTE LANDFILL

DISPOSAL FACILITY:

CWM = CHEMICAL WASTE MANAGEMENT EMELLE, AL
 TCIAL = TRANS-CYCLE INDUSTRIES, INC. PELL CITY, AL

OUTGOING MANIFEST DOCUMENT #(S):

S - 98088


 Cynthia M. Orms
 General Counsel

8/19/98
 Date



RECEIVED JUL 06 1998

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

House print or type. (Form designed for use on wire (12-pitch) typewriter.)

9 8 0 8 8

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. A L D 0 9 8 3 1 1 6 7 8 9 1 9 2 0 8 9	Manifest Document No. 9 8 0 8 8	2. Page 1 of 1	Information in the shaded areas not required by Federal law.
---	---	------------------------------------	----------------	--

3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST P.O. BOX 765 PELL CITY, AL 35125- 4. Generator's Phone (800) 626-9997 Ext: 0	Contact: GREG MASSARO	A. State Manifest Document Number CWMA 862327
---	-----------------------	---

5. Transporter 1 Company Name ROBBIE D. WOOD	6. US EPA ID Number A L D 0 6 7 2 0 2 0 1	C. State Transporter's ID	D. Transporter's Phone 205 774-8440
---	--	---------------------------	--

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 CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459	10. US EPA ID Number A L D 0 0 0 6 2 2 4 6 4	G. State Facility's ID	H. Facility's Phone 205/652-9721

GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vo	Waste No.
		No.	Type			
a.	RO, POLYCHLORINATED BIPHENYLS, 9 UN2815, PGIII (SOLID) Disposal Approval # 051599-C001 CWM Profile # AN6834	1	DIT	15914	K	
b.	Disposal Approval # _____ CWM Profile # _____					
c.	Disposal Approval # _____ CWM Profile # _____					
d.	Disposal Approval # _____ CWM Profile # _____					

J. Additional Descriptions for Materials Listed Above a. PCB SOLIDS IN A DUMP TRAILER State of Generation: ALABAMA Removed from service: 01/06/98	K. Handling Codes for Wastes Listed Above b. c. d.
--	---

15. Special Handling Instructions and Additional Information

Purchase Order # Verbal - Mr. Massaro, - ERG# 171
Work Order # 441871 EMERGENCY CONTACT: Greg T. Massaro 1800 626-9997

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name TRACY Helms	Signature <i>[Signature]</i>	Month Day Year 06/26/98
-----------------------------------	---------------------------------	----------------------------

17. Transporter 1 Acknowledgement of Receipt of Materials	Printed/Typed Name Steve Bingham	Signature <i>[Signature]</i>	Month Day Year 07/02/98
---	-------------------------------------	---------------------------------	----------------------------

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 Anna Collins	Signature <i>[Signature]</i>	Month Day Year 07/09/98
--	------------------------------------	---------------------------------	----------------------------



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

RECEIVED JUL 06 1998

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 98088

TRANS-CYCLE INDUSTRIES IN
 GREG MASSARO
 P O BOX 765
 PELL CITY, AL 35125

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 TRANS-CYCLE INDUSTRIES IN
 described on Alabama Hazardous Waste Manifest Number CWMA 0862327-1

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation {18 U.S.C. abd 15 U.S.C. 2615}, I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section{s} of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver

 Dorothy Oliver, Recordkeeping and Reporting Technician
 06/30/98

OSD	Unigue ID	Profile	Disposed	Description
01/06/98	862327-01	AN6834	06/29/98	PCB SOLIDS

ISSUED BY: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125
 PHONE (205) 338-9997
 FAX (205) 338-9979

DISPOSAL SUMMARY #	980841
MANIFEST DOC # :	13327

STATE MANIFEST DOC # UHWM-13327
 SHIPPED 6/17/98
 RECEIVED 6/22/98
 COMPLETED 6/29/98

GENERATOR: SOUTHDIVNAVFACENGCOM
 CARETAKER OFFICE
 P O. BOX 190010
 N CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE: (803) 743-9985

SERVICE CENTER DRMO CHARLESTON
 CONTRACT # SP440096D0017
 DELIVERY # 331



In accordance with our agreement to provide disposal services, the following item(s) picked up on the above listed manifest were disposed per 40 CFR Part 761. A summary of the disposition is as follows:

CARCASS, CONTAINER AND/OR CONTENT

FLUID

Serial Number	Item Type	Method	Facility	Outgoing Manifest	Shipped	Disposed
8097HH01-1	7028	CWL	CWM	98088	6/26/98	6/29/98
8097HH01-2	7028	CWL	CWM	98088	6/26/98	6/29/98
Total 2 DM's of PCB SOLID						

Component	Method	Facility	Outgoing Manifest	Shipped	Disposed

DISPOSAL METHODS:

CWL = PCB CHEMICAL WASTE LANDFILL

DISPOSAL FACILITY:

CWM = CHEMICAL WASTE MANAGEMENT EMELLE, AL
 TCIAL = TRANS-CYCLE INDUSTRIES, INC. PELL CITY, AL

OUTGOING MANIFEST DOCUMENT #(S):

S - 98088


 Cynthia M. Orms
 General Counsel

8/19/98
 Date



RECEIVED JUL 06 1998

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on wide (12-pitch) typewriter.) 98088 Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. AL1098316789193082	Manifest Document No. 98088	2. Page 1 of 1	Information in the shaded areas not required by Federal law.
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST P.O. BOX 765 PELL CITY, AL 35125- 4. Generator's Phone (800) 626-9997 Ext: 0		6. US EPA ID Number		A. State Manifest Document Number CWMA 862327	
5. Transporter 1 Company Name ROBBIE D. WOOD		7. Transporter 2 Company Name		B. State Generator's ID	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459		10. US EPA ID Number AL000622464		C. State Transporter's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vo

GENERATOR	a.	RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (SOLID) Disposal Approval # 051599-C001 CWM Profile # AN6834	12. Containers		13. Total Quantity	14. Unit Wt/Vo	Waste No.
			No.	Type			
			1	DT	15914	K	
	b.	Disposal Approval # _____ CWM Profile # _____					
	c.	Disposal Approval # _____ CWM Profile # _____					
	d.	Disposal Approval # _____ CWM Profile # _____					

15. Additional Descriptions for Materials Listed Above PCB SOLIDS IN A DUMP TRAILER State of Generation: ALABAMA Removed from service: 01/06/98	K. Handling Codes for Wastes Listed Above a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/>
--	---

15. Special Handling Instructions and Additional Information
Purchase Order # Verbal - Mr. Massaro , - ERG# 171
Work Order # 444871 EMERGENCY CONTACT: Greg T. Massaro 1800 626-9997

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Tracy Helms	Signature <i>[Signature]</i>	Month Day Year 06/26/98
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Steve Benjamin	Signature <i>[Signature]</i>	Month Day Year 06/26/98
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 Anna Collins	Signature <i>[Signature]</i>	Month Day Year 06/26/98
---	---------------------------------	-----------------------------------



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

RECEIVED JUL 06 1998

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 98088

TRANS-CYCLE INDUSTRIES IN
 GREG MASSARO
 P O BOX 765
 PELL CITY, AL 35125

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 TRANS-CYCLE INDUSTRIES IN
 described on Alabama Hazardous Waste Manifest Number CWMA 0862327-1

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. abd 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver

 Dorothy Oliver, Recordkeeping and Reporting Technician
 06/30/98

<u>OSD</u>	<u>Unigue ID</u>	<u>Profile</u>	<u>Disposed</u>	<u>Description</u>
01/06/98	862327-01	AN6834	06/29/98	PCB SOLIDS

ISSUED BY: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P O BOX 765
 PELL CITY, AL 35125
 PHONE (205) 338-9997
 FAX (205) 338-9979

DISPOSAL SUMMARY #	980841
MANIFEST DOC # :	13327

STATE MANIFEST DOC # UHWM-13327
 SHIPPED: 6/17/98
 RECEIVED 6/22/98
 COMPLETED: 6/29/98

GENERATOR SOUTHDIVNAVFACENGCOM
 CARETAKER OFFICE
 P O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE. (803) 743-9985

SERVICE CENTER DRMO CHARLESTON
 CONTRACT #. SP440096D0017
 DELIVERY # 331

In accordance with our agreement to provide disposal services, the following item(s) picked up on the above listed manifest were disposed per 40 CFR Part 761. A summary of the disposition is as follows:

Page 1 of 1 for Disposal Summary # 980841

CARCASS, CONTAINER AND/OR CONTENT

FLUID

Serial Number	Item Type	Method	Facility	Outgoing Manifest	Shipped	Disposed
8097HH01-1	7028	CWL	CWM	98088	6/26/98	6/29/98
8097HH01-2	7028	CWL	CWM	98088	6/26/98	6/29/98
Total 2 DM's of PCB SOLID						

Component	Method	Facility	Outgoing Manifest	Shipped	Disposed

DISPOSAL METHODS:

CWL = PCB CHEMICAL WASTE LANDFILL

DISPOSAL FACILITY:

CWM = CHEMICAL WASTE MANAGEMENT EMELLE, AL

TCIAL = TRANS-CYCLE INDUSTRIES, INC. PELL CITY, AL

OUTGOING MANIFEST DOCUMENT #(S):

S - 98088


 Cynthia M Orms
 General Counsel

8/19/98
 Date



RECEIVED JUL 06 1998

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Use print or type.

(Form designed for use on bond (12-pitch) typewriter.)

9 8 0 8 8

Form Approved, OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ALD983116789193082		Manifest Document No. 3082		2. Page 1 of 1		Information in the shaded area not required by Federal law.		
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST P.O. BOX 765 PELL CITY, AL 35125- PELL CITY, AL 35125- 4. Generator's Phone (800) 626-9997 Ext: 0				6. US EPA ID Number		A. State Manifest Document Number CWMA 862327		B. State Generator's ID		
5. Transporter 1 Company Name ROBBIE D WOOD				8. US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone 40057 205-744-8440		
7. Transporter 2 Company Name				10. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459				10. US EPA ID Number ALD000622464		G. State Facility's ID		H. Facility's Phone 205/652-9721		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total	14. Unit	I. Waste No.
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (SOLID) Disposal Approval # 051599-C00: CWM Profile # AN6834						No. Type		Quantity	Wt/Vo	
b.										
c.										
d.										
J. Additional Descriptions for Materials Listed Above a. PCB SOLIDS IN A DUMP TRAILER State of Generation: ALABAMA Removed from service: 01/06/98						K. Handling Codes for Wastes Listed Above a. c. b. d.				
15. Special Handling Instructions and Additional Information Purchase Order # Verbal - Mr. Massaro EPG# 171 Work Order # 44871 EMERGENCY CONTACT: Greg T. Massaro 1800 626-9997										
16. GENERATOR'S CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name Tracy Helms				Signature <i>[Signature]</i>				Month Day Year 06/26/98		
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name Steve Benjamin				Signature <i>[Signature]</i>				Month Day Year 07/02/98		
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 Anna Collins				Signature <i>[Signature]</i>				Month Day Year 07/19/98		



Chemical Waste Management, Inc.,
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 205-652-9721

RECEIVED JUL 06 1998

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 98088

TRANS-CYCLE INDUSTRIES IN
 GREG MASSARO
 P O BOX 765
 PELL CITY, AL 35125

CERTIFICATE OF DISPOSAL

Chemical Waste Management, Inc. has received PCB material from:
 TRANS-CYCLE INDUSTRIES IN
 described on Alabama Hazardous Waste Manifest Number CWMA 0862327-1

Chemical Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver

 Dorothy Oliver, Recordkeeping and Reporting Technician
 06/30/98

OSD	Unique ID	Profile	Disposed	Description
01/06/98	862327-01	AN6834	06/29/98	PCB SOLIDS

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC0170022569	Manifest Document No. 913352	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
Generator's Name and Mailing Address SOUTH DIVNA FACENG COM N. CHARLESTON, SC 29419-9010				A. State Manifest Document Number		
4. Generator's Phone (803) 743-9985				B. State Generator's ID		
5. Transporter 1 Company Name TCI INC.				C. State Transporter's ID		
6. US EPA ID Number NYD986899912				D. Transporter's Phone 518 828-9997		
7. Transporter 2 Company Name				E. State Transporter's ID		
8. US EPA ID Number				F. Transporter's Phone		
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-				G. State Facility's ID		
10. US EPA ID Number ALD983167891				H. Facility's Phone 205 338-9997		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
a. NON DOT REGULATED SOLID WASTE						
		002 DM	0059.2 K		1A	
b.						
c.						
d.						
Additional Descriptions for Materials Listed Above a. NON-PCB SOLIDS IN A DRUM				K. Handling Codes for Wastes Listed Above a.		
15. Special Handling Instructions and Additional Information Service Center: DRMO CHARLESTON EMERGENCY RESPONSE GUIDE #171 Contract # SP440096D0017 24H EMERGENCY CONTACT: GREG MASSARO						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations <i>and the laws of the state of South Carolina</i> If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford <i>Cor. All B/W/insult 2/24/99</i>						
Printed/Typed Name Lillie D. Frierson		Signature <i>Lillie D. Frierson</i>		Month Day Year 10 24 99		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name MICHAEL LOGAN		Signature <i>Michael Logan</i>		Month Day Year 10 24 99
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 STANLEY HEAD		Signature <i>Stanley Head</i>		Month Day Year 10 22 99		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address INTERNATIONAL FACTORY HALLWAY				A. State Manifest Document Number				
4. Generator's Phone ()				B. State Generator's ID				
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID				
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 519 828-9977				
				E. State Transporter's ID				
				F. Transporter's Phone				
9. Designated Facility Name and Site Address IRON CYCLE INDUSTRIES INC 100 PARKWAY EAST MILWAUKEE WISCONSIN				10. US EPA ID Number		G. State Facility's ID		
						H. Facility's Phone 205 338-4997		
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
				No.	Type			
	a.	NON-FLAMMABLE SOLID WASTE						
	b.							
	c.							
d.								
16. Additional Descriptions for Materials Listed Above NON-FLAMMABLE SOLIDS IN A DRUM				K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information DANGER: DRY CLEANING SOLVENTS HAZARDOUS TO THE ENVIRONMENT IF SPILLED, CONTACT FIRE DEPARTMENT								
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.								
Printed/Typed Name				Signature		Month Day Year		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials				Signature		Month Day Year	
	Printed/Typed Name							
	18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Month Day Year	
Printed/Typed Name								
FACILITY	19. Discrepancy Indication Space							
	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name				Signature		Month Day Year		



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC017002256913352		Manifest Document No. 913352		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
Generator's Name and Mailing Address SOUTH DIVNAV FACEN GCOM N. CHARLESTON, SC 29419-9010 CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK NIELSON						A. State Manifest Document Number				
4. Generator's Phone (803) 743-9985						B. State Generator's ID				
5. Transporter 1 Company Name TCI INC.				6. US EPA ID Number NYD986899912		C. State Transporter's ID				
7. Transporter 2 Company Name						8. US EPA ID Number		D. Transporter's Phone 518 828-9997		
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-						10. US EPA ID Number ALD983167891		E. State Transporter's ID		
								F. Transporter's Phone		
								G. State Facility's ID		
								H. Facility's Phone 205 338-9997		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total	14. Unit	1. Waste No.
						No.	Type	Quantity	Wt/Vol	
a. NON DOT REGULATED SOLID WASTE										1A
b.										
c.										
d.										
Additional Descriptions for Materials Listed Above a. NON-PCB SOLIDS IN A DRUM						K. Handling Codes for Wastes Listed Above a.				
15. Special Handling Instructions and Additional Information Service Center: DRMO CHARLESTON EMERGENCY RESPONSE GUIDE #171 Contract # SP440096D0017 24H EMERGENCY CONTACT: GREG MASSARO										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations <i>and the laws of the state of South Carolina</i> If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford <i>Cor. 113 Winchester 2/24/99</i>										
Printed/Typed Name Lillie D. Frierson				Signature <i>Lillie D. Frierson</i>				Month Day Year 01 24 99		
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name MICHAEL LOGAN				Signature <i>Michael Logan</i>				Month Day Year 02 24 99		
18. Transporter 2 Acknowledgement of Receipt of Materials										
Printed/Typed Name				Signature				Month Day Year		
19. Discrepancy Indication Space										
Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.										
Printed/Typed Name				Signature				Month Day Year		

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES 2
AMENDMENT/MODIFICATION NO. P00002	3. EFFECTIVE DATE SEE BLOCK 16C	4. REQUISITION/PURCHASE REQ. NO. SB440090286029	5. PROJECT NO. (If applicable)	
6. ISSUED BY DEF REUT & MKT SVC/DRMS-PME 926 TAYLOR STA RD/PO 0533 BLACKLICK OH 43004-0533	CODE 03DRMR	7. ADMINISTERED BY (If other than Item 6)		CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) TRANS-CYCLE INDUSTRIES 101 PARKWAY EAST PELL CITY AL 35125			9A. AMENDMENT OF SOLICITATION NO.	
			9B. DATED (SEE ITEM 11)	
			10A. MODIFICATION OF CONTRACT/ORDER NO. <input checked="" type="checkbox"/> SP440096D0017-0425	
			10B. DATED (SEE ITEM 13) 99 JAN 26	
CODE 0UC01	FACILITY CODE			

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (If required)

01 97X4930 5NR0 001 P900 25 S33181 846.30

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

A THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
SP440096D0017

B THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc) SET FORTH IN ITEM, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF.

D. OTHER (Specify type of modification and authority)
I. 100 (Ordering)

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DOCUMENT 90286029 HAS BEEN ADDED FOR AN AMOUNT OF \$846.30
 ADD CLIN 0025, QTY 1302 LBS, U/P \$0.65, HIN 7029AA, DTID N645048355HH01,
 0025 NOUN: PCB CONTAMINATED SOIL <<50 PPM PCB> WP#N001918293 AD: 1/20/99 <2> 55
 GAL DR. LOC: E250102A0 N.R.
 EPA WASTE CODE N/A UD QTY PICKED UP 1302 UD UNIT OF ISSUE lbs
 PICK UP MANIFEST 13752 LINE CODE 11A PICK UP DATE 022499
 APPROPRIATION REF 01 TOT 846.30

TOTAL DOLLAR AMOUNT OF PIIN SP440096D0017-0425 HAS INCREASED BY \$846.30 FROM \$2700.32 TO \$3546.62

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF SIGNER (Type or print) CONTRACTING OFFICER	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY <u>Joseph A. Nelson</u> (Signature of Contracting Officer)	16C. DATE SIGNED 1-28-99

continuation sheet P00002

REFERENCE NO. OF DOCUMENT BEING CONTINUED

SP440096D0017-0425

PAGE OF PAGES

2

NAME OF OFFEROR OR CONTRACTOR

TRANS-CYCLE INDUSTRIES

ITEM NO.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
AUTH TRANSPORTER NAME AUTH TSDF NAME TRANSPORTER SIGNATURE AUTH COR SIGNATURE	<u>TCI INC</u> <u>Trans-Cycle Industries, Inc</u> <i>[Signature]</i> <i>[Signature]</i>		AUTH TRANSPORTER EPA # AUTH TSDF EPA # CONTRACTOR SIGNATURE	<u>NYD 98689912</u> <u>ALD 983167891</u> <i>[Signature]</i> <u>022475</u>	

ISSUED BY TRANS-CYCLE INDUSTRIES INC
 101 PARKWAY EAST
 P O BOX 765
 PELL CITY, AL 35125
 PHONE (205) 338-9997
 FAX (205) 338-9979

DISPOSAL SUMMARY #	990229
MANIFEST DOC # :	13352

STATE MANIFEST DOC # UHWM-13352
 SHIPPED 2/24/1999
 RECEIVED 2/26/1999
 COMPLETED 3/4/1999

GENERATOR SOUTHDIVNAVFACENCOM
 CARETAKER OFFICE
 P O BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE. (843) 743-9985

SERVICE CENTER: DRMO CHARLESTON
 CONTRACT # SP440096D0017
 DELIVERY #: 425

In accordance with our agreement to provide disposal services, the following item(s) picked up on the above listed manifest were disposed per 40 CFR Part 761. A summary of the disposition is as follows:

CARCASS, CONTAINER AND/OR CONTENT

Serial Number	Item Type	Method	Facility	Outgoing Manifest	Shipped	Disposed
8355HH01-1	7029	CWL	CWM	99035	3/3/1999	3/4/1999
8355HH01-2	7029	CWL	CWM	99035	3/3/1999	3/4/1999
Total	2 DM's of NON-PCB < 50 SOLID					

FLUID

Component	Method	Facility	Outgoing Manifest	Shipped	Disposed

DISPOSAL METHODS:

CWL = PCB CHEMICAL WASTE LANDFILL

DISPOSAL FACILITY:

CWM = CHEMICAL WASTE MANAGEMENT EMELLE, AL
 TCIAL = TRANS-CYCLE INDUSTRIES, INC PELL CITY, AL

OUTGOING MANIFEST DOCUMENT #(S):

S - 99035

Deann Strong
 Deann Strong
 Contract Specialist

4/29/1999
 Date



RECEIVED MAR 11 1999

HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

9 9 0 3 5

Form Approved, OMB No. 2050-0039, Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ALD983167891		Manifest Document No. 99035		2. Page 1 of		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST P.O. BOX 765 PELL CITY, AL 35125- 4. Generator's Phone (800) 626-9997 Ext. MASSARO		6. US EPA ID Number ALD067138891		C. State Manifest Document Number CWMA 8824		B. State Generator's ID			
5. Transporter 1 Company Name ROBBIE D. WOOD		6. US EPA ID Number ALD067138891		C. State Transporter's ID 000		D. Transporter's Phone 205/745-8440		E. State Transporter's ID 205/745-8440	
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone		G. State Facility's ID		H. Facility's Phone 205/652-9721	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459		10. US EPA ID Number ALD000622464							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (SOLID) Disposal Approval # 051599-C001 CWM Profile # AN6824				No. Type		Quantity		Waste No.	
b. Disposal Approval # _____ CWM Profile # _____									
c. Disposal Approval # _____ CWM Profile # _____									
d. Disposal Approval # _____ CWM Profile # _____									
J. Additional Descriptions for Materials Listed Above a. PCB SOLIDS IN A DUMP TRAILER State of Generation ALABAMA Removed from service: 09/17/98				K. Handling Codes for Wastes Listed Above a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/>					
15. Special Handling Instructions and Additional Information Purchase Order # Verbal - Mr Massaro ERC #171 Work Order # 489423 EMERGENCY CONTACT: Greg F. Massaro @ 1-800-626-9997									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford									
Printed/Typed Name Leacy Helms		Signature <i>Leacy Helms</i>		Month Day Year 12/31/98					
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name WESLEY LANTON		Signature <i>Wesley Lanton</i>		Month Day Year 12/31/98					
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 Inna Gocine		Signature <i>Inna Gocine</i>		Month Day Year 12/31/98					

RECEIVED MAR 11 1999



Waste Management

Emelle Facility

P. O. Box 55

Emelle, AL 35459-0055

Phone 205/652-9721

Federal EPA ID Number:

ALD000622464

Manifest Document Number:

99035

Trans-Cycle Industries Inc

Attn: Greg Massaro

P O Box 765

Pell City, AL 35125

CERTIFICATE OF DISPOSAL

Waste Management – Emelle Alabama Facility has received PCB material from:

TRANS-CYCLE INDUSTRIES INC

described on Alabama Hazardous Waste Manifest Number **CWMA 862443-01**.

Waste Management hereby certifies that the above-described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver

Recordkeeping and Reporting Technician

03/05/99

OSD	UNIQUE ID	PROFILE #	DISPOSAL DATE	DESCRIPTION
09/17/98	862443-01	AN6834	03/04/99	PCB SOLIDS

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC01700225601	Manifest Document No. 13354	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SOUTH DIVNAV FACEN GCOM N. CHARLESTON, SC 29419-9010			CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK NIELSON		A. State Manifest Document Number	
4. Generator's Phone (843) 743-9985 EXT. 33			6. US EPA ID Number NYD986899912		B. State Generator's ID	
5. Transporter 1 Company Name TCI INC.			7. Transporter 2 Company Name		C. State Transporter's ID	
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-			10. US EPA ID Number ALD983167891		D. Transporter's Phone 518 828-9997	
					E. State Transporter's ID	
					F. Transporter's Phone	
					G. State Facility's ID	
					H. Facility's Phone 205 338-9997	
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
	a.	RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII		001DF00015K		Pcbz
	b.					
	c.					
	d.					
J. Additional Descriptions for Materials Listed Above a. DRUM OF PCB LIGHT BALLASTS >499 PPM PCBs				K. Handling Codes for Wastes Listed Above a. D 80		
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON Emergency Response Guide #171 Contract # SP440099D0009 D.O. # 0010 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford <i>Cor. Bill submitted 3/18/99</i>						
Printed/Typed Name RICHARD G. NIELSEN			Signature <i>Richard G. Nielsen</i>		Month Day Year 03/18/99	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials					
	Printed/Typed Name Michael Logan		Signature <i>Michael Logan</i>		Month Day Year 03/18/99	
	18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year		
FACTORY	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 STANLEY HEAD			Signature <i>Stanley Head</i>		Month Day Year 03/23/99	



ORIGINAL-RETURN TO GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No		Manifest Document No.	2. Page 1 of		Information in the shaded areas is not required by Federal law.				
		3. Generator's Name and Mailing Address				A. State Manifest Document Number					
4. Generator's Phone ()				B. State Generator's ID							
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID				D. Transporter's Phone 510 228 9997			
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		10. US EPA ID Number		G. State Facility's ID				H. Facility's Phone 703 328 9417			
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers		13. Total Quantity	14. Unit Wt/Vol	I. Waste No.		
	a. HM										
	b.										
	c.										
	d.										
J. Additional Descriptions for Materials Listed Above DRUM OF PCR LIGHT BALLASTS 1499 PLS P380						K. Handling Codes for Wastes Listed Above					
15. Special Handling Instructions and Additional Information											
<p>16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations</p> <p>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford</p>											
Printed/Typed Name				Signature				Month	Day	Year	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials				Signature				Month	Day	Year
	Printed/Typed Name				Signature				Month	Day	Year
	18. Transporter 2 Acknowledgement of Receipt of Materials				Signature				Month	Day	Year
Printed/Typed Name				Signature				Month	Day	Year	
19. Discrepancy Indication Space											
FACILITY	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.										
	Printed/Typed Name				Signature				Month	Day	Year



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No S C 0 1 7 0 0 2 2 5 6 0		Manifest Document No. 13354		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
Generator's Name and Mailing Address SOUTH DIVNAVFACENCOM N. CHARLESTON, SC 29419-9010						A. State Manifest Document Number				
CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK NIELSON						B. State Generator's ID				
4. Generator's Phone (843) 743-9985 EXT. 33						C. State Transporter's ID				
5. Transporter 1 Company Name TCI INC.						D. Transporter's Phone 518 828-9997				
6. US EPA ID Number N Y D 9 8 6 8 9 9 1 2						E. State Transporter's ID				
7. Transporter 2 Company Name						F. Transporter's Phone				
8. US EPA ID Number						G. State Facility's ID				
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-						H. Facility's Phone 205 338-9997				
10. US EPA ID Number A L D 9 8 3 1 6 7 8 9 1						12. Containers		13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						No.	Type			
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII						001	DF	00015	K	pcb2
b.										
c.										
d.										
Additional Descriptions for Materials Listed Above a. DRUM OF PCB LIGHT BALLASTS >499 PPM PCBS						K. Handling Codes for Wastes Listed Above a.				
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON Emergency Response Guide #171 Contract # SP440099D0009 24H EMERGENCY CONTACT: GREG MASSARO										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford <i>Cor. Auth. 3/18/99</i>										
Printed/Typed Name RICHARD G. NIELSON						Signature <i>Richard G. Nielson</i>			Month Day Year 03/18/99	
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name Michael Logan						Signature <i>Michael Logan</i>			Month Day Year 03/18/99	
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						Signature			Month Day Year	



ORDER FOR SUPPLIES OR SERVICES
 (Contractor must submit four copies of invoice.) PO#

Form Approved
 OMB No. 0704-0187
 Expires Dec 31, 1993

PAGE 1 OF
 5

Public reporting burden for this collection of information is estimated to average 1 hour per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Service, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.
 SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 8.**

1. CONTRACT/PURCH ORDER NO. SP440099D0009-		2. DELIVERY ORDER NO. 0010		3. DATE OF ORDER (YYMMDD) 99 MAR 04		4. REQUISITION/PURCH REQUEST NO SEE SCHEDULE		5. PRIORITY	
8. ISSUED BY DEF REUT & MKT SVC/DRMS FEDERAL CENTER 74 N WASHINGTON AVE BATTLE CREEK MI 49017-3092				7. ADMINISTERED BY (If other than 8) CODE		6. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule Y other)			
9. CONTRACTOR NAME AND ADDRESS TRANS-CYCLE INDUSTRIES INC 101 PARKWAY EAST P.O. BOX 765 PELL CITY AL 35125		CODE OUC01		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 99 APR 03		11. MARK IF BUSINESS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL BUSINESS ADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
14. SHIP TO SP440099D0009-0010 SEE SCHEDULE		CODE		16. PAYMENT WILL BE MADE BY DEFENSE FINANCE & ACCOUNTING ATTN DFAS-CO-LC P. O. BOX 369016 COLUMBUS OH 43236-9016		CODE S33181		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
18. TYPE OF ORDER DELIVER <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									

NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:							
17. ACCOUNTING AND APPROPRIATION DATE/LOCAL USE 01 97X4930 5NR0 001 P900 25 S33181						4101.56	

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	DOCUMENT NOUN DTID ACC 90636036 N00193-000, N689319052A002 01, 703300 N00193-000, , , , NON-RCRA, , PCB CONTAINING LIQUID OIL/WATER MIXTURE CONTAINS 7.70 PPM OF PCBs <8> 55 GAL DR. DN: 23-2749, 23-2750, 23-2751, 23-2752, 23-2753, 23-2754, 23-2773, 23-2774, 6# NWSB8P001, <8> 55 GAL DR, ASD: 12/22/98 PICKUP ADDR <N68931> PUBLIC WORKS CENTER NAVAL AIR STATION BLDG 904	3435	LB	.32000	1099.20

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA BY: CONTRACTING OFFICER		25. TOTAL 4101.56	
28. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27. SHIP. NO		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		28. PO VOUCHER NO		30. INITIALS	
38. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
37. RECEIVED AT		39. DATE RECEIVED (YYMMDD)		33. AMOUNT VERIFIED CORRECT FOR	
38. RECEIVED BY (Print)		40. TOTAL CONTAINERS		34. CHECK NUMBER	
		41. S/R ACCOUNT NUMBER		35. BILL OF LADING NO	
		42. S/R VOUCHER NO.			

continuation sheet p	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	PAGES
	SP440099D0009-0010	4		

OF OFFEROR OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO.	SUPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0012	CLIN ACC DOCUMENT NOUN DTID EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 90636090 N00193-000, N689319056A049 200 LB .32000 64.00 702800 N00193-000, , , , , NON-RCRA, , PCB CONTAMINATED DEBRIS > 500PPM DN: 23-2824, 6# NWSB8P001, <1> 55 GAL DR, ASD: 2/5/99 PICKUP ADDR <N68931>				
0013	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 90636097 FB4418-PCB, FB441890547226 1073 LB .49000 525.77 700700 FB4418-PCB, , , , , NON-RCRA, , TRANSFORMER OUT OF SERVICE DATE 1/10/95 SER# 69V3800, 7# CAFBB695X, 1, ASD: 1/10/95 PICKUP ADDR <FB4418> 437 SUPS LGS BLDG 611 101 W STEWART AVE CHARLESTON AFB SC 29404-4824				
0014	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 90636114 FB4418-PCB, FB441890547225 566 LB .49000 277.34 700700 FB4418-PCB, , , , , NON-RCRA, , TRANSFORMER SER# 67M15694 OVER > 500PPM, 7# CAFBB695X, 1 EA, ASD: 2/25/99 PICKUP ADDR <FB4418>				
0015	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 90636121 N001919034, N645049022HH03 34 LB .26000 8.84 701400 N001919034, , , , , NON-RCRA, , BALLAST <PCB >499<5000PPM, Z#E250021A0, <1> 5 GAL OP, ASD: 2/5/99 PICKUP ADDR <N64504> SPVR SHIPBLDG CONV REPAIR PRTSMTH VA ENVIR DET CHAS 1899 N HOBSON AVE BLDG 30 N CHARLESTON SC 29408-2160				
0016	EPA WASTE CODE <u>pb2</u> UD QTY PICKED UP <u>34</u> UD UNIT OF ISSUE <u>165</u> PICK UP MANIFEST <u>13354</u> LINE CODE <u>11A</u> PICK UP DATE <u>011899</u> 01 90636212 FB4418-PCB, FB441890487219 31 LB .05000 1.55 701800 FB4418-PCB, , , , , NON-RCRA,				

continuation sheet p	REFERENCE NO. OF DOCUMENT BEING CONTINUED SP440099D0009-0010	PAGE 5	OF PAGES
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NAME OF OFFEROR OR CONTRACTOR
TRANS-CYCLE INDUSTRIES INC

ITEM NO	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	CLIN ACC DOCUMENT NOUN DTID , BALLAST DN: 9499, 7# CAFBB695X, 1 BX, OSD: 2/17/99 PICKUP ADDR <FB4418> 437 SUPS LGS BLDG 611 101 W STEWART AVE CHARLESTON AFB SC 29404-4824				
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____				
0017	01 90636557 SURCHARGE I FB441890547227 799100 SURCHARGE IS FOR REMOVAL OF FBFF1890547226 PICKUP ADDR <FB4418>	1073	LB	.00000	.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____				
	COR ARTHUR WASHINGTON, DOR P001, DRMO JACKSON PROMPT PAYMENT <MAR 1994> FAR 52.232-25				
	AUTH TRANSPORTER NAME <u>TCI INC</u> AUTH TRANSPORTER EPA # <u>NYD 986899912</u> AUTH TSDF NAME <u>TRANS-CYCLE INDUSTRIES INC</u> AUTH TSDF EPA # <u>ALD 983167891</u> TRANSPORTER SIGNATURE <u>Michael Logan</u> CONTRACTOR SIGNATURE <u>[Signature]</u> AUTH COR SIGNATURE <u>[Signature]</u>				

ISSUED BY TRANS-CYCLE INDUSTRIES INC
 101 PARKWAY EAST
 P.O BOX 765
 PELL CITY, AL 35125
 PHONE (205) 338-9997
 FAX (205) 338-9979

DISPOSAL SUMMARY #	990359
MANIFEST DOC # :	13354

STATE MANIFEST DOC # UHWM-13354
 SHIPPED 3/18/1999
 RECEIVED 3/22/1999
 COMPLETED 3/31/1999

GENERATOR SOUTHDIVNAVFACENCOM
 CARETAKER OFFICE
 P O BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE. (843) 743-9985

SERVICE CENTER DRMO FORT JACKSON
 CONTRACT # SP440099D0009
 DELIVERY # 10

In accordance with our agreement to provide disposal services, the following item(s) picked up on the above listed manifest were disposed per 40 CFR Part 761. A summary of the disposition is as follows:

CARCASS, CONTAINER AND/OR CONTENT

Serial Number	Item Type	Method	Facility	Outgoing Manifest	Shipped Disposed	
					Shipped	Disposed
9022HH03	7014EB	CWL	CWM	99059	3/31/1999	3/31/1999
Total	1 DM of PCB	> 499 LIGHT BALLAST				

FLUID

Component	Method	Facility	Outgoing Manifest	Shipped Disposed	
				Shipped	Disposed

DISPOSAL METHODS:

CWL = PCB CHEMICAL WASTE LANDFILL

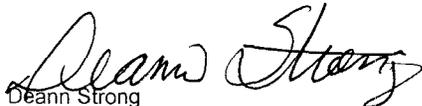
DISPOSAL FACILITY:

CWM = CHEMICAL WASTE MANAGEMENT EMELLE, AL

TCIAL = TRANS-CYCLE INDUSTRIES, INC PELL CITY, AL

OUTGOING MANIFEST DOCUMENT #(S):

S - 99059


 Deann Strong
 Contract Specialist

4/29/1999
 Date

RECEIVED APR 08 1999



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

540

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

9 9 0 5 9

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. AL1D19181311617181911919101519		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST P.O. BOX 765 PELL CITY, AL 35125- Contact: GREG MASSARO						A. State Manifest Document Number CWMA 862488							
4. Generator's Phone (800) 626-9997 Ext: 0						B. State Generator's ID							
5. Transporter 1 Company Name ROBBIE D. WOOD						C. State Transporter's ID 40067							
6. US EPA ID Number AL1D10161711318181911						D. Transporter's Phone 205 744-8440							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459						G. State Facility's ID							
10. US EPA ID Number ALD000622464						H. Facility's Phone 205/652-9721							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vo		Waste No.	
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (SOLID) Disposal Approval # 051599-C001 CWM Profile # AN6834						No		Type		15413		177748 R	
b.													
Disposal Approval # _____ CWM Profile # _____													
c.													
Disposal Approval # _____ CWM Profile # _____													
d.													
Disposal Approval # _____ CWM Profile # _____													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
a. BULK TRAILER OF PCB SOLIDS >49 PPM PCBs						a. L							
State of Generation ALABAMA Removed from service: 02/11/98						b. c. d.							
15. Special Handling Instructions and Additional Information													
Purchase Order # Verbal - Mr Massaro						ERG #171							
Work Order # 494300						EMERGENCY CONTACT: Greg T. Massaro @ 1-800-626-9997							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations													
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford													
Printed/Typed Name TRACE HOLMS						Signature <i>[Signature]</i>			Month Day Year 10/31/99				
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name LANCE MYRICK						Signature <i>[Signature]</i>			Month Day Year 10/31/99				
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature			Month Day Year				
19. Discrepancy Indication Space Total of containers per item #1/2/99													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19													
Printed/Typed Name JAMES E. MIDAWA						Signature <i>[Signature]</i>			Month Day Year 10/31/99				

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Waste Management
Emelle Facility
P. O. Box 55
Emelle, AL 35459-0055
Phone 205/652-9721

Federal EPA ID Number: ALD000622464
Manifest Document Number: 99059

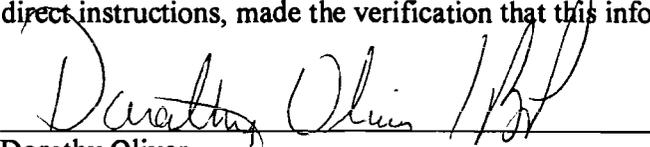
Trans-Cycle Industries Inc
Attn: Greg Massaro
P O Box 765
Pell City, AL 35125

CERTIFICATE OF DISPOSAL

Waste Management – Emelle Alabama Facility has received PCB material from:
TRANS-CYCLE INDUSTRIES INC
described on Alabama Hazardous Waste Manifest Number **CWMA 862468-01**.

Waste Management hereby certifies that the above-described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.



Dorothy Oliver
Recordkeeping and Reporting Technician
04/02/99

OSD	UNIQUE ID	PROFILE #	DISPOSAL DATE	DESCRIPTION
02/11/98	862468-01	AN6834	03/31/99	PCB SOLIDS

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. S C 0 1 7 0 0 2 2 5 6 0		Manifest Document No. 13357	2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address SOUTHDIWNAFACENGCOM N. CHARLESTON, SC 29419-9010 4. Generator's Phone (843) 743-9985 EXT 33					CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK NIELSON		A. State Manifest Document Number					
					5. Transporter 1 Company Name TCI INC.		6. US EPA ID Number N Y D 9 8 6 8 9 9 1 2		D. Transporter's Phone 518 828-9997			
7. Transporter 2 Company Name					8. US EPA ID Number		E. State Transporter's ID					
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-					10. US EPA ID Number A L D 9 8 3 1 6 7 8 9 1		F. Transporter's Phone					
							G. State Facility's ID					
							H. Facility's Phone 205 338-9997					
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)					12. Containers		13. Total		14. Unit		15. Waste No.	
					No.		Type		Quantity		Wt/Vol	
a. RO POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII					006CF		00535		K			
b.												
c.												
d.												
J. Additional Descriptions for Materials Listed Above a. CONTAINER OF PCB ITEMS >499 PPM PCBS							K. Handling Codes for Wastes Listed Above a.					
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON Emergency Response Guide #171 Contract # SP440099D0009 24H EMERGENCY CONTACT: GREG MASSARO D.O. # 0018 @ 800 626-9997												
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford COR ALL WASTE 7/21/99												
Printed/Typed Name RICHARD G. NIELSON					Signature <i>Richard G. Nielson</i>			Month Day Year 04/21/99				
17. Transporter 1 Acknowledgement of Receipt of Materials												
Printed/Typed Name MARK A KUBENS					Signature <i>Mark A. Kubens</i>			Month Day Year 04/21/99				
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					Signature			Month Day Year				

ORDER FOR SUPPLIES OR SERVICES
(Contractor must submit four copies of invoice.) POH

Form Approved
OMB No. 0704-0187
Expires Dec 31, 1993

PAGE 1 OF 4

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.

1. CONTRACT/PURCH ORDER NO. SP440099D0009-
2. DELIVERY ORDER NO. 0018
3. DATE OF ORDER (YYMMDD) 99 MAR 22
4. REQUISITION/PURCH REQUEST NO SEE SCHEDULE
8. PRIORITY

6. ISSUED BY DEF REUT & MKT SVC/DRMS
FEDERAL CENTER
74 N WASHINGTON AVE
BATTLE CREEK MI 49017-3092
7. ADMINISTERED BY (If other than 6)
8. DELIVERY FOB
[X] DEST
[] OTHER
(See Schedule if other)

9. CONTRACTOR CODE OUC01
NAME AND ADDRESS TRANS-CYCLE INDUSTRIES INC
101 PARKWAY EAST
P.O. BOX 765
PELL CITY AL 35125
10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 99 APR 21
11. MARK IF BUSINESS
[] SMALL
[] SMALL DISADVANTAGED
[] WOMEN-OWNED
12. DISCOUNT TERMS
13. MAIL INVOICES TO SEE BLOCK 15

14. SHIP TO SP440099D0009-0018 CODE
SEE SCHEDULE
16. PAYMENT WILL BE MADE BY CODE S33181
DEFENSE FINANCE & ACCOUNTING
ATTN DFAS-CO-LC
P O. BOX 369016
COLUMBUS OH 43236-9016
MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

18. DELIVER TYPE OF ORDER PURCHASE X
This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
Reference your ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.
NAME OF CONTRACTOR SIGNATURE TYPE & NAME AND TITLE DATE SIGNED (YYMMDD)

17. ACCOUNTING AND APPROPRIATION DATE/LOCAL USE
01 97X4930 5NRO 001 P900 25 S33181 3855.40

Table with 6 columns: ITEM NO, SCHEDULE OF SUPPLIES/SERVICE, QUANTITY ORDERED/ACCEPTED, UNIT, UNIT PRICE, AMOUNT. Row 1: 0001, DOCUMENT NOUN DTID ACC 90696053 W33MBQ8036, W33BWD90572001 01, 5700 LB, .20000, 1140.00. Includes EPA WASTE CODE, PICK UP MANIFEST, UD QTY PICKED UP, UD UNIT OF ISSUE, PICK UP DATE.

24. UNITED STATES OF AMERICA
BY: CONTRACTING OFFICER (Signature) CONTRACTING ORDERING OFFICER
26. TOTAL 3855.40
29. DIFFERENCE

25. QUANTITY IN COLUMN 20 HAS BEEN
[] INSPECTED [] RECEIVED [] ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
27. SHIP NO.
28. D.O VOUCHER NO.
30. INITIALS
32. PAID BY
33. AMOUNT VERIFIED CORRECT FOR
34. CHECK NUMBER
36. BILL OF LADING NO.

37. RECEIVED AT
38. RECEIVED BY (Print)
39. DATE RECEIVED (YYMMDD)
40. TOTAL CONTAINERS
41. S/R ACCOUNT NUMBER
42. S/R VOUCHER NO

continuation sheet P

REFERENCE NO. OF DOCUMENT BEING CONTINUED

SP440099D0009-0018

PAGE OF PAGES

2

NAME OF OFFEROR OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002	CLIN ACC DOCUMENT NOUN DTID 01 90696060 W33M8Q8046, W33BWD90572002 703100 W33M8Q8046, , , , , NON-RCRA, , TRANSFORMER OIL NON PCB <50PPM OSD:1/4/99, 9# BLDG10703, 1 DRUM, 990001 PICKUP ADDR <W33BWD> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	280	LB	.31000	86.80
0003	01 90696064 W33M8Q8046, W33BWD90572006 703100 W33M8Q8046, , , , , NON-RCRA, , TRANSFORMER OIL 21PPM OSD: 1/4/99, 9# BLDG10703, 1 DR, 108060 PICKUP ADDR <W33BWD> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	250	LB	.31000	77.50
0004	01 90696068 W33M8Q8046, W33BWD90572004 703100 W33M8Q8046, , , , , NON-RCRA, , TRANSFORMER OIL <50PPM OSD: 1/4/99, 9# BLDG10703, 1 DR, 990002 PICKUP ADDR <W33BWD> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	180	LB	.31000	55.80
0005	01 90696070 W33M8Q8046, W33BWD90572003 703100 W33M8Q8046, , , , , NON-RCRA, , TRANSFORMER OIL <50PPM, OSD: 1/4/99, 9# BLDG10703, 1 DR, 990003 PICKUP ADDR <W33BWD> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	300	LB	.31000	93.00
0006	01 90786274 NONE, , , , FB206790601170 700000 NONE, , , , , NON-RCRA, , BALLASTS WITH PCB'S 0-500 PPM ASD 03/01/99, Z0 B030205A1, <1> 9 GAL DRUM, 991170 PICKUP ADDR <SY2164> DEF REUTILIZATION MKTG OFFIC DRMO WARNER ROBINS BLDG 1602 MARCHBANKS DRIVE ROBINS AFB GA 31098-5000 EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	100	LB	.35000	35.00
0007	01 90786275 NONE, , , , FB206790601171 EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____	100	LB	.35000	35.00

continuation sheet p

REFERENCE NO OF DOCUMENT BEING CONTINUED

SP440099D0009-0018

PAGE OF PAGES

3

NAME OF OFFEROR OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO. SUPPLIES / SERVICES QUANTITY UNIT UNIT PRICE AMOUNT

CLIN ACC DOCUMENT NOUN DTID
 700000 NONE, , , , NON-RCRA, ,
 BALLASTS WITH PCB'S 0-500 PPM ASD
 03/01/99, Z0 B030205A1, <1> 9 GAL
 DRUM, 991171
 PICKUP ADDR <SY2164>

EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____
 PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____

0008 01 90816034 N001919058, N645049020HH01B 1178 LB .35000 412.30

700000 N001919058, , , , NON-RCRA,
 , INSULATIONS/CABLES POLYCHLORINATED
 BIPHENYLS <500-4999 PPM>AD: 3/10/99.,
 Z# E250016A0, <6> TRI WALL CONTAINERS
 3'X3'X3',
 PICKUP ADDR <N64504> SPVR SHIPBLDG CONV REPAIR
 PRSMTH VA ENVIR DET CHAS
 1899 N HOBSON AVE BLDG 30
 N CHARLESTON SC 29408-2160

EPA WASTE CODE N/A UD QTY PICKED UP 1178 UD UNIT OF ISSUE LBS.
 PICK UP MANIFEST 13357 LINE CODE 11A PICK UP DATE 04/21/99

0009 01 90816035 N68931-000, N689319077A001 6000 LB .32000 1920.00

703300 N68931-000, , , , NON-RCRA,
 , PCP CONTAINING LIQUID OIL/WATER DN:
 23-2841, 23-2842, 23-2843, 23-2844,
 23-2845, 23-2846, 23-2847, 23-2848,
 23-2849, 23-2850, 23-2851, 23-2852.
 AD: 02/23/99., 6# NWSB8P003, <12> 55
 GAL DR.,
 PICKUP ADDR <N68931> PUBLIC WORKS CENTER
 NAVAL AIR STATION BLDG 904
 JACKSONVILLE FL 32212-0030

EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____
 PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____

COR FOR DRMO JACKSON IS ARTHUR
 WASHINGTON, DOR P003; COR FOR DRMO
 WARNER ROBINS IS KATIE LARGENT. DOR
 IS 0253.

PROMPT PAYMENT <MAR 1994> FAR
 52.232-25

AUTH TRANSPORTER NAME TCI INC AUTH TRANSPORTER EPA # NYD 986899912

AUTH TSDF NAME TRANS-Cycle INDUSTRIES INC. AUTH TSDF EPA # ALD 983167891

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC017002256013357	Manifest Document No 13357	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address CARETAKER OFFICE SOUTH DIVNAV FACENG COM N. CHARLESTON, SC 29419-9010 P.O. BOX 190010 Cnt: RICK NIELSON			A. State Manifest Document Number		B. State Generator's ID	
4. Generator's Phone (843) 743-9985 EXT 33		6. US EPA ID Number NYD98689912		C. State Transporter's ID		D. Transporter's Phone 518 828-9997
5. Transporter 1 Company Name TCI INC.		7. Transporter 2 Company Name		E. State Transporter's ID		F. Transporter's Phone
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-		10. US EPA ID Number ALD983167891		G. State Facility's ID		H. Facility's Phone 205 338-9997
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RO POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII			006CF	00535	K	
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above a. CONTAINER OF PCB ITEMS >499 PPM PCBs			K. Handling Codes for Wastes Listed Above a. D80			
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON Emergency Response Guide #171 Contract # SP440099D0009 24H EMERGENCY CONTACT: GREG MASSARO D.O. # 0018 @ 800 626-9997						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. COR ALLB WASTE 7/21/99						
Printed/Typed Name RICHARD G. NIELSON			Signature <i>Richard G. Nielson</i>		Month Day Year 04/21/99	
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name MARK A KUBIENIS			Signature <i>Mark A Kubienis</i>		Month Day Year 04/21/99	
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 STANLEY HEAD			Signature <i>Stanley Head</i>		Month Day Year 04/23/99	



ORIGINAL-RETURN TO GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	Manifest Document No. <u>13337</u>	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address <i>STANDARD INDUSTRIAL PRODUCTS COMPANY LAWRENCE, MISSOURI</i>				A. State Manifest Document Number	
				B. State Generator's ID	
4. Generator's Phone ()		6. US EPA ID Number		C. State Transporter's ID	
5. Transporter 1 Company Name		7. Transporter 2 Company Name		D. Transporter's Phone <i>518 828-9997</i>	
9. Designated Facility Name and Site Address		10. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone <i>205 338-9997</i>	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers	13. Total	14. Unit	I. Waste No.
		No.	Quantity	Wt/Vol	
		Type			
J. Additional Descriptions for Materials Listed Above <i>CONTAINER OF PCB ITEMS 2400 PPM PCBs</i>		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford					
Printed/Typed Name		Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
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		Signature		Month Day Year	



ISSUED BY TRANS-CYCLE INDUSTRIES INC
 101 PARKWAY EAST
 P O BOX 765
 PELL CITY, AL 35125
 PHONE (205) 338-9997
 FAX (205) 338-9979

DISPOSAL SUMMARY #	990506
MANIFEST DOC # :	13357

STATE MANIFEST DOC # UHWM-13357
 SHIPPED 4/21/99
 RECEIVED 4/23/99
 COMPLETED 4/30/99

GENERATOR SOUTHDIVNAVAFACENGCOM
 CARETAKER OFFICE
 P O BOX 190010
 N CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE (843) 743-9985

SERVICE CENTER DRMO FORT JACKSON
 CONTRACT # SP440099D0009
 DELIVERY # 18

In accordance with our agreement to provide disposal services, the following item(s) picked up on the above listed manifest were disposed per 40 CFR Part 761. A summary of the disposition is as follows:

CARCASS, CONTAINER AND/OR CONTENT

FLUID

Serial Number	Item Type	Method	Facility	Outgoing Manifest	Shipped	Disposed
9020HH01B-1	7000E	CWL	CWM	99085	4/30/99	4/30/99
9020HH01B-2	7000E	CWL	CWM	99085	4/30/99	4/30/99
9020HH01B-3	7000E	CWL	CWM	99085	4/30/99	4/30/99
9020HH01B-4	7000E	CWL	CWM	99085	4/30/99	4/30/99
9020HH01B-5	7000E	CWL	CWM	99085	4/30/99	4/30/99
9020HH01B-6	7000E	CWL	CWM	99085	4/30/99	4/30/99
Total 6 CF's of PCB		> 499 ITEM				

Component	Method	Facility	Outgoing Manifest	Shipped	Disposed
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DISPOSAL METHODS:

CWL = PCB CHEMICAL WASTE LANDFILL

DISPOSAL FACILITY:

CWM = CHEMICAL WASTE MANAGEMENT EMELLE, AL
 TCIAL = TRANS-CYCLE INDUSTRIES, INC PELL CITY AL

OUTGOING MANIFEST DOCUMENT #(S):

S - 99085


 Lorr A. Helms
 Database Coordinator

6/15/99
 Date



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

RECEIVED MAY 1 1 1999

99085

Form Approved, OMB No. 2050-0039, Expires 9-30-91

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. AL10983167891977085		Manifest Document No. 99085		2. Page 1 of 1		Information in the shaded areas not required by Federal law.			
3. Generator's Name and Mailing Address TRANS-Cycle Industries, INC 101 Parkway East, Prichard, AL ATTN: Greg MASSARD				A. State Manifest Document Number CWMA 862489		B. State Generator's ID					
4. Generator's Phone (800) 636-9997/35125				6. US EPA ID Number NYD9868999112		C. State Transporter's ID					
5. Transporter 1 Company Name TCI INC				8. US EPA ID Number		D. Transporter's Phone 318 828 8077					
7. Transporter 2 Company Name				10. US EPA ID Number		E. State Transporter's ID					
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459				12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		Waste No.	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. R4 Polychlorinated Biphenyls, 9 UN2315 PGHH Disposal Approval # 051599-C001 CWM Profile # SOLIO AN6934				0101		DT 25027		K			
b. Disposal Approval # _____ CWM Profile # _____											
c. Disposal Approval # _____ CWM Profile # _____											
d. Disposal Approval # _____ CWM Profile # _____											
J. Additional Descriptions for Materials Listed Above RB Solios In a Dump Trailer State of Generation ALABAMA						K. Handling Codes for Wastes Listed Above a. L c. b. d.					
15. Special Handling Instructions and Additional Information Purchase Order # Verbal - Mr MASSARD FRG 171 Work Order # 499650 EMERGENCY CONTACT: Greg MASSARD 1800 676 9997											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name TRACY HELMS				Signature <i>[Signature]</i>				Month Day Year 04 13 99			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Paul Blon											
Signature <i>[Signature]</i>				Month Day Year 04 13 99							
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 Linda Coakle											
Signature <i>[Signature]</i>				Month Day Year 04 13 99							



RECEIVED MAY 1 1 1999

Waste Management, Inc
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459-0055
(205)652-9721

Federal EPA ID Number: ALD000622464
Manifest Document Number: 99085

TRANS-CYCLE INDUSTRIES IN
ATTN: GREG MASSARO
P O BOX 765
PELL CITY, AL 35125

CERTIFICATE OF DISPOSAL

Waste Management, Inc. has received PCB material from:
TRANS-CYCLE INDUSTRIES IN
described on Alabama Hazardous Waste Manifest Number CWMA 0862489-1

Waste Management, Inc. hereby certifies that the above described material
{excluding PCB liquids, if applicable} was landfilled on the dates shown below, in
compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of
false or fraudulent statements or representation {18 U.S.C. 1001 and 15 U.S.C. 2615},
I certify that the information contained in or accompanying this document is true,
accurate and complete. As to the identified section{s} of this document for
which I cannot personally verify truth and accuracy, I certify as the company
official having supervisory responsibility for the persons who, acting under my
direct instructions, made the verification that this information is true, accurate
and complete.

Dorothy Oliver, Recordkeeping and Reporting Technician
05/03/99

<u>OSD</u>	<u>Unique ID</u>	<u>Profile</u>	<u>Disposed</u>	<u>Description</u>
12/29/98	862489-01	AN6834	04/30/99	PCB SOLIDS

REVISED

Form: 55

Disposal Summary #990970

Page: 1

Generated By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-0765
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc: 13363
 TCI Load # 990970
 of: 06/17/99

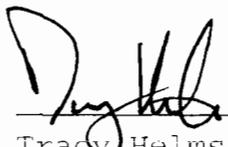
Generator: SOUTH DIV NAV FAC ENG COM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE (843) 743-9985

Service Center:
 DRMO FORT JACKSON
 Contract # SP440099D0009
 Delivery # 52

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follows:

Qty	Item Description	Disposal Method	Completed
1	TP of PCB-CONT ELECTRICAL EQUIPMENT	METALS CLEANING AND RECYCLING	08/17/99
	FLUID FROM ABOVE	DETOXIFICATION Shipped on Manifest #99164, 08/02/99 To SUNOHIO, INC.	08/25/99
1	TP of NON-PCB ELECTRICAL EQUIPMENT	METALS CLEANING AND RECYCLING	07/14/99
	FLUID FROM ABOVE	THERMAL DESTRUCTION Shipped on Manifest #99182, 08/23/99 To HOLNAM INC.	08/27/99

Certification:



Tracy Helms
 Quality Director

12/17/99

Date

RECEIVED AUG 20 1999

998164

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's US EPA ID No A L D 9 8 3 1 6 7 8 9 1	Manifest Document No. 9 9 1 6 4	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST PELL CITY, AL 35125- P.O. BOX 765 4. Generator's Phone (800) 626-9997 Ext: 0 Cmt: GREG MASSARO				A. State Manifest Document No.	
5. Transporter 1 Company Name ROBBIE D. WOOD		6. US EPA ID Number A L D 0 6 7 1 3 8 8 9 1		C. State Transporter ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone	
9. Designated Facility Name and Site Address SUNOHIO, INC. 1501 RAFF ROAD CANTON, OH 44710-		10. US EPA ID Number O H D 9 8 1 1 0 0 9 6 9		G. State Facility's ID	
				H. Facility's Phone	
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
	a. BO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (LIQUID)		1	19664	K
	b.				
	c.				
	d.				
J. Additional Descriptions for Materials Listed Above a. PCB FLUID <14,500 PPM PCBs GALLONS - 5,968 POUNDS - 43,260 DRFS - 09/01/94 * ALL CONTAINED IN 1 COMPARTMENT *			K. Handling Codes for Wastes Listed Above a.		
15. Special Handling Instructions and Additional Information Emergency Response Guide #171 24H EMERGENCY CONTACT: Greg T. Massaro @ 800 626-9997					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford					
Printed/Typed Name Tracy Helms		Signature <i>[Signature]</i>		Month Day Year 08 02 99	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials				
	Printed/Typed Name William M Boyd		Signature <i>[Signature]</i>		Month Day Year 08 02 99
	18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name		Signature		Month Day Year	
FACILITY	19. Discrepancy Indication Space LINE 13 A SHOULD READ 192181C				
	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.				
Printed/Typed Name TERRY MAY		Signature <i>[Signature]</i>		Month Day Year 08 03 99	



ORIGINAL-RETURN TO GENERATOR

RECEIVED OCT 01 1999

=====

CERTIFICATE OF DISPOSAL

=====

CERTIFICATE NUMBER: **SUN5119**
ISSUED: 09/24/99

SUNOHIO, Inc. received PCB contaminated MODEF from:

TRANS-CYCLE INDUSTRIES, INC.
101 Parkway East
Pell City AL 35125
Manifest No. #99164

The MODEF received was disposed by chemical treatment as of 08/25/99 in accordance with 40 CFR 761 by SUNOHIO, Inc.'s PCBX Rig #6, Canton, OH 44710 (EPA ID No. OHD986978963).

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

SUNOHIO, Inc.



Irene Papatoukakis
Environmental Records Manager

cc: SUNOHIO Job File 5119

RECEIVED SEP 07 1999

998182

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's US EPA ID No. A L D 9 8 3 1 6 7 8 9 1		Manifest Document No. 9 9 1 8 2		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. PELL CITY, AL 35125-		101 PARKWAY EAST P.O. BOX 765		Cnt: GREG MASSARO		A. State Manifest Document Number			
4. Generator's Phone (800) 626-9997 Ext:		6. US EPA ID Number N / A		D. Transporter's Phone (800) 553-8401		B. State Generator's ID			
5. Transporter 1 Company Name BARNETT TRANSPORTATION, INC.		7. Transporter 2 Company Name		E. State Transporter's ID		C. State Transporter's ID			
9. Designated Facility Name and Site Address HOLNAM INC. P.O. BOX 185 ARTESIA, MS 39736-		10. US EPA ID Number M S D 0 7 7 6 5 5 8 7 6		F. Transporter's Phone		G. State Facility's ID			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity		14. Unit W/Vol		15. Waste No.	
a. NON-REGULATED OIL, FLASH POINT >140 DEGREES F		1. T T		6 0 0 3		G			
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above a. BULK TANKER OF NON-PCB FLUID <50 PPM PCBs GALLONS - 6,003 POUNDS - 42,970 * ALL CONTAINED IN ONE COMPARTMENT *		K. Handling Codes for Wastes Listed Above a.							
15. Special Handling Instructions and Additional Information 24H EMERGENCY CONTACT: Greg T. Massaro @ 800 626-9997									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford									
Printed/Typed Name TRACY Helms		Signature <i>[Signature]</i>		Month Day Year 08 23 99					
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name Gulley R Smith		Signature <i>[Signature]</i>		Month Day Year 08 23 99					
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name C		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 Keith Fortenberry		Signature <i>[Signature]</i>		Month Day Year 08 23 99					



ORIGINAL-RETURN TO GENERATOR



Certificate of Thermal Destruction

RECEIVED SEP 07 1999

Generator: Trans-Cycle Industries, Inc.

Address: 101 Parkway East
Pell City, AL 35125

Contact: Greg Massaro

EPA ID#: ALD983167891

Holnam has processed used oil from Trans-Cycle Industries, Inc. as indicated on Non-Hazardous Waste Manifest No. 99182 at its Artesia Facility and hereby certifies that this oil was thermally destroyed at the Artesia Facility on various days of August.

EPA ID#: MSD077655876

Date Received: 8/23/99

Load Number: 5394



Authorized Holnam Signature

8-27-99

Date

Disposal Detail #990970

Issued By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

Shipped: 06/17/99
Manifest Doc: 13363
Received: 06/18/99
Disposed: 08/27/99

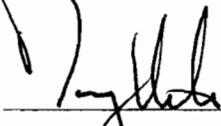
Generator: SOUTHDIVNAVFACENCOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 52

We hereby certify that the following PCB items were disposed of in accordance with 40 CFR 761 as of the date(s) shown below:

Item Number	Carcass or Container	Item Type	Method	Disp	Comp	Method	Disp	Facility	EPA ID #
9501 1		'C10E	MCR	08/17/99	OIL	DTX	08/25/99	SUNOHI	OHD986978971
9501 101		'C12E	MCR	07/14/99	OIL	THM	08/27/99	HOLINC	MSD077655876

MCR = METALS CLEANING AND RECYCLING DTX = DETOXIFICATION
THM = THERMAL DESTRUCTION



Tracy Helms
Quality Director

12/17/99

Date

Issued By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc: 13363
 TCI Load # 990970
 of: 06/17/99

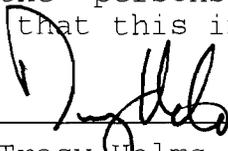
Generator: SOUTHDIVNAVFACENCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 PHONE (843) 743-9985

Service Center:
 DRMO FORT JACKSON
 Contract # SP440099D0009
 Delivery # 52

We hereby certify that the following PCB items were disposed of as of the date(s) shown below:

Serial Number	Qty	Description	Disposed	Disposal Method
6570151	1	TRANSFORMERS	08/17/99	METALS CLEANING AND RECYCLING

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.



Tracy Helms
 Quality Director

09/15/99

Date

Owned By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-0765
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc: 13363
 TCI Load # 990970
 of: 06/17/99

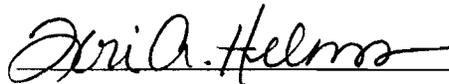
Generator: SOUTHDIVNAVFACENCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE (843) 743-9985

Service Center:
 DRMO FORT JACKSON
 Contract # SP440099D0009
 Delivery # 52

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follow:

Qty	Item Description	Disposal Method	Completed
1	TP of PCB-CONT ELECTRICAL EQUIPMENT	METALS CLEANING AND RECYCLING	08/17/99
	FLUID FROM ABOVE	DETOXIFICATION Shipped on Manifest #99164, 08/02/99 To SUNOHIO, INC.	08/25/99
1	TP of NON-PCB ELECTRICAL EQUIPMENT	METALS CLEANING AND RECYCLING	07/14/99
	FLUID FROM ABOVE	THERMAL DESTRUCTION Shipped on Manifest #99169, 08/08/99 To INGENCO	08/27/99

Certification:



Lori A. Helms
 Database Coordinator

12/17/99

Date

RECEIVED AUG 20 1999

998164

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

Form Approved. OMB No. 2050-0038.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. A L D 9 8 3 1 6 7 8 9 1	Manifest Document No. 9 9 1 6 4	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST PELL CITY, AL 35125- P.O. BOX 765 4. Generator's Phone (800) 626-9997 Ext: 0 Cnt: GREG MASSARO				A. State Manifest Document Number		
5. Transporter 1 Company Name ROBBIE D. WOOD				B. State Generator ID		
6. US EPA ID Number A L D 0 6 7 1 3 8 8 9 1				C. State Transporter ID		
7. Transporter 2 Company Name				D. Transporter Phone 405 775 7440		
8. US EPA ID Number				E. State Transporter ID		
9. Designated Facility Name and Site Address SUNOHIO, INC. 1501 RAFF ROAD CANTON, OH 44710-				F. Transporter Phone		
10. US EPA ID Number O H D 9 8 1 1 0 0 9 6 9				G. State Facility's ID		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				H. Facility's Phone 330 430-4482		
12. Containers		13. Total Quantity		14. Unit		15. Waste No.
No. Type		Quantity		Wt/Vol		Waste No.
a. 1 T T		1 9 6 6 4		K		
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above a. PCB FLUID <14,500 PPM PCBS GALLONS - 5,968 POUNDS - 43,260 DRFS - 09/01/94 * ALL CONTAINED IN 1 COMPARTMENT *				K. Handling Codes for Wastes Listed Above a.		
15. Special Handling Instructions and Additional Information Emergency Response Guide #171 24H EMERGENCY CONTACT: Greg T. Massaro @ 800 626-9997						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Tracy Helms		Signature <i>[Signature]</i>		Month Day Year 10 8 10 2 7 9		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name William M Boyd		Signature <i>[Signature]</i>		Month Day Year 08 10 27 9		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space LINE 13 A SHOULD READ 192181K						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name TERRY MAY		Signature <i>[Signature]</i>		Month Day Year 08 10 31 9		



ORIGINAL-RETURN TO GENERATOR

RECEIVED OCT 01 1999

CERTIFICATE OF DISPOSAL

CERTIFICATE NUMBER: **SUN5119**
ISSUED: 09/24/99

SUNOHIO, Inc. received PCB contaminated MODEF from:

TRANS-CYCLE INDUSTRIES, INC.
101 Parkway East
Pell City AL 35125
Manifest No. #99164

The MODEF received was disposed by chemical treatment as of 08/25/99 in accordance with 40 CFR 761 by SUNOHIO, Inc.'s PCBX Rig #6, Canton, OH 44710 (EPA ID No. OHD986978963).

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

SUNOHIO, Inc.



Irene Papatoukakis
Environmental Records Manager

cc: SUNOHIO Job File 5119

ALTERNATE STRAIGHT BILL OF LADING—SHORT FORM—MEMORANDUM COPY

Name of Carrier: ROBBIE DWORID		Carrier's No.	Date 8-8-99	Shipper No. 998169
TO Consignee: INLENCO		FROM Shipper: TRANS-COKE INC 101 FRY EAST PL EX 165 PELLICLY AL 3-125 (Long Hills Road)		
Street 2369 LINDLER ROAD				
Destination Rockville, VA	Zip Code 23146			Emergency Response Phone No. 800-626-9997
Route:			Vehicle No.	

No Shipping Units	+ HM	Kind of Package, Description of Articles, Special Marks and Exceptions	*Weight (Sub to Corr)	RATE	✓	CHARGES
1		TANKER TRUCK CONTAINING LESS THAN 50 ppm PCB'S	41,407			
		5672 GALLONS				

REMIT C.O.D TO ADDRESS	C.O.D AMT	C.O.D FEE PREPAID <input type="checkbox"/> \$ COLLECT <input type="checkbox"/> \$	TOTAL CHARGES \$
------------------------	-----------	---	------------------

<p>*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight"</p>	<p>NOTE Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</p>	<p>Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other charges</p> <p>_____ (Signature of Consignor)</p>	<p>FREIGHT CHARGES Check Appropriate Box: <input type="checkbox"/> Freight prepaid <input type="checkbox"/> Collect</p>
---	---	--	--

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of receipt by the carrier of the property described in the Original Bill of Lading, the property described above in apparent good order except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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.

Transcoke Shipper, Per **ROBBIE DWORID** Agent, Per **Kenie**

-Mark with "X" to designate Hazardous Material as defined in Title 49 of Federal Regulations
For further details on TRANSPORTING HAZARDOUS MATERIALS see Federal Regulations 49 CFR, Part 172

Certificate of Non-PCB Oil Destruction

RECEIVED DEC 09 1999

End-User (burner) of oil	INGENCO- Rockville Plant, 2369 Lanier Rd., Rockville, VA		
Source	TCI-PELL AL. TANK#5		
PCB test	7/26/99		
PCB content in ppm	8.31PPM		
Date of oil transfer to transporter	8-Aug-99		
Transporter trip ticket	NONE SUBMITTED		
Waste Manifest #	NONE SUBMITTED		
Volume on manifest	5,672		
Volume calculated by net weight	5,587		
		INGENCO time tank #	Volume of fuel in tank
Start transfer from carrier's tanker to INGENCO's receiving tank	8-9 1100	35	0
Complete transfer of load to receiving tank	8-9 1205	35	5587
Start transfer through filter into burn tank	8-23 1200	2	0
Transfer to burn tank complete	8-24 0130	2	5587
Start burning	8-26 0600	2	✓ 5587
Complete burning (calculated)	8-27 1300	2	0
Report prepared by	 Dan Heyer		
Report certified by	 Peter Moliterno, P. E. V. P. Development		

Disposal Detail #990970

Used By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

Shipped: 06/17/99
Manifest Doc: 13363
Received: 06/18/99
Disposed: 08/27/99

Generator: SOUTHDIVNAVFACENCOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 52

We hereby certify that the following PCB items were disposed of in accordance with 40 CFR 761 as of the date(s) shown below:

Carcass or Container		Contents					EPA ID #	
Item Number	Item Type	Method	Disp	Comp	Method	Disp	Facility	EPA ID #
6570151	7010E	MCR	08/17/99	OIL	DTX	08/25/99	SUNOHI	OHD986978971
79A511101	7012E	MCR	07/14/99	OIL	THM	08/27/99	INGENC	

MCR = METALS CLEANING AND RECYCLING DTX = DETOXIFICATION
THM = THERMAL DESTRUCTION


Lori A. Helms
Database Coordinator

12/17/99
Date

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SC0170022560	Manifest Document No. 13363	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address CARETAKER OFFICE SOUTH DIV NAV FAC ENGLCOM N. CHARLESTON, SC 29419-9010 843 743-9985 Ext: Cnt: RICK 33 NIELSON			A. State Manifest Document Number		
4. Generator's Phone () 240 986 889 912			B. State Generator's ID		
5. Transporter 1 Company Name ROBBIE D. WOOD RCT, INC		6. US EPA ID Number A L D 0 6 7 1 3 8 8 9 1	C. State Transporter's ID 40067		D. Transporter's Phone 205 744 8440
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 TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-			10 US EPA ID Number A L D 9 8 3 1 6 7 8 9 1		G. State Facility's ID
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			12. Containers	13. Total Quantity	14. Unit Wt/Vol
a. RO POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII			No	Type	I. Waste No.
b. NON DOT REGULATED ELECTRICAL EQUIPMENT					
c.					
d.					
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above		
a. PCB CONTAMINATED FLUID IN ELECTRICAL EQUIPMENT			a. Carcass / Fluid T87 / T29		
b. NON-PCB DIELECTRIC FLUID IN ELECTRICAL EQUIPMENT			b. Carcass / Fluid T87 / T80		
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON EMERGENCY RESPONSE GUIDE #171 Contract # SP440099D0009 24H EMERGENCY CONTACT: GREG MASSARO					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford COR [Signature] 6/17/99					
Printed/Typed Name William A. Drawdy		Signature <i>William A. Drawdy</i>		Month Day Year 10/6/17/99	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name MARK A. KUBENS		Signature <i>Mark A. Kubens</i>		Month Day Year 10/6/17/99	
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 STANLEY HEAD		Signature <i>Stanley Head</i>		Month Day Year 10/6/18/99	



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address				A. State Manifest Document Number		
4. Generator's Phone ()				B. State Generator's ID		
5. Transporter 1 Company Name <i>TCI, INC</i>		6. US EPA ID Number <i>MD98689912</i>		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone		
9. Designated Facility Name and Site Address				E. State Transporter's ID		
10. US EPA ID Number				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone		
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
			No.	Type		
	a.					
	b.					
	c.					
d.						
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information						
<p>16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations</p> <p>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford</p>						
Printed/Typed Name			Signature		Month Day Year	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials					
	Printed/Typed Name			Signature		Month Day Year
	18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name			Signature		Month Day Year	
FACILITY	19. Discrepancy Indication Space					
	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name			Signature		Month Day Year	



UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No S C 0 1 7 0 0 2 2 5 6 0	Manifest Document No 1/33/63	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address SOUTH DIVNAVFACE NGCOM N. CHARLESTON, SC 29419-9010 843 743-9985 Ext:			CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK 33 NIELSON		A. State Manifest Document Number
4. Generator's Phone ()					B. State Generator's ID
5. Transporter 1 Company Name ROBBIE D. WOOD TCE, INC.		6. US EPA ID Number ALD 9 8 3 1 6 7 8 9 1 NYD 9 5 6 8 9 9 1 2		C. State Transporter's ID 40067 205 744-8440	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone	
				E. State Transporter's ID	
				F. Transporter's Phone	
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-			10. US EPA ID Number A L D 9 8 3 1 6 7 8 9 1		G. State Facility's ID
					H. Facility's Phone 205 338-9997
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. RO POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII			001	TP	0.0246 K
b. NON DOT REGULATED ELECTRICAL EQUIPMENT			0.01	TP	0.0206 K
c.					
d.					
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above		
a. PCB CONTAMINATED FLUID IN ELECTRICAL EQUIPMENT			a.		
b. NON-PCB DIELECTRIC FLUID IN ELECTRICAL EQUIPMENT			b.		
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON EMERGENCY RESPONSE GUIDE #171 Contract # SP440099D0009 D.O. # 0052 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford COR [Signature] 6/17/99					
Printed/Typed Name William A. Drawdy			Signature [Signature]		Month Day Year 10/6/17/99
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name MARK A. KUBIUS			Signature [Signature]		Month Day Year 10/6/17/99
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			Signature		Month Day Year

ORDER FOR SUPPLIES OR SERVICES <i>(Contractor must submit four copies of invoice.)</i> POH						Form Approved OMB No. 0704-0187 Expires Dec 31, 1993	PAGE 1 OF 7
reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and 1. retaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503							
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.							
1. CONTRACT/PURCH ORDER NO. SP440099D0009-		2. DELIVERY ORDER NO. 0052		3. DATE OF ORDER (YYMMDD) 99 MAY 11		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE	5. PRIORITY
6. ISSUED BY DEF REUT & MKT SVC/DRMS FEDERAL CENTER 74 N WASHINGTON AVE BATTLE CREEK MI 49017-3092			7. ADMINISTERED BY (If other than 6) CODE			8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR NAME AND ADDRESS • TRANS-CYCLE INDUSTRIES INC 101 PARKWAY EAST P.O. BOX 765 • PELL CITY AL 35125			FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 99 JUN 10	11. MARK IF BUSINESS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNE	
14. SHIP TO SP440099D0009-0052 SEE SCHEDULE			15. PAYMENT WILL BE MADE BY DEFENSE FINANCE & ACCOUNTING ATTN DFAS-CO-LC P. O. BOX 369016 COLUMBUS OH 43236-9016			13. MAIL INVOICES TO SEE BLOCK 15	
16. SHIP TO SP440099D0009-0052 SEE SCHEDULE			15. PAYMENT WILL BE MADE BY DEFENSE FINANCE & ACCOUNTING ATTN DFAS-CO-LC P. O. BOX 369016 COLUMBUS OH 43236-9016			MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. TYPE OF ORDER: DELIVER <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME							
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)	
If this box is marked, supplier must sign Acceptance and return the following number of copies:							
17. ACCOUNTING AND APPROPRIATION DATE/LOCAL USE 01 97X4930 5NR0 001 P900 25 S33181						3000.85	
18. ITEM NO	18. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	DOCUMENT NOUN DTID ACC 91306900 9929001, , W80Q7X911804SF 01 701400 9929001, , PCB1, PCB BALLAST; >500 PPM PCB; DRFS 4/29/99; 625000PCB; <RQ> POLYCHLORINATED BIPHENYLS, 9, UN 2315, II, 20 HW7216PCB, 1/55 GL, PICKUP ADDR <SYC054> DEF REUTILIZATION MKTG OFFIC DRMO II HUNTSVILLE SITE C BLDG 7408 REDSTONE ARSENAL AL 35898			330	LB	.26000	85.80
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA A BY: <i>Walter Payne</i> CONTRACTING OFFICER CONTRACTING ORDERING OFFICER		25. TOTAL 3000.85	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				27. SHIP. NO.		28. D.C. VOUCHER NO	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. DIFFERENCE	
30. I certify this account is correct and proper for payment				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER				32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
37. RECEIVED AT				38. RECEIVED BY (Print)		34. CHECK NUMBER	
38. DATE RECEIVED (YYMMDD)				40. TOTAL CONTAINERS		35. BILL OF LADING NO.	
39. RECEIVED BY (Print)				41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO	

continuation sheet P

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF TENDER OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002	CLIN ACC DOCUMENT NOUN DTID EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____ 01 91306902 9929001, , W80Q7X911802SF 701400 9929001, , , , , PCB1, , PCB BALLAST; >500 PPM PCB; DRFS: 4/29/99; 625000PCB; <RQ> POLYCHLORINATED BIPHENYLS, 9, UN 2315, II, 20 HW7216PCB, 1/55 GL, PICKUP ADDR <SYC054>	392	LB	.26000	101.92
0003	EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____ 01 91306903 9929002, , W80Q7X911801SF 702200 9929002, , , , , NON-RCRA, , NON PCB BALLAST; DRFS 4/29/99; 625000NONPCB; , 20 HW7216PCB, 1/55 GL, PICKUP ADDR <SYC054>	585	LB	.26000	152.10
0004	EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____ 01 91306905 9929001, , W80Q7X911803SF 701400 9929001, , , , , PCB1, , PCB BALLASTS; >500 PPM PCB; DRFS 4/29/99; 625000PCB; <RQ> POLYCHLORINATED BIPHENYLS, 9, UN 2315, II, 20 HW7216PCB, 1/55 GL, PICKUP ADDR <SYC054>	355	LB	.26000	92.30
0005	EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____ 01 91306906 9929001, , W80Q7X911805SF 701400 9929001, , , , , PCB1, , PCB BALLASTS; >500 PPM PCB; DRFS 4/29/99; 625000PCB; <RQ> POLYCHLORINATED BIPHENYLS, 9, UN 2315, II, 20 HW7216PCB, 1/55 GL, PICKUP ADDR <SYC054>	226	LB	.26000	58.76
0006	EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____ 01 91306907 9912004, , CLOKUD9055H001 701400 9912004, , , , , PCB1, , BALLAST, PCB CONTAMINATED; >499 PPM PCB; <RQ> POLYCHLORINATED BIPHENYLS, 9, UN 2315, II, 20 HW7216PCB, 1/55 GL,	754	LB	.26000	196.04

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NAME OF OFFEROR OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0007	CLIN ACC DOCUMENT NOUN DTID PICKUP ADDR <SYC054> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 91306908 9912004, , CLOKUD9067H002 664 LB .26000 172.64 701400 9912004, , , , PCB1, , BALLAST, PCB CONTAMINATED; 626000PCB; <RQ> POLYCHLORINATED BIPHENYLS, 9, UN 2315, II, 20 HW7216PCB, 1/55 GL, PICKUP ADDR <SYC054>				
0008	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 91316138 N00193-000, N689319125A053 655 LB .16000 104.80 701200 N00193-000, , , , , NON-RCRA, , PCB TRANSFORMER < 50 PPM AD: 8/5/98, 6# NWSB8P006, TRANSFORMER <1> EA, 091097 PICKUP ADDR <N68931> PUBLIC WORKS CENTER NAVAL AIR STATION BLDG 904 JACKSONVILLE FL 32212-0030				
0009	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 91316141 N00193-000, N689319125A052 50 LB .26000 13.00 702300 N00193-000, , , , , NON-RCRA, , CAPACITOR LARGE FN100F363 AD: 4/8/98, 63 NWSB8P006, CAPACITOR <1> 1 EA, 091062 PICKUP ADDR <N68931>				
0010	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 91316142 N00193-071, N689319125A009 390 LB .26000 101.40 703800 N00193-071, , , , , NON-RCRA, , PCB CONTAINING SLUDGE OIL WATER MIX, 6# NWSB8P006, <1> 55 GAL DR., 232682 PICKUP ADDR <N68931>				
0011	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 91316143 N00193-071, N689319125A007 136 LB .26000 35.36 703800 N00193-071, , , , , NON-RCRA, , PCB CONTAINING SLUDGE OIL/WATER MIX AD: 11/12/98, 6# NWSB8P006, <1> 55 GAL DR., 232681				

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NAME OF OFFICER OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0012	CLIN ACC DOCUMENT NOUN DTID PICKUP ADDR <N68931> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 91316145 N00193-000, N689319125A002 150 LB .32000 48.00 702800 N00193-000, , , , , NON-RCRA, , PCB CONTAMINATED DEBRIS > 500 PPM AD: 4/16/99, 6# NWSB8P006, <1> 55 GAL DR., 232986 PICKUP ADDR <N68931>				
0013	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 91316146 N00193-000, N689319125A003 135 LB .32000 43.20 702800 N00193-000, , , , , NON-RCRA, , PCB CONTAMINATED DEBRIS > 500 PPM AD: 3/27/99, 6# NWSB8P006, <1> 55 GAL DR., 232944 PICKUP ADDR <N68931>				
0014	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 91316148 N00193-000, N689319125A006 190 LB .32000 60.80 702800 N00193-000, , , , , NON-RCRA, , PCB CONTAMINATED DEBRIS > 500 PPM AD: 3/23/99, 6# NWCB8P006, <1> 55 GAL DR., 232943 PICKUP ADDR <N68931>				
0015	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 91316150 N001919107, N645049120HH02 542 LB .20000 108.40 701000 N001919107, , , , , NON-RCRA, , TRANSFORMER S/N 6570151 <50 PPM PCB> AD: 4/30/99, 6# E255022A0, <1> EA TRANSFORMER, PICKUP ADDR <N64504> SPVR SHIPBLDG CONV REPAIR PRISMTH VA ENVIR DET CHAS 1899 N HOBSON AVE BLDG 30 N CHARLESTON SC 29408-2160				
0016	EPA WASTE CODE <u>NA</u> UD QTY PICKED UP <u>542</u> UD UNIT OF ISSUE <u>LBS.</u> PICK UP MANIFEST <u>13363</u> LINE CODE <u>11A</u> PICK UP DATE <u>06/10/99</u> 01 91316152 N00193-000, N689319125A050 50 LB .26000 13.00 702300 N00193-000, , , , , NON-RCRA, , CAPACITOR LARGE S/N FN100F391 AD: 4/8/99, 6# NWSB8P006, <1> EA <u>6/17/99</u>				

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NAME OF OFFEROR OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
CLIN	ACC DOCUMENT NOUN DTID				
	CAPACITOR LARGE, 091061 PICKUP ADDR <N68931> PUBLIC WORKS CENTER NAVAL AIR STATION BLDG 904 JACKSONVILLE FL 32212-0030				
EPA WASTE CODE _____	UD QTY PICKED UP _____			UD UNIT OF ISSUE _____	
PICK UP MANIFEST _____	LINE CODE _____			PICK UP DATE _____	
0017	01 91316155 N00193-000, N689319125A051 702300 N00193-000, , , , , NON-RCRA, , CAPACITOR LARGE S/N FN100F363 AD: 6/18/98, 6# NWSB8P006, <1> EA CAPACITOR LARGE, 091063 PICKUP ADDR <N68931>	50	LB	.26000	13.00
EPA WASTE CODE _____	UD QTY PICKED UP _____			UD UNIT OF ISSUE _____	
PICK UP MANIFEST _____	LINE CODE _____			PICK UP DATE _____	
0018	01 91316157 N00193-000, N689319125A001 702800 N00193-000, , , , , NON-RCRA, , PCB CONTAMINATED DEBRIS > 500 PPM AD: 4/14/99, 6# NWSB8P006, <1> 55 GAL DR., 232985 PICKUP ADDR <N68931>	150	LB	.32000	48.00
EPA WASTE CODE _____	UD QTY PICKED UP _____			UD UNIT OF ISSUE _____	
PICK UP MANIFEST _____	LINE CODE _____			PICK UP DATE _____	
0019	01 91316158 N00193-000, N689319125A059 701200 N00193-000, , , , , NON-RCRA, , PCB TRANSFORMER < 50 PPM SN70AH6069 AD: 5/5/99, 6# NWSB8P006, <1> EA TRANSFORMER, 091213 PICKUP ADDR <N68931>	200	LB	.16000	32.00
EPA WASTE CODE _____	UD QTY PICKED UP _____			UD UNIT OF ISSUE _____	
PICK UP MANIFEST _____	LINE CODE _____			PICK UP DATE _____	
0020	01 91316161 N00193-000, N689319125A010 702800 N00193-000, , , , , NON-RCRA, , PCB CONTAMINATED DEBRIS > 500 PPM AD: 4/21/99, 6# NWSB8R006, <1> 55 GAL DR., 232984 PICKUP ADDR <N68931>	190	LB	.32000	60.80
EPA WASTE CODE _____	UD QTY PICKED UP _____			UD UNIT OF ISSUE _____	
PICK UP MANIFEST _____	LINE CODE _____			PICK UP DATE _____	
0021	01 91316162 N00193-000, N689319125A008 702800 N00193-000, , , , , NON-RCRA, , PCB CONTAMINATED DEBRIS > 500 PPM AD: 4/7/99, 6# NWSB8P006, <1> 55 GAL.	145	LB	.32000	46.40
EPA WASTE CODE _____	UD QTY PICKED UP _____			UD UNIT OF ISSUE _____	
PICK UP MANIFEST _____	LINE CODE _____			PICK UP DATE _____	

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NAME OF OFFEROR OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO	SUPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0022	CLIN ACC DOCUMENT NOUN DTID DR., 232945 PICKUP ADDR <N68931> EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 91316164 N00193-000, N689319125A004 150 LB .32000 48.00 702800 N00193-000, , , , , NON-RCRA, , PCB CONTAMINATED DEBRIS > 500 PPM AD: 4/19/99, 6# NWSB8P006, <1> 55 GAL DR., 232987 PICKUP ADDR <N68931>				
0023	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 91316166 N001919106, N645049120HH01 453 LB .16000 72.48 701200 N001919106, , , , , NON-RCRA, , TRANSFORMER S/N 79A511101 AD: 5/4/99 < 50 PPM, 6# E255022A0, <1> 1 EA TRANSFORMER, PICKUP ADDR <N64504> SPVR SHIPBLDG CONV REPAIR PRSMTH VA ENVIR DET CHAS 1899 N HOBSON AVE BLDG 30 N CHARLESTON SC 29408-2160				
0024	EPA WASTE CODE <u>N/A</u> UD QTY PICKED UP <u>453</u> UD UNIT OF ISSUE <u>LBS.</u> PICK UP MANIFEST <u>13363</u> LINE CODE <u>11B</u> PICK UP DATE <u>06/10/99</u> 01 91316168 N00193-000, N689319116A003A 8005 LB .16000 1280.80 701200 N00193-000, , , , , NON-RCRA, , PCB TRANSFORMER < 50 PPM. AD: 4/26/99, 6# NWSB9P006, <1> EA TRANSFORMER, 091205 PICKUP ADDR <N68931> PUBLIC WORKS CENTER NAVAL AIR STATION BLDG 904 JACKSONVILLE FL 32212-0030				
0025	EPA WASTE CODE _____ UD QTY PICKED UP _____ UD UNIT OF ISSUE _____ PICK UP MANIFEST _____ LINE CODE _____ PICK UP DATE _____ 01 91316337 9932016, , W81MTJ911001WA 237 LB .05000 11.85 701900 9932016, , , , , PCB1, , CAPACITORS <HERMETICALLY SEALED>; DRFS 4/21/99; >50-499 PPMPCB; <RQ> POLYCHLORINATED BIPHENYLS, 9, UN 2315, II, 20 HW7216PCB, 1/55 GL, PICKUP ADDR <SYC054> DEF REUTILIZATION MKTG OFFIC DRMO II HUNTSVILLE SITE C BLDG 7408 REDSTONE ARSENAL AL 35898				

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NAME OF OFFEROR OR CONTRACTOR: **TRANS-CYCLE INDUSTRIES INC**

ITEM NO.	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	CLIN ACC DOCUMENT NOUN DTID EPA WASTE CODE _____ UD QTY PICKED UP _____ PICK UP MANIFEST _____ LINE CODE _____ COR FOR JACKSON: ARTHUR WASHINGTON, DOR IS P006; COR FOR HUNTSVILLE IS RICK HOLMAN, DOR IS 9130 PROMPT PAYMENT <MAR 1994> FAR 52.232-25 <i>TCI, INC</i> AUTH TRANSPORTER NAME ROBBIE D. WOOD AUTH TRANSPORTER EPA # ALD 067138891 AUTH TSDF NAME <u>TRANS-CYCLE INDUSTRIES INC</u> AUTH TSDF EPA # <u>ALD 983167891</u> TRANSPORTER SIGNATURE <i>[Signature]</i> CONTRACTOR SIGNATURE <i>[Signature]</i> AUTH COR SIGNATURE <i>[Signature]</i>				

REVISED

Form: 55

Disposal Summary #991013

Page: 1

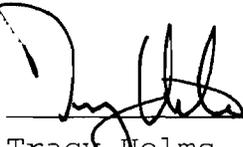
Used By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

TCI EPA ID # ALD983167891
Manifest Doc: 13364
TCI Load # 991013
of: 06/17/99

Generator: SOUTH DIV NAV FAC ENG COM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
RICK NIELSON
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 68

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follows:

Qty	Item Description	Disposal Method	Completed
1	TP of NON-PCB ELECTRICAL EQUIPMENT	METALS CLEANING AND RECYCLING	07/14/99
	FLUID FROM ABOVE	THERMAL DESTRUCTION Shipped on Manifest #99182, 08/23/99 To HOLNAM INC.	08/27/99
1	DF of NON-PCB SOLID	PCB CHEMICAL WASTE LANDFILL Shipped on Manifest #99128, 06/25/99 To CHEMICAL WASTE MANAGEMENT	06/28/99
Certification:		 Tracy Helms Quality Director	12/17/99 Date

RECEIVED SEP 07 1999

998182

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's US EPA ID No A L D 9 8 3 1 6 7 8 9 1		Manifest Document No. 0 9 1 8 2		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST PELL CITY, AL 35125- P.O. BOX 765						A. State Manifest Document Number				
4. Generator's Phone (800) 626-9997 Ext: 0 Cnt: GREG MASSARO						B. State Generator's ID				
5. Transporter 1 Company Name BARNETT TRANSPORTATION, INC.				6. US EPA ID Number N / A		C. State Transporter's ID				
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone: 800-553-8401				
9. Designated Facility Name and Site Address HOLNAM INC. 8677 HIGHWAY 45 ALTERNATE SO. P.O. BOX 185 ARTESIA, MS 39736-						10. US EPA ID Number M S D 0 7 7 6 5 5 8 7 6				
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. NON-REGULATED OIL, FLASH POINT >140 DEGREES F						No. Type		6 0 0 3	G	
b.										
c.										
d.										
J. Additional Descriptions for Materials Listed Above a. BULK TANKER OF NON-PCB FLUID <50 PPM PCBs GALLONS - 6,003 POUNDS - 42,970 * ALL CONTAINED IN ONE COMPARTMENT *						K. Handling Codes for Wastes Listed Above a.				
15. Special Handling Instructions and Additional Information 24H EMERGENCY CONTACT: Greg T. Massaro @ 800 626-9997										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford										
Printed/Typed Name TRACY Helms					Signature <i>[Signature]</i>			Month Day Year 08/23/99		
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name Gulley R Smith					Signature <i>[Signature]</i>			Month Day Year 08/23/99		
18. Transporter 2 Acknowledgement of Receipt of Materials										
Printed/Typed Name C					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 Keith Fortenberry					Signature <i>[Signature]</i>			Month Day Year 08/23/99		



ORIGINAL-RETURN TO GENERATOR



Certificate of Thermal Destruction

RECEIVED SEP 07 1999

Generator: Trans-Cycle Industries, Inc.

Address: 101 Parkway East
Pell City, AL 35125

Contact: Greg Massaro

EPA ID#: ALD983167891

Holnam has processed used oil from Trans-Cycle Industries, Inc. as indicated on Non-Hazardous Waste Manifest No. 99182 at its Artesia Facility and hereby certifies that this oil was thermally destroyed at the Artesia Facility on various days of August.

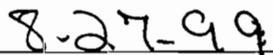
EPA ID#: MSD077655876

Date Received: 8/23/99

Load Number: 5394



Authorized Holnam Signature



Date



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HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

203-D

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

9 9 1 2 8

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ALLD191813116171819119191128	Manifest Document No. 1128	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST P.O. BOX 765 PELL CITY, AL 35125- Contact: GREG MASSARO			4. Generator's Phone (800) 626-9997 Ext: 0		As State Manifest Document No. CWMA	
5. Transporter 1 Company Name ROBBIE D. WOOD		6. US EPA ID Number ALLD10161711318181911		As State Manifest Document No. ESM		
7. Transporter 2 Company Name		8. US EPA ID Number		As State Manifest Document No. ESM		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459		10. US EPA ID Number ALD000622464		As State Manifest Document No. 205/652-9721		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vol
a. RO, POLYCHLORINATED BIPHENYLS, 0 UN2315, PGIII (SOLID) Disposal Approval # 053101-D001 CWM Profile # AN6834				No. 1	Type D T	20964 K
b.						
Disposal Approval # _____ CWM Profile # _____						
c.						
Disposal Approval # _____ CWM Profile # _____						
d.						
Disposal Approval # _____ CWM Profile # _____						
15. Special Handling Instructions and Additional Information Verbal - Mr Massaro Purchase Order # 508933 Work Order # _____ EMERGENCY CONTACT: Greg T. Massaro @ 1-800-626-9997				16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		17. Handling Codes for Waste(s) Listed Above
Additional Descriptions for Materials Listed Above: RESIDUALS FROM PCB SOLIDS - 99% PCB				State of Generation: ALABAMA Removed from Service: 05/24/99		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: Michael P Yeager Signature: [Signature] Month Day Year: 06/25/99		18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name: Bobby Parker Signature: [Signature] Month Day Year: 06/25/99		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: JAMES E. McDANIL Signature: [Signature] Month Day Year: 06/28/99						



[RECEIVED JUL 07 1999

Waste Management, Inc
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459-0055
(205)652-9721

Federal EPA ID Number: ALD000622464
Manifest Document Number: 99128

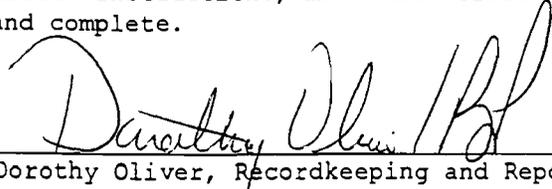
TRANS-CYCLE INDUSTRIES IN
ATTN: GREG MASSARO
P O BOX 765
PELL CITY, AL 35125

CERTIFICATE OF DISPOSAL

Waste Management, Inc. has received PCB material from:
TRANS-CYCLE INDUSTRIES IN
described on Alabama Hazardous Waste Manifest Number CWMA 0873634-1

Waste Management, Inc. hereby certifies that the above described material
(excluding PCB liquids, if applicable) was landfilled on the dates shown below, in
compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of
false or fraudulent statements or representation {18 U.S.C. 1001 and 15 U.S.C. 2615},
I certify that the information contained in or accompanying this document is true,
accurate and complete. As to the identified section(s) of this document for
which I cannot personally verify truth and accuracy, I certify as the company
official having supervisory responsibility for the persons who, acting under my
direct instructions, made the verification that this information is true, accurate
and complete.


Dorothy Oliver, Recordkeeping and Reporting Technician
06/29/99

OSD	Unique ID	Profile	Disposed	Description
05/24/98	873634-01	AN6834	06/28/99	PCB SOLIDS

Disposal Detail #991013

Used By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

Shipped: 06/17/99
Manifest Doc: 13364
Received: 06/18/99
Disposed: 08/27/99

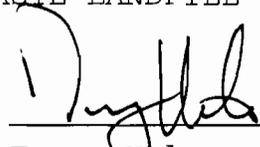
Generator: SOUTHDIVNAVFACENCOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 68

We hereby certify that the following PCB items were disposed of in accordance with 40 CFR 761 as of the date(s) shown below:

Carcass or Container		Contents			
Item Number	Item Type	Method Disp	Comp Method Disp	Facility	EPA ID #
6695799	7012E	MCR 07/14/99	OIL THM 08/27/99	HOLINC	MSD077655876
N00191-9126	7026E	CWL 06/28/99			

MCR = METALS CLEANING AND RECYCLING THM = THERMAL DESTRUCTION
CWL = PCB CHEMICAL WASTE LANDFILL



Tracy Helms
Quality Director

12/17/99

Date

Disposal Summary #991013

Used By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-0765
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc: 13364
 TCI Load # 991013
 of: 06/17/99

Generator: SOUTHDIVNAVFACENCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE (843) 743-9985

Service Center:
 DRMO FORT JACKSON
 Contract # SP440099D0009
 Delivery # 68

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follow:

Qty	Item Description	Disposal Method	Completed
1	TP of NON-PCB ELECTRICAL EQUIPMENT	METALS CLEANING AND RECYCLING	07/14/99
	FLUID FROM ABOVE	THERMAL DESTRUCTION Shipped on Manifest #99169, 08/08/99 To INGENCO	08/27/99
1	DF of NON-PCB SOLID	PCB CHEMICAL WASTE LANDFILL Shipped on Manifest #99128, 06/25/99 To CHEMICAL WASTE MANAGEMENT	06/28/99

Certification:



Lori A. Helms
 Database Coordinator

12/17/99

Date

ALTERNATE STRAIGHT BILL OF LADING—SHORT FORM—MEMORANDUM COPY

Name of Carrier: KUBBIE DWORID		Carrier's No.	Date 8-8-99	Shipper No. 998169
TO Consignee: INLENCO		FROM Shipper: TRANS-COLE IND INC 101 PKY EAST PO BOX 765 PELLICLY AL 35125 (LARRY BLOSSARD)		
Street 2567 LINDIER ROAD		Emergency Response Phone No. 800-626-9997		
Destination Rockville, VA	Zip Code 23146	Route:		
Vehicle No.				

No Shipping Units	+ HM	Kind of Package, Description of Articles, Special Marks and Exceptions	*Weight (Sub to Carr)	RATE	✓	CHARGES
1		TANKER TRUCK CONTAINING LESS THAN 50 ppm PCBs	41,407			
		5672 GALLONS				

REMIT C O D TO ADDRESS	C. O. D. AMT	C. O. D. FEE PREPAID <input type="checkbox"/> \$ COLLECT <input type="checkbox"/> \$	TOTAL CHARGES \$
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<p>*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight"</p>	<p>NOTE Where the rate is dependent on value shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</p>	<p>Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other charges. _____ (Signature of Consignor)</p>	<p style="text-align: center;">FREIGHT CHARGES Check Appropriate Box</p> <p><input type="checkbox"/> Freight prepaid <input type="checkbox"/> Collect</p>
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RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of receipt by the carrier of the property described in the Original Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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.

TRANS-COLE Shipper, Per **[Signature]** **W. B. DWORID** Agent, Per **[Signature]**

-Mark with "X" to designate Hazardous Material as defined in Title 49 of Federal Regulations

For further details on TRANSPORTING HAZARDOUS MATERIALS see Federal Regulations 49 CFR, Part 172

Certificate of Non-PCB Oil Destruction

RECEIVED DEC 09 1999

End-User (burner) of oil	INGENCO- Rockville Plant, 2369 Lanier Rd., Rockville, VA		
Source	TCI-PELL AL. TANK#5		
PCB test	7/26/99		
PCB content in ppm	8.31PPM		
Date of oil transfer to transporter	8-Aug-99		
Transporter trip ticket	NONE SUBMITTED		
Waste Manifest #	NONE SUBMITTED		
Volume on manifest	5,672		
Volume calculated by net weight	5,587		
		INGENCO time tank #	Volume of fuel in tank
Start transfer from carrier's tanker to INGENCO's receiving tank	8-9 1100	35	0
Complete transfer of load to receiving tank	8-9 1205	35	5587
Start transfer through filter into burn tank	8-23 1200	2	0
Transfer to burn tank complete	8-24 0130	2	5587
Start burning	8-26 0600	2	✓ 5587
Complete burning (calculated)	8-27 1300	2	0
Report prepared by	 Dan Heyer		
Report certified by	 Peter Molliterno, P. E. V. P. Development		



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HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

203-D

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

9 9 1 2 8

Form Approved, OMB No. 2050-0039, Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ALD91813116718911911218		Manifest Document No. 1911218		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 PELL CITY, AL 35125-		101 PARKWAY EAST Contact: GREG MASSARO		A. State Manifest Document Number CWMA 178684		B. State Generator's ID			
4. Generator's Phone (800) 626-9997 Ext: 0		5. Transporter 1 Company Name ROBBIE D. WOOD		6. US EPA ID Number ALD1016711318181911		C. State Transporter's ID		D. Transporter's Phone 205-744-8740	
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 CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459		10. US EPA ID Number ALD000622464		G. State Facility's ID		H. Facility's Phone 205/652-9721			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		Waste No.	
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (SOLID) Disposal Approval # 053101-D001 CWM Profile # AN5834		No. 1		Type DOT 20954K					
b. Disposal Approval # _____ CWM Profile # _____									
c. Disposal Approval # _____ CWM Profile # _____									
d. Disposal Approval # _____ CWM Profile # _____									
15. Special Handling Instructions and Additional Information Purchase Order # Verbal - Mr Massaro Work Order # 508933		EMERGENCY CONTACT: Greg T. Massaro @ 1-800-626-9997		ERG #171					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name Trace Helms		Signature <i>[Signature]</i>		Month Day Year 10/6/25/99					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Michael P Yeager		Signature <i>[Signature]</i>		Month Day Year 01/25/99					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Robin Parker		Signature <i>[Signature]</i>		Month Day Year 02/25/98					
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 JAMES E. McDANIL									
Signature <i>[Signature]</i>		Month Day Year 02/28/99							



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Waste Management, Inc
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459-0055
(205)652-9721

Federal EPA ID Number: ALD000622464
Manifest Document Number: 99128

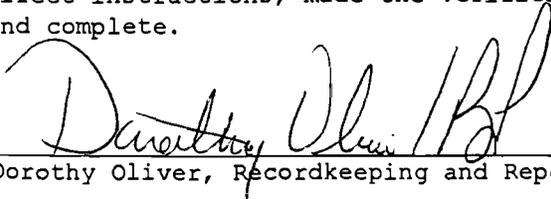
TRANS-CYCLE INDUSTRIES IN
ATTN: GREG MASSARO
P O BOX 765
PELL CITY, AL 35125

CERTIFICATE OF DISPOSAL

Waste Management, Inc. has received PCB material from:
TRANS-CYCLE INDUSTRIES IN
described on Alabama Hazardous Waste Manifest Number CWMA 0873634-1

Waste Management, Inc. hereby certifies that the above described material
(excluding PCB liquids, if applicable) was landfilled on the dates shown below, in
compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of
false or fraudulent statements or representation (18 U.S.C. 1001 and 15 U.S.C. 2615),
I certify that the information contained in or accompanying this document is true,
accurate and complete. As to the identified section(s) of this document for
which I cannot personally verify truth and accuracy, I certify as the company
official having supervisory responsibility for the persons who, acting under my
direct instructions, made the verification that this information is true, accurate
and complete.


Dorothy Oliver, Recordkeeping and Reporting Technician

06/29/99

OSD	Unique ID	Profile	Disposed Description
05/24/98	873634-01	AN6834	06/28/99 PCB SOLIDS

Disposal Detail #991013

Issued By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

Shipped: 06/17/99
Manifest Doc: 13364
Received: 06/18/99
Disposed: 08/27/99

Generator: SOUTH DIV NAV FAC ENG COM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 68

We hereby certify that the following PCB items were disposed of in accordance with 40 CFR 761 as of the date(s) shown below:

Carcass or Container		Contents			
Item Number	Item Type	Method Disp	Comp Method Disp	Facility	EPA ID #
6695799	7012E	MCR 07/14/99	OIL THM 08/27/99	INGENC	
N00191-9126	7026E	CWL 06/28/99			

MCR = METALS CLEANING AND RECYCLING THM = THERMAL DESTRUCTION
CWL = PCB CHEMICAL WASTE LANDFILL



Lori A. Helms
Database Coordinator

12/17/99

Date

UNIFORM HAZARDOUS WASTE MANIFEST	1 Generator's US EPA ID No SC0170022560	Manifest Document No. 113367	2 Page 1 of 1	Information in the shaded areas is not required by Federal law.
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3. Generator's Name and Mailing Address SOUTH DIVNAV FACENGCOM N. CHARLESTON, SC 29419-9010	CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK 33 NIELSON	A. State Manifest Document Number
4. Generator's Phone (843) 743-9985	EXT: 33 NIELSON	B. State Generator's ID
5. Transporter 1 Company Name ROBBIE D. WOOD TCE, INC	6. 14096 89912 US EPA ID Number ALD067138891	C. State Transporter's ID 40067
7. Transporter 2 Company Name	8. US EPA ID Number	D. Transporter's Phone 205-744-8440
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-	10. US EPA ID Number ALD983167891	E. State Transporter's ID
		F. Transporter's Phone
		G. State Facility's ID
		H. Facility's Phone 205 338-9997

GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers		13. Total	14. Unit	I. Waste No.
		No.	Type	Quantity	Wt/Vol	
a.	NON DOT REGULATED ELECTRICAL EQUIPMENT					
b.	NON DOT REGULATED SOLID WASTE					
c.						
d.						

J. Additional Descriptions for Materials Listed Above a. NON-PCB DIELECTRIC FLUID IN ELECTRICAL EQUIPMENT b. DRUM OF NON-PCB SOLIDS <50 PPM PCBS	K. Handling Codes for Wastes Listed Above a. carcass / Fluid T87 / T80 b. D80
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15. Special Handling Instructions and Additional Information

**Service Center: DRMO FORT JACKSON
EMERGENCY RESPONSE GUIDE # 171 Contract # SP440099D0009 D.O. # 0068
24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997**

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

cor call 8/17/99

Printed/Typed Name William A. Dravdy	Signature <i>William A. Dravdy</i>	Month Day Year 10/6/17/99
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17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name MARK A. HUBERTS	Signature <i>Mark A. Huberts</i>	Month Day Year 10/6/17/99
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18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name	Signature	Month Day Year
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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 STANLEY HEAD	Signature <i>Stanley Head</i>	Month Day Year 10/6/18/99



UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3 Generator's Name and Mailing Address				A. State Manifest Document Number		
4 Generator's Phone ()				B. State Generator's ID		
5. Transporter 1 Company Name		6. US EPA ID Number	C. State Transporter's ID		D. Transporter's Phone	
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		10. US EPA ID Number	G. State Facility's ID		H. Facility's Phone	
11 US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12 Containers No.	12 Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.						
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information						
<p>16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations</p> <p>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford</p>						
Printed/Typed Name			Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name			Signature		Month Day Year	
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			Signature		Month Day Year	



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC0170022560	Manifest Document No. 13364	2. Page 1 of 1	Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address SOUTH DIVNAV FACEN GCOM N. CHARLESTON, SC 29419-9010				A. State Manifest Document Number		
4. Generator's Phone (843) 743-9985 EXT: 33 CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK NIELSON N 709 868 999 12				B. State Generator's ID		
5. Transporter 1 Company Name ROBBIE D. WOOD TCI, INC				C. State Transporter's ID 40067		
6. US EPA ID Number ALD067138891				D. Transporter's Phone 205 744-8440		
7. Transporter 2 Company Name				E. State Transporter's ID		
8. US EPA ID Number				F. Transporter's Phone		
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-				G. State Facility's ID		
10. US EPA ID Number ALD983167891				H. Facility's Phone 205 338-9997		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
a. NON DOT REGULATED ELECTRICAL EQUIPMENT		No	Type			
b. NON DOT REGULATED SOLID WASTE						
c.						
d.						
J. Additional Descriptions for Materials Listed Above a. NON-PCB DIELECTRIC FLUID IN ELECTRICAL EQUIPMENT b. DRUM OF NON-PCB SOLIDS <50 PPM PCBs				K. Handling Codes for Wastes Listed Above a. b.		
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON EMERGENCY RESPONSE GUIDE # 171 Contract # SP440099D0009 D.O. # 0068 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford <i>cos full Bill of lading 6/12/99</i>						
Printed/Typed Name William A. Draddy		Signature <i>William A. Draddy</i>		Month Day Year 10/6/17/1999		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name Mark A. Kuhens		Signature <i>Mark A. Kuhens</i>		Month Day Year 10/6/17/1999		
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		Signature		Month Day Year		

ORDER FOR SUPPLIES OR SERVICES
(Contractor must submit four copies of invoice.)

JMK

Form approved
CMB No. 0704-0187
Expires Dec 31, 1993

PAGE 1 of
6

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project(0704-0187), Washington, DC 20503

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.

1 CONTRACT/PURCH ORDER NO. SP440099D0009		2 DELIVERY ORDER NO 0068		3 DATE OF ORDER (YYMMDD) 99 JUN 11		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5 PRIORITY	
6 ISSUED BY DEF REUT & MKT SVC/DRMS FEDERAL CENTER 74 N WASHINGTON AVE BATTLE CREEK MI 49017-3092				7 ADMINISTERED BY (if other than 6) CODE		8 DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if Other)			
9 CONTRACTOR NAME AND ADDRESS TRANS-CYCLE INDUSTRIES INC 101 PARKWAY EAST P.O. BOX 765 PELL CITY AL 35125		CODE OUC01		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 99 JUL 11		11 MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISAD- VANTAGED <input type="checkbox"/> WOMEN-OWNED	
12 DISCOUNT TERMS		13. MAIL INVOICES TO SEE BLOCK 15							
14 SHIP TO SEE SCHEDULE		CODE		15. PAYMENT WILL BE MADE BY DEFENSE FINANCE & ACCOUNTING ATTN DFAS-CO-LC P. O. BOX 369016 COLUMBUS OH 43236-9016		CODE S33181		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16 TYPE OF ORDE	DELIVER	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract Reference your _____ furnish the following on terms specified herein ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME				
	PURCHASE	<input type="checkbox"/>					
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies _____							

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 01 97X4930 5NR0 001 P900 25 S33181		\$5,402.21
---	--	------------

18 ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	DOCUMENT NOUN DTID ACC 91626561 N001919133, , , , D000, , TN64504014BHH01 01 701200 N001919133, , , , D000, , TRANSFORMER S/N 6695799 <50 PPM PCB WASTE, POLYCHLORINATED BIPHENYLS, 9, UN2315, II <50 PPM PCB , TRANSFORMER, , ACCUM START DATE =6/3/99, , Z#, CNSYDP008 PICKUP ADDR <N64504> SPVR SHIPBLDG CONV REPAIR PRTSMTH VA ENVIR DET CHAS 1899 N HOBSON AVE BLDG 30 N CHARLESTON SC 29408-2160 EPA WASTE CODE <u>N/A</u> UD QTY PICKED UP <u>910</u> UO UNIT OF ISSUE <u>LBS</u>	910	LB	\$0.16000	\$145.60

* If quantity accepted by the government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle	24 UNITED STATES OF AMERICA BY <u>Walter Payne</u> WALTER PAYNE CONTRACTING/ORDERING OFFICER	25 TOTAL \$5,402.21	29 DIFFERENCES
---	--	------------------------	----------------

26 QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27 SHIP NO.	28. D.O. VOUCHER NO	30. INITIALS
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT OFFICIAL _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32 PAID BY	33 AMOUNT VERIFIED CORRECT FOR
35 I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		31 PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34 CHECK NUMBER
37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	40 TOTAL CONTAINERS	41 S/R ACCOUNT NUMBER
				42 S/R VOUCHER NO

NAME OF OFFICER OR CONTRACTOR TRANS-CYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES/SERVICE	QUANTITY	UNIT	UNIT PRICE	AMOUNT
CLIN	DOCUMENT NOUN NSN/MFG-PART-NUM ACC				
	PICK UP MANIFEST <u>13364</u> LINE CODE <u>11A</u> PICKUP DATE <u>06/17/99</u>				
0002	91626565 N00193-000, , , , D000, , PN689319158A001 01 703300 N00193-000, , , , D000, , PCB CONTAINING LIQUID OIL/WATER MIX , 1 EACH 55 GALLON DRUM, 232990, ACCUM START DATE =4/29/99, , 6#, NWSB8P008 PICKUP ADDR <N68931> PUBLIC WORKS CENTER NAVAL AIR STATION BLDG 904 JACKSONVILLE FL 32212-0030	500	LB	\$0.32000	\$160.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				
0003	91626571 N00193-000, , , , D000, , PN689319158A002 01 703300 N00193-000, , , , D000, , PCB CONTAINING LIQUID OIL/WATER MIX , 1 EACH 55 GALLON DRUM, 232991, ACCUM START DATE =4/29/99, , 6#, NWSB8P008 PICKUP ADDR <N68931>	485	LB	\$0.32000	\$155.20
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				
0004	91626578 N00193-000, , , , D000, , PN689319158A013 01 702800 N00193-000, , , , D000, , PCB CONTAMINATED DEBRIS >5500 PPM , 1 EACH 55GL DRUM, 233086, ACCUM START DATE =5/18/99, , 6#, NWSB8P008 PICKUP ADDR <N68931>	152	LB	\$0.32000	\$48.64
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				
0005	91626583 N00193-000, , , , D000, , PN689319158A014 01 702800 N00193-000, , , , D000, , PCB CONTAMINATED DEBRIS > 500 PPM , 1 EACH 55 GALL, , ACCUM START DATE =5/26/99, , 6#, NWSB8P008 PICKUP ADDR <N68931>	114	LB	\$0.32000	\$36.48
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				
0006	91626590 N00193-000, , , , D000, , PN689319158A015 01 702800 N00193-000, , , , D000, , PCB CONTAMINATED DEBRIS > 500 PPM , 1 EACH 55 GALLON DRUM, 233070, ACCUM START DATE =5/10/99, , 6#, NWSB8P008 PICKUP ADDR <N68931>	155	LB	\$0.32000	\$49.60
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				
0007	91626596 N00193-000, , , , D000, , PN689319158A005 01	490	LB	\$0.32000	\$156.80

continuation sheet

REFERENCE NO. DOCUMENT BEING CONTINUED
SP440099D0009-0068

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5 6

NAME OF OFFICER OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES/SERVICE	QUANTITY	UNIT	UNIT PRICE	AMOUNT
CLIN	DOCUMENT NOUN NSN/MFG-PART-NUM ACC				
	DATE =4/23/99, , 6#, NWSB8P008 PICKUP ADDR <N68931>				
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				
0019	91626651 N00193-000, , , , D000, , PN689319158A056 01 702800 N00193-000, , , , D000, , PCB CONTAMINATED DEBRIS > 500 PPM , 1 EACH 55 GALLON DRUM, 233049, ACCUM START DATE =5/3/99, , 6#, NWSB8P008 PICKUP ADDR <N68931>	135	LB	\$0.32000	\$43.20
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				
0020	91626662 N00193-000, , , , D000, , PN689319158A057 01 702800 N00193-000, , , , D000, , PCB CONTAMINATED DEBRIS > 500 PPM , 1 EACH 55 DRUM DRUM, 233050, ACCUM START DATE =5/7/99, , 6#, NWSB8P008 PICKUP ADDR <N68931>	128	LB	\$0.32000	\$40.96
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				
0021	91626679 ABSORBANT CONTAMINATED WITHN645049130HH01 01 702600 ABSORBANT CONTAMINATED WITH PCBS NLR. WP# N00191-9126 LOC: E2550021A. ASD: 5/11/99. PICKUP ADDR <N64504> SPVR SHIPBLDG CONV REPAIR PRTSMTH VA ENVIR DET CHAS 1899 N HOBSON AVE BLDG 30 N CHARLESTON SC 29408-2160	7	LB	\$0.05000	\$0.35
	EPA WASTE CODE _____ UD QTY PICKED UP <u>7</u> UO UNIT OF ISSUE <u>LBS.</u>				
	PICK UP MANIFEST <u>13364</u> LINE CODE <u>11B</u> PICKUP DATE <u>06/17/99</u>				
0022	91626699 TRANSFORMER PCB 120 PPM SN:W33BWD90892001 01 701000 TRANSFORMER PCB 120 PPM SN: 67M4514 WP# W33M8Q-9076 LOC: BLDG. 10703. PICKUP ADDR <W33M8Q> SR CONSOL PROP OFC CRP WHSE 2314 FORT GORDON GA 30905-5320	678	LB	\$0.20000	\$135.60
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				
0023	91626705 TRANSFORMER PCB 120 PPM SN:W33BWD90892000 01 701000 TRANSFORMER PCB 120 PPM SN: 67L10464. WP# W33M8Q-9076 LOC: BLDG. 10703. 120 PPM. PICKUP ADDR <W33M8Q>	678	LB	\$0.20000	\$135.60
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				

continuation sheet

REFERENCE NO. DOCUMENT BEING CONTINUED
SP440099D0009-0068

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6 6

NAME OF OFFICER OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES/SERVICE	QUANTITY	UNIT	UNIT PRICE	AMOUNT
CLIN	DOCUMENT NOUN NSN/MFG-PART-NUM ACC				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				
0024	91626715 BALLAST, USED (CONTAINS PCBW33BWD91192000 01 700000 BALLAST, USED (CONTAINS PCB) WP# W33M8Q9079 LOC: BLDG 10703. (1) DR. PICKUP ADDR <W33M8Q>	314	LB	\$0.35000	\$109.90
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				
0025	91626725 TRANSFORMER 700 PPM PCB WP#W33BWD91242000 01 700700 TRANSFORMER 700 PPM PCB WP# W33M8Q-9076 LOC: BLDG 10703. SN: 105082 PICKUP ADDR <W33M8Q>	5500	LB	\$0.49000	\$2,695.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				
	COR ARTHUR WASHINGTON DOR P008 DRMO JACKSON				
	PROMPT PAYMENT (MAR 1994) FAR 52.232-25				
	<i>TCL, INC</i>				
	AUTH TRANSPORTER NAME <u>ROBBIE D WOOD</u> AUTH TRANSPORTER EPA # <u>ALD049138891</u>				
	AUTH TSDF NAME <u>TRANS-CYCLE INDUSTRIES INC</u> AUTH TSDF EPA # <u>ALD983167891</u>				
	TRANSPORTER SIGNATURE <i>[Signature]</i> CONTRACTOR SIGNATURE <i>[Signature]</i>				
	AUTH COR SIGNATURE <i>[Signature]</i>				

Disposal Summary #991678

Used By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-0765
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc: 13684
 TCI Load # 991678
 of: 08/18/99

Generator: SOUTHDIVNAVFACECOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE (843) 743-9985

Service Center:
 DRMO FORT JACKSON
 Contract # SP440099D0009
 Delivery # 91

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follow:

Qty	Item Description	Disposal Method	Completed
1	TP of PCB-CONT ELECTRICAL EQUIPMENT	METALS CLEANING AND RECYCLING	11/22/99
	FLUID FROM ABOVE	DETOXIFICATION Shipped on Manifest #99259, 11/04/99 To SUNOHIO, INC.	01/06/00
Certification:	 _____ Lori A. Helms Database Coordinator		03/12/00 Date

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

Form Approved OMB No. 8320-004

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. A L D 9 8 3 1 6 7 8 9 1	Manifest Document No. 9 9 2 5 9	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST PELL CITY, AL 35125- P.O. BOX 765 4. Generator's Phone (800) 626-9997 Ext: 0 Cnt: GREG MASSARO		6. US EPA ID Number N Y D 9 8 6 8 9 9 9 1 2		A. State Manifest Document Number	
5. Transporter 1 Company Name TCI INC.		7. Transporter 2 Company Name		B. State Generator's ID	
9. Designated Facility Name and Site Address SUNOHIO, INC. 1501 RAFF ROAD CANTON, OH 44710-		10. US EPA ID Number b H D 9 8 1 1 0 0 9 6 9		C. State Transporter's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity	
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (LIQUID)		No. Type		14. Unit Wt/Vol	
		1 1 T T		1 9 3 6 4 K	
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
a. PCB FLUID <14,500 PPM PCBs GALLONS - 5,999 POUNDS - 42,600 DRFS - 11/09/98 * ALL CONTAINED IN ONE COMPARTMENT *		a.			
15. Special Handling Instructions and Additional Information					
Emergency Response Guide #171 24H EMERGENCY CONTACT: Greg T. Massaro @ 800 626-9997					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations if I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford					
Printed/Typed Name		Signature		Month Day Year	
TRACY HELMS				11/10/99	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
		DONNIE WHITE			
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
LINE 13 A SHOULD READ 19987K					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name		Signature	
		TERRY MAY			
				Month Day Year	
				11/10/99	

GENERATOR

TRANSPORTER

FACILITY

Issued By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-0765
 PHONE (205) 338-9997
 FAX (205) 338-9979

Shipped: 08/18/99
 Manifest Doc: 13684
 Received: 08/19/99
 Disposed: 01/06/00

Generator: SOUTHDIVNAVFACENGCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 PHONE (843) 743-9985

Service Center:
 DRMO FORT JACKSON
 Contract # SP440099D0009
 Delivery # 91

We hereby certify that the following PCB items were disposed of in accordance with 40 CFR 761 as of the date(s) shown below:

Item Number	Carcass or Container	Item Type	Method	Disp	Comp	Method	Disp	Facility	EPA ID #
6104		7010E	MCR	11/22/99	OIL	DTX	01/06/00	SUNOHI	OHD986978971

MCR = METALS CLEANING AND RECYCLING DTX = DETOXIFICATION



 Lori A. Helms
 Database Coordinator

03/12/00

 Date

Certificate of Disposal Number 991678

Issued By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

TCI EPA ID # ALD983167891
Manifest Doc: 13684
TCI Load # 991678
of: 08/18/99

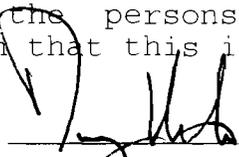
Generator: SOUTHDIVNAVFACENCOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 91

We hereby certify that the following PCB items were disposed of as of the date(s) shown below:

Serial Number	Qty	Description	Disposed	Disposal Method
6104	1	TRANSFORMERS	11/22/99	METALS CLEANING AND RECYCLING

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, make the verification that this information is true, accurate, and complete.



Tracy Helms
Quality Director

12/17/99

Date

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC017002256013684	Manifest Document No. 13684	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address South DIVNA FAC ENG Com Caretaker office N. Charleston, SC 29419-9010 P.O. Box 190010				A. State Manifest Document Number		
4. Generator's Phone (843) 743-9985 ext-33 cont: Rick Nelson				B. State Generator's ID		
5. Transporter 1 Company Name Robbie D. Wood		6. US EPA ID Number ALD067138891		C. State Transporter's ID 0067		D. Transporter's Phone (205) 746-8440
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 Trans-Cycle Industries, Inc P.O. Box 765 101 Parkway E. Pell City AL 35125				10. US EPA ID Number ALD983167891		G. State Facility's ID
				H. Facility's Phone (205) 378-9997		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.	
a. RQ, Polychlorinated Biphenyls, 9 UN 2315, PG II		No. 001 Type TP	0.2318	K	861	
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above 2. PCB Contaminated Fluid - Electrical Equipment				K. Handling Codes for Wastes Listed Above 2. carcass / Fluid T87 / T29		
15. Special Handling Instructions and Additional Information Service Center: DRMO Charleston Jackson Contract HSP 44009910007 DC: #91 24 H Emergency Contact: Greg Messner @ 800-626-9997						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name RICHARD G. NIELSON		Signature <i>Richard G. Nielson</i>		Month Day Year 10/8/1999		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name James Kirkpatrick		Signature <i>James Kirkpatrick</i>		Month Day Year 10/8/1999		
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 STANLEY HEAD		Signature <i>Stanley Head</i>		Month Day Year 10/6/1999		



**REGISTER
OF
ELECTRICAL EQUIPMENT**



991678

Addendum to
Manifest No.

13684

Page 1 of 1

US EPA ID Number:

SC01170022560

Generator Name:

SOUTH D. VNAFFACEN.COM

Generator Ref. No.	Serial No.	*Type	Size	PCB	# Gal.	Weight	Date Out Of Service
0001	6104-	TP	7010E	7459	1	5100	070799
			7010E		1	5100	
DOT Code: J1PCBL		TCI Code		CeLTP		PCB Contentment	
		Fluid		Electrical Equipment			

*Type: P = Pole U = URD R = Regulators B = Bushings SS = Substation
 PM = Padmount S = Switch O = OCB R = Recloser
 **Gal: If drained of all free-flowing fluid record: 0

Driver Signature James Kirkpatrick Date 08-18-99
 Generator Signature Robert S. Paul Date 8-18-99
David D.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address				A. State Manifest Document Number						
				B. State Generator's ID						
4. Generator's Phone (345)		6. US EPA ID Number		C. State Transporter's ID						
5. Transporter 1 Company Name		7. Transporter 2 Company Name		D. Transporter's Phone 2						
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID						
9. Designated Facility Name and Site Address		10. US EPA ID Number		F. Transporter's Phone						
				G. State Facility's ID						
				H. Facility's Phone						
GENERATOR		11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.		
				No.	Type					
				a.						
				b.						
				c.						
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above								
15. Special Handling Instructions and Additional Information										
<p>16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations</p> <p>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford</p>										
Printed/Typed Name				Signature		Month Day Year				
TRANSPORTER		17. Transporter 1 Acknowledgement of Receipt of Materials								
		Printed/Typed Name		Signature		Month Day Year				
TRANSPORTER		18. Transporter 2 Acknowledgement of Receipt of Materials								
		Printed/Typed Name		Signature		Month Day Year				
FACILITY		19. Discrepancy Indication Space								
		20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.								
Printed/Typed Name				Signature		Month Day Year				

PCB

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form approved
OMB No. 0704-0187
Expires Dec 31, 1993

PAGE 1 of 2
0000 2

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.

1. CONTRACT/PURCH ORDER NO. SP46009900009		2. DELIVERY ORDER NO. 0091		3. DATE OF ORDER 99 JUL 14		4. REQUISITION/PURCH REQUEST NO. 91956033		5. PRIORITY	
6. ISSUED BY DEF BRUT & MCT SVC/DRMS FEDERAL CENTER 74 N WASHINGTON AVE BATTLE CREEK MI 49017-3092				7. ADMINISTERED BY (if other than 6)		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if Other)			
9. CONTRACTOR NAME AND ADDRESS TRANS-CYCLE INDUSTRIES INC 101 PARKWAY EAST P.O. BOX 765 PELL CITY AL 35125				10. DELIVER TO FOB POINT BY (Date) 99 AUG 13		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
14. REF TO SP46009900009-0091 SEE SCHEDULE				15. PAYMENT WILL BE MADE BY DEFENSE FINANCE & ACCOUNTING ATTN DFAS-DD-1C P. O. BOX 36016 COLUMBUS OH 43236-9016		16. MAIL INVOICES TO SIB BLOCK 15		17. MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16. DELIVER TYPE OF ORDER	<input checked="" type="checkbox"/> DELIVER <input type="checkbox"/> PURCHASE	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference year
ACCEPTANCE: THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH AND AGREES TO PERFORM THE WORK.		

17. WRITING AND APPROPRIATION DATA LOCAL USE 6. 97X4836 SWSA 001 9900 25 939101	81,020.00
--	-----------

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	DOCUMENT ROOM 91956033 TRANSFORMER 6104 (360463) DTID ACC 701000 TRANSFORMER 6104 (860463), 50-499 PCB. QSD: 7/7/99, WPP N00191-9162, LOC: CWSF011X. (1) EA TRANSFORMER. WASTE, POLYCHLORINATED BIPHENYLS. PCORUP ADDR <064804> SPVR BRIFELDS CONV REPAIR FRESHVA VA BRVIR DET CRAS 1899 N HOBSON AVE BLDG 3D N CHARLESTON SC 29408-2160 EPA WASTE CODE <u>pcbl</u> UD QTY PICKED UP <u>5100</u> UD UNIT OF ISSUE <u>lbs</u>	5100	LB	00.20000	91,020.00

24. UNITED STATES OF AMERICA <i>Walter Payne</i> BY: WALTER PAYNE CONTRACTING/ORDERING OFFICER		25. TOTAL 81,020.00
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> IMPACTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27. DIFFERENCES
27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.
28. I certify this amount is correct and proper for payment.		29. PAID BY
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT OFFICIAL		30. INITIALS
TE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER		31. AMOUNT VERIFIED CORRECT FOR
32. RECEIVED BY (FNU)	33. DATE RECEIVED (mm/dd/yy)	34. CHECK NUMBER
37. VED AT	38. TOTAL CONTAINERS	35. BILL OF LADING NO.
39. RECEIVED BY (FNU)	40. S/R ACCOUNT NUMBER	36. S/R VOUCHER NO.

Continuation sheet	REFERENCE NO. DOCUMENT BEING CONTINUED	page of pages
	SP44009900009-0091	2 | 2

NAME OF OFFICER OR CONTRACTOR: TRANS-CYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES/SERVICE	QUANTITY	UNIT	UNIT PRICE	AMOUNT
----------	------------------	----------	------	------------	--------

CLIN	DOCUMENT HOUR	NON/NTG-PART-NUM	ACC		
	PICK UP MANIFEST <u>13884</u>	LINE CODE <u>11A</u>		PICKUP DATE <u>081899</u>	
DRMO JACKSON, COB: DAVID ISENBERGER, DOB: 9011					
PROMPT PAYMENT (MAR 1994) FAR 52.232-25					
AUTH TRANSPORTER NAME <u>Rebbie D. Wood</u>		AUTH TRANSPORTER EPA # <u>ALD 087138891</u>			
AUTH TDF NAME <u>Trans-Cycle Industries Inc</u>		AUTH TDF EPA # <u>ALD 983167891</u>			
TRANSPORTER SIGNATURE <u>[Signature]</u>		CONTRACTOR SIGNATURE <u>[Signature]</u>			
AUTH COB SIGNATURE <u>[Signature]</u>		<u>081899</u>			

Disposal Summary #991865

Used By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

TCI EPA ID # ALD983167891
Manifest Doc: 13747
TCI Load # 991865
of: 09/23/99

Generator: SOUTHDIVNAVFACENCOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
RICK NIELSON
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 137

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follow:

Qty	Item Description	Disposal Method	Completed
1	TP of PCB-CONT ELECTRICAL EQUIPMENT	METALS CLEANING AND RECYCLING	01/10/00
	FLUID FROM ABOVE	DETOXIFICATION Shipped on Manifest #99294, 12/08/99 To SUNOHIO, INC.	01/16/00
1	DM of NON-PCB LIQUID	METALS CLEANING AND RECYCLING	10/07/99
	FLUID FROM ABOVE	PCB INCINERATION Shipped on Manifest #99264, 11/11/99 To CHEMICAL WASTE MANAGEMENT, INC	12/18/99

Certification:

Lori A. Helms
Database Coordinator

03/12/00

Date

RECEIVED MAR 10 2000

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's US EPA ID No A L D 9 8 3 1 6 7 8 9 1	Manifest Document No. 9 9 2 9 4	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3 Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST PELL CITY, AL 35125- P.O. BOX 765 4. Generator's Phone (800) 626-9997 Ext: 0 Cnt: GREG MASSARO			A. State Manifest Document Number		B. State Generator's ID	
5 Transporter 1 Company Name TRIAD TRANSPORT, INC.			6 US EPA ID Number O K D 9 8 1 5 8 8 7 9 1	C. State Transporter's ID		D. Transporter's Phone 800 324-1139
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 SUNOHIO, INC. 1501 RAFF ROAD CANTON, OH 44710-			10. US EPA ID Number O H D 9 8 1 1 0 0 9 6 9	G. State Facility's ID		H. Facility's Phone 330 430-4482
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
	a.	RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (LIQUID)	1 T T	19773	K	
	b.					
	c.					
	d.					
J. Additional Descriptions for Materials Listed Above a. PCB FLUID <14,500 PPM PCBs GALLONS - 5800 POUNDS - 43,500 DRFS - 01/12/99 * ALL CONTAINED IN 1 COMPARTMENT *			K. Handling Codes for Wastes Listed Above a.			
15 Special Handling Instructions and Additional Information Emergency Response Guide #171 24H EMERGENCY CONTACT: Greg T. Massaro @ 800 626-9997						
16 GENERATOR'S CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name TRACY HELMS		Signature <i>Tracy Helms</i>		Month Day Year 1 20 8 99		
TRANSPORTER	17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name RICK LOVELL		Signature <i>Rick Lovell</i>		Month Day Year 1 20 8 99	
	18 Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19 Discrepancy Indication Space						
FACILITY	20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19					
	Printed/Typed Name Jim Davis		Signature <i>Jim Davis</i>		Month Day Year 1 21 5 99	

RECEIVED FEB 17 2000

=====
CERTIFICATE OF DISPOSAL
=====

CERTIFICATE NUMBER: SUN5200
ISSUED: 02/11/2000

SUNOHIO, Inc. received PCB contaminated MODEF from:

TRANS CYCLE INDUSTRIES
*101 Parkway East
Pell City AL 35125
Manifest No. #99294*

The MODEF received was disposed by chemical treatment as of 01/16/00 in accordance with 40 CFR 761 by SUNOHIO, Inc.'s PCBX Rig #2, Canton, OH 44710 (EPA ID No. OHD986978971).

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

SUNOHIO, Inc.



Irene Papatoukakis
Environmental Records Manager

cc: SUNOHIO Job File 5200

3109 T-16
 RECEIVED NOV 19 1999



547656
 998264

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

9 9 2 6 4

Form approved OMB no 2000-009

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ALD983167891		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST P.O. BOX 765 PELL CITY, AL 35125- 4. Generator's Phone (800) 626-9997 Ext: 0 Contact: GREG MASSARO						A. State Manifest Document Number 301720554		B. State Generator's ID	
5. Transporter 1 Company Name TERRA FIRST, INC.						C. State Transporter's ID		D. Transporter's Phone 205 896 7106	
7. Transporter 2 Company Name						E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC 3.5 MILES WEST OF TAYLOR BAYOU HWY. 73 PORT ARTHUR, TX 77640-						10. US EPA ID Number TXD000838896		G. State Facility's ID 50212	
11. US DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group) RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGIII (LIQUID)						12. Containers No. Type 1 T T		13. Total Quantity 1 9 3 5 5	
11A. HM						14. Unit Wt/Vol K		Waste No. OUTS2981	
J. Additional Descriptions for Materials Listed Above a. PCB FLUID >499 PPM PCBs GALLONS - 4,388 POUNDS - 42,580 DRES - 06/04/99 * ALL CONTAINED IN 1 COMPARTMENT *						K. Handling Codes for Wastes Listed Above a. P# AI6590 4041			
15. Special Handling Instructions and Additional Information Emergency Response Guide #171 24 HOURS EMERGENCY CONTACT: Greg T. Massaro Phone: 800 626-9997									
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, packaged, marked, and labelled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name TRACY Helms					Signature <i>Tracy Helms</i>			Month Day Year 11/11/99	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Kenneth Conrad					Signature <i>Kenneth Conrad</i>			Date 11/11/99	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name					Signature			Date	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name MARY J. FUSILER					Signature <i>Mary Fusiler</i>			Date 11/12/99	

GENERATOR

TRANSPORTER

FACILITY

RECEIVED JAN 1 0 2000

Onyx ENVIRONMENTAL SERVICES, L.L.C.

Federal EPA ID: TXD000838896
State EPA ID: 50212-001
Highway 73
Port Arthur, TX 77643
(409) 736-2821

TRANS CYCLE INDUSTRIES INC
ATTN: MANIFEST SECTION
ALD983167891
101 PARKWAY E
PELL CITY, AL 35125-0765

CERTIFICATE OF DESTRUCTION

Onyx Environmental Services, L.L.C. has received waste material from TRANS CYCLE INDUSTRIES INC on 11/12/99 as described on [State Manifest or Uniform] Hazardous Waste Manifest number 0001794554. Chemical Waste Management, Inc., hereby certifies that the above described material was incinerated, and thereby destroyed, in accordance with the 40 CFR, part 761, as it pertains to the incineration of Poly-Chlorinated Biphenyl contaminated materials.

Sequence 1

Profile Number: AI6590
CWM Tracking ID: 547656

<u>Process</u>	<u>CWM Unit ID</u>	<u>Treatment Date</u>	<u>Generator #</u>
INCINERATION	1	12/18/99	N/A

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete

Melvin Stallworth

Disposal Detail #991865

Issued By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

Shipped: 09/23/99
Manifest Doc: 13747
Received: 09/24/99
Disposed: 01/16/00

Generator: SOUTHDIVNAVFACENCOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 137

We hereby certify that the following PCB items were disposed of in accordance with 40 CFR 761 as of the date(s) shown below:

Item Number	Carcass or Container	Item Type	Method	Disp	Comp	Method	Disp	Facility	EPA ID #
3171494		7032E	MCR	10/07/99	OIL	INC	12/18/99	CWMTEX	TXD000838896
360469		7010E	MCR	01/10/00	OIL	DTX	01/16/00	SUNOHI	OHD986978971

MCR = METALS CLEANING AND RECYCLING INC = PCB INCINERATION
DTX = DETOXIFICATION



Lori A. Helms
Database Coordinator

03/12/00

Date

Certificate of Disposal Number 991865

Used By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-0765
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc: 13747
 TCI Load # 991865
 of: 09/23/99

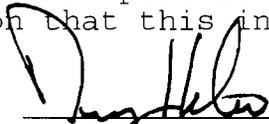
Generator: SOUTHDIVNAVFACENCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 PHONE (843) 743-9985

Service Center:
 DRMO FORT JACKSON
 Contract # SP440099D0009
 Delivery # 137

We hereby certify that the following PCB items were disposed of
 as of the date(s) shown below:

Serial Number	Qty	Description	Disposed	Disposal Method
360469	1	TRANSFORMERS	01/10/00	METALS CLEANING AND RECYCLING

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.



Tracy Helms
 Quality Director

02/06/00

Date

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No S C 0 1 7 0 0 2 2 5 6 0	Manifest Document No. 13747	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address SOUTH DIVNAV FACEN GCOM N. CHARLESTON, SC 29419-9010 CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK 33 NIELSON				A. State Manifest Document Number 13747			
4. Generator's Phone (843) 743-9985 Ext: 33				B. State Generator's ID			
5. Transporter 1 Company Name Robbie D. Wood Inc		6. US EPA ID Number ALD067138891		C. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (205) 744-8440			
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-		10. US EPA ID Number ALD983167891		E. State Transporter's ID			
				F. Transporter's Phone			
				G. State Facility's ID			
				H. Facility's Phone 205 338-9997			
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
	a	RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII	20	TP	2818	K	Pcb1
	b	NON DOT REGULATED HAZARDOUS WASTE OIL	00	DN	00195	K	Pcb2
	c						
	d						
J. Additional Descriptions for Materials Listed Above a. PCB CONTAMINATED FLUID IN ELECTRICAL EQUIPMENT b. DRUM OF NON-PCB FLUID <50 PPM PCBs				K. Handling Codes for Wastes Listed Above a. Carcass/Fluid X02 T29 b. Carcass/Fluid X02 T80			
15. Special Handling Instructions and Additional Information Contract # SP440099D0009 Do # 0137 Service Center: DRMO Fort Jackson Emergency Response Guide #171 @ 800 626-9997 24H EMERGENCY CONTACT: GREG MASSARO							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name Mike D. Frierson		Signature <i>Mike D. Frierson</i>		Month Day Year 10/9/23/19			
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name TRAVE NAIL		Signature <i>Trave Nail</i>		Month Day Year 1/9/23/19
	18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year
FAC	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 STANLEY HEAD		Signature <i>Stanley Head</i>		Month Day Year 10/9/24/19			



HH NUM 925 ZHH01
FOR THIS MANIFEST

9166HH02/01

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's US EPA ID No	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address				A. State Manifest Document Number		
4. Generator's Phone ()				B. State Generator's ID		
5. Transporter 1 Company Name		6. US EPA ID Number	C. State Transporter's ID		D. Transporter's Phone 216 663-1000	
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		10. US EPA ID Number	G. State Facility's ID		H. Facility's Phone 412 1837-2022	
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
	a.					
	b.					
	c.					
	d.					
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information						
<p>16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations</p> <p>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford</p>						
Printed/Typed Name			Signature		Month Day Year	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials					
	Printed/Typed Name			Signature		Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name			Signature		Month Day Year	
FACILITY	19. Discrepancy Indication Space					
	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name			Signature		Month Day Year	



GENERATOR COPY

*Oil from Transformers Bid 68.413
9166HH02/01*

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

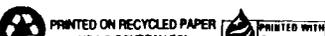
Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No S C 0 1 7 0 0 2 2 5 6 0		Manifest Document No. 13747		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address SOUTHDIVNAVFACENGCOM N. CHARLESTON, SC 29419-9010						A. State Manifest Document Number							
4. Generator's Phone (843) 743-9985 Ext: 33						B. State Generator's ID							
5. Transporter 1 Company Name TRANS ENVIRO INC.						6. US EPA ID Number OH0000953661		C. State Transporter's ID					
7. Transporter 2 Company Name						8. US EPA ID Number		D. Transporter's Phone 216 663-0808					
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES INC. P.O. BOX 765 PELL CITY, AL 35125-						10. US EPA ID Number ALD983167891		E. State Transporter's ID					
								F. Transporter's Phone					
								G. State Facility's ID					
								H. Facility's Phone 330 452 0837					
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. RO, POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII						001 TT		5.409 KG					
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above a. BULK TANKER OF PCB-CONTAMINATED FLUID 50-499 PPM PCBs						K. Handling Codes for Wastes Listed Above a.							
15. Special Handling Instructions and Additional Information Servic Center: DRMO FT. JACKSON Emergency Response Guide #171 Contract # SP440099D0009 D.O. #117 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name GARY L. CRAWFORD				Signature <i>[Signature]</i>				Month Day Year 10/10/99					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name James Mulkenin				Signature <i>[Signature]</i>				Month Day Year 01/07/99					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month Day Year					
19. Discrepancy Indication Space #9. SUN OHio 1501 RAFF Rd. CANTON, OHio 44710 US EPA ID # OH0981100969													
Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name				Signature				Month Day Year					

GENERATOR

TRANSPORTER

FACILITY





TRANS-ENVIRO, INC

LOAD TICKET # _____

4500 LEE ROAD, STE. 138, CLEVELAND, OH 44128
24 HR LOCAL: (216) 518-3300 • 24 HR WATTS: 1-800-491-6400
EPA ID #: OHR000028498 • ICC: MC 262242

DATE OF SERVICE 4/11/07 P.D. # 2007451

DRIVER T. B. UNIT # _____ MILEAGE _____

TRAILER # 4181 TYPE _____ BOX IN _____ BOX OUT _____

LINER _____ OTHER _____

CUSTOMER Summa Health GENERATOR Speed Tech Model 17

BILLING ADDRESS Canton, OH JOB SITE 10 York St

ADDRESS _____

TELEPHONE # _____ TELEPHONE # _____

MANIFEST # 2111

DESCRIPTION OF WORK Removal of 2000 lbs of TCE from 10 York St

ORIGIN	TIME IN	TIME OUT	APPT TIME	ARRIVAL TIME	FINISH TIME
				<u>14:30</u>	<u>5:30</u>
GENERATOR SIGNATURE <u>[Signature]</u>			TOTAL TIME AT SITE <u>2.4</u>	hrs	
			TOTAL VAC TIME	hrs	
			ANY OTHER TIME	hrs	

Explanation of any delays, demurrage & Comments

DISPOSAL FACILITY Summa Health

ADDRESS Canton, OH

CONTACT NAME: _____ TELEPHONE # _____

APPT TIME	TIME IN	TIME OUT
TOTAL TIME AT SITE		hrs
TOTAL VAC TIME		hrs
ANY OTHER TIME		hrs

Explanation of any delays, demurrage & Comments

TSDF SIGNATURE _____

TIME IN ORIGIN/ NEXT JOB _____ TIME OUT _____ DATE _____ MILEAGE READING _____

SIGNATURE OF DRIVER [Signature]

Issued By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-0765
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc: 13748
 TCI Load # 991619
 of: 09/09/99

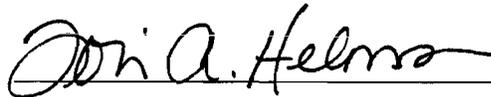
Generator: SOUTHDIVNAVFACENCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE (843) 743-9985

Service Center:
 DRMO FORT JACKSON
 Contract # SP440099D0009
 Delivery # 117

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follow:

Qty	Item Description	Disposal Method	Completed
1	CM of PCB-CONT ELECTRICAL EQUIPMENT	METALS CLEANING AND RECYCLING	01/10/00

Certification:



Lori A. Helms
 Database Coordinator

02/06/00

Date

Disposal Detail #991619

Used By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

Shipped: 09/09/99
Manifest Doc: 13748
Received: 09/10/99
Disposed: 01/10/00

Generator: SOUTHDIVNAVFACENCOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE () -

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 117

We hereby certify that the following PCB items were disposed of
in accordance with 40 CFR 761 as of the date(s) shown below:

Item Number	Carcass or Container	Item Type	Method	Disp	Comp	Method	Disp	Facility	EPA ID #
9166HH01		7010E	MCR	01/10/00					

MCR = METALS CLEANING AND RECYCLING


Lori A. Helms
Database Coordinator

02/06/00
Date

Certificate of Disposal Number 991619

sued By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

TCI EPA ID # ALD983167891
Manifest Doc: 13748
TCI Load # 991619
of: 09/09/99

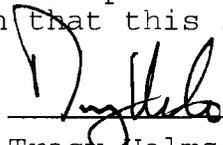
Generator: SOUTHDIVNAVFACENCOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 117

We hereby certify that the following PCB items were disposed of as of the date(s) shown below:

Serial Number	Qty	Description	Disposed	Disposal Method
9166HH01	1	TRANSFORMERS	01/10/00	METALS CLEANING AND RECYCLING

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.



Tracy Helms
Quality Director

02/06/00

Date

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC0170022560	Manifest Document No. 113748	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address CARETAKER OFFICE SOUTH DIVNAV FACENCOM P.O. BOX 190010 N. CHARLESTON, SC 29419-9010 Cnt: RICK 843 743-9985 Ext: 33 NIELSON				A. State Manifest Document Number		
4. Generator's Phone ()				B. State Generator's ID		
5. Transporter 1 Company Name ROBBIE D. WOOD		6. US EPA ID Number ALD067138891		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 205 744 8440		
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-		10. US EPA ID Number ALD983167891		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone 205 338-9997		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol
		No. Type				I. Waste No.
a. RO POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII				001 CM 64.05 KG		
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above a. PCB CONTAMINATED FLUID IN ELECTRICAL EQUIPMENT				K. Handling Codes for Wastes Listed Above a. X02		
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON Emergency Response Guide #171 Contract # SP440099D0009 D.O. # 117 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name GARY L CRAWFORD		Signature <i>[Signature]</i>		Month Day Year 01 20 1999		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name William M Boyd		Signature <i>[Signature]</i>		Month Day Year 01 20 1999		
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 STANLEY HEAD		Signature <i>[Signature]</i>		Month Day Year 01 09 1999		



966AA01

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's US EPA ID No	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address				A. State Manifest Document Number			
4. Generator's Phone ()				B. State Generator's ID			
5. Transporter 1 Company Name		6. US EPA ID Number	C. State Transporter's ID				
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone 205 744 8445				
9. Designated Facility Name and Site Address		10. US EPA ID Number	E. State Transporter's ID				
			F. Transporter's Phone				
			G. State Facility's ID				
			H. Facility's Phone 205 330 3997				
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
	a.						
	b.						
	c.						
	d.						
J. Additional Descriptions for Materials Listed Above 1. PCB CONTAMINATED FLUID IN ELECTRICAL EQUIPMENT				K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford							
Printed/Typed Name			Signature		Month Day Year		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials						
	Printed/Typed Name			Signature		Month Day Year	
	18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name			Signature		Month Day Year		
FACILITY	19. Discrepancy Indication Space						
	20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name			Signature		Month Day Year		



Generator: SOUTHDIYNAVFA

EPA ID: SC0170025520

Item Nbr	Gen Ref Nbr	Serial Nbr	Oil Qty	Gallons	WT LB
001	0001	316sHH01	1	13.3	18.7
			1	30	18.7

DOT Code: 02PCBL TCI Code: ... IN ELECTRICAL EQUIPMENT

Appointment Time: ... Arrival Time: 11:00 ... Loading Complete Time: 18:00
 Driver Signature: *[Signature]* Date: 9-9-99
 Generator Signature: *[Signature]* Date: 9/9/99

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. S C 0 1 7 0 0 2 2 5 6 0		Manifest Document No. 113748		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
		3. Generator's Name and Mailing Address SOUTHDI VNAV FACENGCOM N. CHARLESTON, SC 29419-9010 843 743-9985 Ext: 33				CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK NIELSON		A. State Manifest Document Number		B. State Generator's ID
4. Generator's Phone ()		5. Transporter 1 Company Name ROBBIE D. WOOD		6. US EPA ID Number A L D 0 6 7 1 3 8 8 9 1		C. State Transporter's ID		D. Transporter's Phone 205 744 8440		
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone		G. State Facility's ID		
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-				10. US EPA ID Number A L D 9 8 3 1 6 7 8 9 1		H. Facility's Phone 205 338-9997				
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
						No.		Type		
a. <input type="checkbox"/> HM RO POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII										
b.										
c.										
d.										
Additional Descriptions for Materials Listed Above a. PCB CONTAMINATED FLUID IN ELECTRICAL EQUIPMENT <i>[Signature]</i>						K. Handling Codes for Wastes Listed Above a.				
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON Emergency Response Guide #171 Contract # SP440099D0009 D.O. # 117 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name GARY L CRAWFORD				Signature <i>[Signature]</i>			Month Day Year 10/20/99			
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name William M Boyd				Signature <i>[Signature]</i>			Month Day Year 10/20/99			
18. Transporter 2 Acknowledgement of Receipt of Materials										
Printed/Typed Name				Signature			Month Day Year			
19. Discrepancy Indication Space										
J. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.										
Printed/Typed Name				Signature			Month Day Year			



Disposal Summary #991720

Used By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

TCI EPA ID # ALD983167891
Manifest Doc: 13749
TCI Load # 991720
of: 09/09/99

Generator: SOUTHDIVNAVFACENCOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
RICK NIELSON
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 117

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follow:

Qty	Item Description	Disposal Method	Completed
1	CM of PCB-CONT ELECTRICAL EQUIPMENT	METALS CLEANING AND RECYCLING	06/05/00

Certification:


Lori A. Helms
Database Coordinator

06/07/00

Date

Disposal Detail #991720

Used By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

Shipped: 09/09/99
Manifest Doc: 13749
Received: 09/10/99
Disposed: 06/05/00

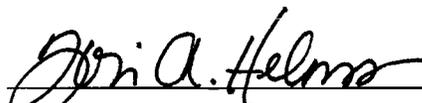
Generator: SOUTH DIV NAV FAC ENG COM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 117

We hereby certify that the following PCB items were disposed of in accordance with 40 CFR 761 as of the date(s) shown below:

Item Number	Carcass or Container	Item Type	Method Disp	Comp Method Disp	Contents	Facility	EPA ID #
9166HH02		7010E	MCR	06/05/00			

MCR = METALS CLEANING AND RECYCLING



Lori A. Helms
Database Coordinator

06/07/00

Date

Certificate of Disposal Number 991720

Issued By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

TCI EPA ID # ALD983167891
Manifest Doc: 13749
TCI Load # 991720
of: 09/09/99

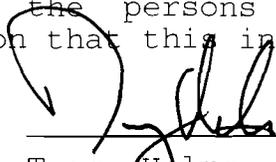
Generator: SOUTHDIVNAVFACECOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 117

We hereby certify that the following PCB items were disposed of as of the date(s) shown below:

Serial Number	Qty	Description	Disposed	Disposal Method
9166HH02	1	TRANSFORMERS	06/05/00	METALS CLEANING AND RECYCLING

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.



Tracy Helms
Quality Director

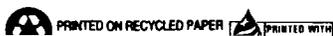
06/07/00

Date

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No S C 0 1 7 0 0 2 2 5 6 0		Manifest Document No 113749		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address CARETAKER OFFICE SOUTH DIVNAVFACEGCOM P.O. BOX 190010 N. CHARLESTON, SC 29419-9010 Cnt: RICK 843 743-9985 Ext: 33 NIELSON						A. State Manifest Document Number				
4. Generator's Phone ()						B. State Generator's ID				
5. Transporter 1 Company Name ROBBIE D. WOOD			6. US EPA ID Number A L D 0 6 7 1 3 8 8 9 1			C. State Transporter's ID				
7. Transporter 2 Company Name						D. Transporter's Phone 205 744 8440				
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-						8. US EPA ID Number A L D 9 8 3 1 6 7 8 9 1			E. State Transporter's ID	
						F. Transporter's Phone				
						G. State Facility's ID				
						H. Facility's Phone 205 338-9997				
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. ^{HM} RO POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII						No. Type				
						1 C.M.		99.13 KG		
b.										
c.										
d.										
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above				
a. PCB CONTAMINATED PLACED IN ELECTRICAL EQUIPMENT						a. X02				
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON Emergency Response Guide #171 Contract # SP440099D0009 D.O. # 117 24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name GARY L CRAWFORD					Signature <i>Gary Crawford</i>			Month Day Year 10/9/99		
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name William M Boyd					Signature <i>William M Boyd</i>			Month Day Year 10/9/99		
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 STANLEY HEAD					Signature <i>Stanley Head</i>			Month Day Year 10/9/99		



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No S C 0 1 7 0 0 2 2 5 6 0		Manifest Document No 113749	2. Page 1 of 1 Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SOUTH DIVNAV FACENCOM N. CHARLESTON, SC 29419-9010 843 743-9985				CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK 33 NIELSON		A. State Manifest Document Number
4. Generator's Phone ()				6. US EPA ID Number A L D 0 6 7 1 3 8 8 9 1		B. State Generator's ID
5. Transporter 1 Company Name ROBBIE D. WOOD				7. Transporter 2 Company Name		C. State Transporter's ID
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-				10. US EPA ID Number A L D 9 8 3 1 6 7 8 9 1		D. Transporter's Phone 205 744 8440
						E. State Transporter's ID
						F. Transporter's Phone
						G. State Facility's ID
						H. Facility's Phone 205 338-9997
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)					12. Containers	13. Total Quantity
					No.	Type
a. ^{HM} RO POLYCHLORINATED BIPHENYLS, 9 UN2315, PGII						99.13 KG
b.						
c.						
d.						
Additional Descriptions for Materials Listed Above a. PCB CONTAMINATED PLUGS IN ELECTRICAL EQUIPMENT					K. Handling Codes for Wastes Listed Above	
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON Emergency Response Guide #171 Contract # SP440099D0009 24H EMERGENCY CONTACT: GREG MASSARO					D.O. # 117 @ 800 626-9997	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name GARY L CRAWFORD				Signature <i>Gary Crawford</i>		Month Day Year 10/10/99
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name William M Boyd				Signature <i>William M Boyd</i>		Month Day Year 10/10/99
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature		Month Day Year
19. Discrepancy Indication Space						
J. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name				Signature		Month Day Year



966402

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's US EPA ID No	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address				A. State Manifest Document Number			
4. Generator's Phone ()				B. State Generator's ID			
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 205 744 8440			
9. Designated Facility Name and Site Address		10. US EPA ID Number		E. State Transporter's ID			
				F. Transporter's Phone			
				G. State Facility's ID			
				H. Facility's Phone 205 338-9997			
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			12. Containers	13. Total	14. Unit	15.
				No.	Quantity	Wt/Vol	Waste No.
	a.						
	b.						
	c.						
d.							
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford							
Printed/Typed Name				Signature		Month Day Year	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials						
	Printed/Typed Name		Signature		Month Day Year		
	18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year			
FACILITY	19. Discrepancy Indication Space						
	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name				Signature		Month Day Year	



Generator: SOUTH DIV NAV FAC BR

US EPA ID: SC0179022560

Item	Gen Ref Nbr	Serial Nbr	Type	Size	PCB PPM	Removed From Service For Proposal	Qty	Gallons	WT LBS
001	0002	9166HH02	7010F		18	02/03/99	1	1200	27000
TOTALS:							1	1200	27000

DOT Code: 02PCBL TCI Code: CELT PCB CONTAMINATED FLUID IN ELECTRICAL EQUIPMENT

Appointment Time:	Arrival Time: 11:00	Loading Complete Time: 1:00
Driver Signature: <i>[Signature]</i>	Date: 09/09/99	
Generator Signature: <i>[Signature]</i>	Date: 1/7/99	

ORDER FOR SUPPLIES OR SERVICES
(Contractor must submit four copies of invoice.)

Form approved
CMB No 0704-0187
Expires Dec 31, 1993

PAGE 1 of
2

JMK

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA, 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project(0704-0187), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.

1 CONTRACT/PURCH ORDER NO. SP440099D0009		2 DELIVERY ORDER NO 0117		3 DATE OF ORDER (YYMMDD) 99 AUG 12		4 REQUISITION/PURCH REQUEST NO SEE SCHEDULE		5 PRIORITY	
6 ISSUED BY DEF REUT 6 MKT SVC/DRMS FEDERAL CENTER 74 N WASHINGTON AVE BATTLE CREEK MI 49017-3092				7 ADMINISTERED BY (if other than 6)		8 DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if Other)			
9. CONTRACTOR NAME AND ADDRESS TRANS-CYCLE INDUSTRIES INC 101 PARKWAY EAST P.O. BOX 765 PELL CITY AL 35125				FACILITY CODE		10 DELIVER TO FOB POINT BY (Date) (YYMMDD) 99 SEP 11		11 MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISAD- VANTAGED <input type="checkbox"/> WOMEN-OWNED	
				12 DISCOUNT TERMS		13 MAIL INVOICES TO SEE BLOCK 15			
14 SHIP TO SP440099D0009-0117 SEE SCHEDULE				15 PAYMENT WILL BE MADE BY DEFENSE FINANCE & ACCOUNTING ATTN DFAS-CO-LC P. O. BOX 369016 COLUMBUS OH 43236-9016		CODE S33181		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16 TYPE OF ORDER	DELIVER <input checked="" type="checkbox"/>	PURCHASE <input type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract Reference your _____ furnish the following on terms specified herein
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME			

<input type="checkbox"/>	NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYMMDD)
If this box is marked, supplier must sign Acceptance and return the following number of copies:				

17 ACCOUNTING AND APPROPRIATION DATA/LOCAL USE	01 97X4930 5NR0 001 P900 25 S33181	\$9,040.00
--	------------------------------------	------------

18. ITEM NO	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED *	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	DOCUMENT NOUN DTID ACC 92246324 TRANSFORMER, SCE&G (BLDG. N645049166HH01 01 701000 TRANSFORMER, SCE&G (BLDG. 9). WP# N00191-9165. OSD: 8/9/99, LOC: CNSYTP012.50-499 PCB.N.R.(1) EA TRANSFORMER. PICKUP ADDR <N64504> SPVR SHIPBLDG CONV REPAIR PRTSMTH VA ENVIR DET CHAS 1899 N HOBSON AVE BLDG 3D N CHARLESTON SC 29408-2160 EPA WASTE CODE _____ UD QTY PICKED UP <u>18200</u> PICK UP MANIFEST <u>13748</u> LINE CODE <u>11-a</u>	18200	LB	\$0.20000	\$3,640.00
				UO UNIT OF ISSUE <u>lbs</u>	
				PICKUP DATE <u>9/9/99</u>	

* If quantity accepted by the government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle	24. UNITED STATES OF AMERICA <i>Walter Payne</i> BY WALTER PAYNE CONTRACTING/ORDERING OFFICER	25 TOTAL \$9,040.00
		29 DIFFERENCES

26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED	27 SHIP. NO.	28 DO VOUCHER NO	30 INITIALS
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT OFFICIAL _____	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33 AMOUNT VERIFIED CORRECT FOR
35 I certify this account is correct and proper for payment.	31 PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34 CHECK NUMBER
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____			35 BILL OF LADING NO
37. RECEIVED AT	38 RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS
			41 S/R ACCOUNT NUMBER
			42 S/R VOUCHER NO

continuation sheet

REFERENCE NO. DOCUMENT BEING CONTINUED
SP440099D0009-0117

page of pages
2 2

NAME OF OFFICER OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES/SERVICE	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002	<p>92246326 TRANSFORMER, SCE&G SUB S N645049166HR02 01 701000 TRANSFORMER, SCE&G SUB STATION 68). WF# N00191-9166. OSD: 8/9/99, LOC: CNSYTP012.50-499 PCB.N.R.(1) EA TRANSFORMER. PICKUP ADDR <N64504></p> <p>EPA WASTE CODE _____ UD QTY PICKED UP <u>1</u> UO UNIT OF ISSUE <u>lbs</u> PICK UP MANIFEST <u>13749</u> LINE CODE <u>11-a</u> PICKUP DATE <u>9/9/99</u></p> <p>COR DAVID ISENBARGER DOR P012 DRMO JACKSON</p> <p>PROMPT PAYMENT (MAR 1994) FAR 52.232-25</p> <p>AUTH TRANSPORTER NAME <u>ROBBIE D. WOOD</u>, AUTH TRANSPORTER EPA # <u>ALD067138891</u> AUTH TSDF NAME <u>Trans-Cycle Industries Inc</u> AUTH TSDF EPA # <u>ALD083107891</u> TRANSPORTER SIGNATURE <u>[Signature]</u> CONTRACTOR SIGNATURE <u>[Signature]</u> AUTH COR SIGNATURE <u>[Signature]</u></p>	27000	LB	\$0.20000	\$5,400.00

= Robbie D. Wood, Inc. =

P.O. BOX 125 DOLOMITE, AL. 35061

BILL OF LADING

NO.
MC 142393

69560

SHIPPER		LOADING CITY/STATE			MANIFEST NO.	
CONSIGNEE		DESTINATION				
		TRACTOR NO.	TRAILER NO.	BOX NO.	DATE SHIPPED	
					LOAD NO.	
COMP NO.	LOADING TERM	COMMODITY	UNIT	QUANTITY		
				QUANTITY		
				Gross		
				Tons		
LOADING TIME		IN	M.	AUTHORIZATION—LOADING DEMURRAGE		
		OUT	M.			
----- DETENTION RECORD ----- EXPLAIN TIME SPENT -----						
UNLOADING TIME		IN	M.	AUTHORIZATION—UNLOADING DEMURRAGE		
		OUT	M.			
				GOVERNED BY TARIFFS AND CLASSIFICATIONS ISSUED BY THE CARRIER AND/OR ITS AGENTS		
				SHIPPER PER _____		
				CARRIER PER _____		
				RECEIVED THE ABOVE DESCRIBED PROPERTY IN GOOD CONDITION EXCEPT AS NOTED		
				FIRM _____		
				BY _____		
SHOW COMPLETE COMPANY NAME AND SIGNATURE INITIALS NOT ACCEPTED DELIVERY DATE						

white - R D W Yellow - R D W Pink - Consignee Goldenrod - Shipper

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	Manifest Document No. 13750	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address				A. State Manifest Document Number		
				B. State Generator's ID		
4. Generator's Phone ()				C. State Transporter's ID		
5. Transporter 1 Company Name		6. US EPA ID Number		D. Transporter's Phone 205 797 4477		
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		
9. Designated Facility Name and Site Address		10. US EPA ID Number		F. Transporter's Phone		
				G. State Facility's ID		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers		13. Total
				No.	Type	Quantity
a. <input type="checkbox"/> HM						14. Unit
						Wt/Vol
b.						I. Waste No.
c.						
d.						
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
A. PCB CONTAMINATED FLUID IN ELECTRIC EQUIPMENT B. DRUM OF NON-PCB FLUID (50 PPM)						
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR , if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name			Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name			Signature		Month Day Year	
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			Signature		Month Day Year	



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. 2000779994999113759		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address SOUTH DIV. NAVFAC ENG. CORP. SOUTH DIV. OFFICE P.O. BOX 190016 Charleston, SC 29405						A. State Manifest Document Number CWMA 823469					
4. Generator's Phone (843) 743-9935 ATTN: Rick Nielson						B. State Generator's ID					
5. Transporter 1 Company Name Metropolitan Environmental				6. US EPA ID Number 1199199949997		C. State Transporter's ID					
7. Transporter 2 Company Name						D. Transporter's Phone 419-586-6638					
8. US EPA ID Number						E. State Transporter's ID					
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459						10. US EPA ID Number ALD000622464					
						F. Transporter's Phone					
						G. State Facility's ID					
						H. Facility's Phone 205/652-9721					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vo	
a. (K) Hazardous waste, solid, n.o.s., (CAS077, PG III (D018, D027, D029, D032, D030, D033) Disposal Approval # PPE & Trash C/W Boat House CWM Profile # PCL 500 CP5066						No. Type		Quantity		Waste No.	
						01020IM		010105		D032, D033 D029, D030 D018, D027	
b. (K) Hazardous waste, liquid, n.o.s., (CAS082, PG III (D018, D027, D029, D030, D032, D033) Disposal Approval # WATER C/W BOATHOUSE, PCL 500 CWM Profile # CP5065						01030F		011104		D032, D033 D029, D030 D018, D027, F	
c.											
Disposal Approval #						CWM Profile #					
d.											
Disposal Approval #						CWM Profile #					
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above					
a) ERG# 171 items # 142X55 - OSD 12/23/99, FD# 14, 15						a. MAC					
b) ERG# 171 items # 16, 17, 3X55 B-528K, ID# 16, 17, 18, OSD 12/23/99						b. P.I.N					
State of Generation											
15. Special Handling Instructions and Additional Information FORWARD all INVOICES and CO'S to 11-State Government Services, Inc. SP400-99-D-0020 Purchase Order #						D.O. No. 000					
Work Order #						EMERGENCY CONTACT: 1-800-075-0004, Michael Johnston					
16. GENERATOR'S CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations											
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						Signed: <i>Little D. Frierson</i>					
Printed/Typed Name						Signature		Month Day Year			
Little D. Frierson						<i>Little D. Frierson</i>		01/20/00			
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature		Month Day Year			
Lloyd S. Spurgeon						<i>Lloyd S. Spurgeon</i>		01/20/00			
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature		Month Day Year			
19. Discrepancy Indication Space 201 - 2014B - CB 201 CB 201 CB 201 CB 201 CB 3/3/00 AM											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name						Signature		Month Day Year			
Vanessa Watkins						<i>Vanessa Watkins</i>		01/20/00			



Waste Management, Inc
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459-0055
(205)652-9721

EPA ID Number: ALD000622464

SOUTHDIVNAVFACENGCOM
RICK NIELSON
CARETAKER SITE OFFI
P O BOX 190010
CHARLESTON, SC 29405

ACKNOWLEDGEMENT OF RECEIPT OF WASTE SHIPMENT

Generator Name: SOUTHDIVNAVFACENGCOM
Generator US EPA ID: SC0170022560

Enclosed is/are your Generator Number Two copy/copies for Alabama Manifest
Number(s): CWMA - 0823469

This copy is to acknowledge that Chemical Waste Management, Inc., of Emelle, Alabama has received your shipment. As a requirement of 40 CFR 264.12 (b), this letter serves to inform you that this facility has the proper permits and will accept your shipment upon completion of waste analysis procedures specified in the facility's Waste Analysis Plan and as determined in the approval waste profile submitted for this/these wastes.

As of September 26, 1997, Chemical Waste Management, Inc., Emelle Alabama (ALD000622464) is operating under a RCRA permit (AHWMMA Permit) issued by the the Alabama Department of Environmental Management.

Dorothy Oliver 
Recordkeeping and Reporting Technician

02/14/00



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459					A. State Manifest Document Number CWMA 823469			
4. Generator's Phone (615) 435-5111					B. State Generator's ID			
5. Transporter 1 Company Name			6. US EPA ID Number		C. State Transporter's ID			
7. Transporter 2 Company Name			8. US EPA ID Number		D. Transporter's Phone 419-588-6038			
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459					10. US EPA ID Number		E. State Transporter's ID	
					F. Transporter's Phone		G. State Facility's ID	
					H. Facility's Phone 205/652-9721			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers	13. Total Quantity	14. Unit Wt/Vo	
					No.	Type	Waste No.	
GENERATOR	a. Disposal Approval # _____ CWM Profile # _____							DD32, DD33 DD29, DD30 DD18, DD27
	b. Disposal Approval # _____ CWM Profile # _____							DD32, DD33 DD29, DD30 DD18, DD27
	c. Disposal Approval # _____ CWM Profile # _____							
	d. Disposal Approval # _____ CWM Profile # _____							
J. Additional Descriptions for Materials Listed Above					K. Handling Codes for Wastes Listed Above			
a) BKG 171 Items # 14					a.			
b) BKG 171 Items # 16, 17					c.			
State of Generation					b.			
					d.			
15. Special Handling Instructions and Additional Information								
Purchase Order # _____								
Work Order # _____ EMERGENCY CONTACT: _____								
16. GENERATOR'S CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations								
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford								
Printed/Typed Name				Signature		Month Day Year		
						11/16/91		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials							
	Printed/Typed Name		Signature		Month Day Year			
TRANSPORTER	18. Transporter 2 Acknowledgement of Receipt of Materials							
	Printed/Typed Name		Signature		Month Day Year			
19. Discrepancy Indication Space								
FACILITY	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
	Printed/Typed Name				Signature		Month Day Year	



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. S C 0 1 7 0 0 2 2 5 6 0 1 3 7 5 9		Manifest Document No. 0 1 3 7 5 9		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address South Div. NAVFAC Eng. Corp. Caretaker Site Office P.O. Box 190010 Charleston, SC 29405						A. State Manifest Document Number CWMA 823469							
4. Generator's Phone (843) 743-9985 ATTN: Rick Nielson						B. State Generator's ID							
5. Transporter 1 Company Name Metropolitan Environmental			6. US EPA ID Number I N T 1 9 0 0 1 0 3 9 7			C. State Transporter's ID							
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 419-586-6638							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459			10. US EPA ID Number A L D 0 0 0 6 2 2 4 6 4			E. State Transporter's ID							
						F. Transporter's Phone							
						G. State Facility's ID							
						H. Facility's Phone 205/652-9721							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vo		15. Waste No.	
a. (RQ) Hazardous waste, solid, n.o.s., 9, NA3077, PG III (D018, D027, D029, D032, D030, D033) Disposal Approval # PPE & Trash c/w Benzene, PCB 500						0 0 2 0 M		0 0 1 6 5		P		D032, D033 D029, D030 D018, D027	
b. (RQ) Hazardous waste, liquid, n.o.s., 9, NA3082, PG III (D018, D027, D029, D030, D032, D033) Disposal Approval # Water c/w Benzene, PCB 500						0 1 0 3 0 F		0 1 1 6 4		P		D032, D033 D029, D030 D018, D027	
c.													
Disposal Approval # _____ CWM Profile # _____													
d.													
Disposal Approval # _____ CWM Profile # _____													
						K. Handling Codes for Wastes Listed Above							
						a. _____ c. _____							
						b. _____ d. _____							
15. Special Handling Instructions and Additional Information Forward all invoices and Cd's to Tri-State Government Services, Inc. SP4400-99-D-0020 Purchase Order # _____ D.O.# 0030													
Work Order # _____						EMERGENCY CONTACT: 1-800-673-6604, Michael Johnson							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations													
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Lillie D. Frierson			Signature <i>Lillie D. Frierson</i>			Month Day Year 01/20/00							
17. Transporter 1 Acknowledgement of Receipt of Materials			Printed/Typed Name Lloyd S. Spurgeon			Signature <i>Lloyd S. Spurgeon</i>			Month Day Year 01/20/00				
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			Signature			Month Day Year							

Generator Name: So-14 Div.

Manifest Doc. No.: 13759-1-11-A

Office Number: DEBRIS

State Manifest No: _____

Is this waste a non-wastewater or wastewater? (See 40 CFR 268.21 CNECA CNB1 Nonwastewater / Wastewater)
If this waste is subject to any California list restrictions enter the letter from below (either A, B.1, or B.2) next to each restriction that is applicable:

Identify ALL USRPA hazardous waste codes that apply to this waste shipment, as defined by 40 CFR 261. For each waste code, identify the corresponding subcategory, or check NONE if the waste code has no subcategory. Spent solvent and California list treatment standards are listed on the following page. If E039, multi-source leachate applies those constituents must be listed and attached by the generator. If 0001-0043 requires treatment of the characteristic and meet 268.48 standards, then the underlying hazardous constituent(s) present in the waste must be listed and attached.

4. US EPA HAZARDOUS WASTE CODE(S)	5. SUBCATEGORY ENTER THE SUBCATEGORY DESCRIPTION. IF NOT APPLICABLE, SIMPLY CHECK NONE	6. HOW MUST THE WASTE BE MANAGED? ENTER LETTER FROM BELOW		
		DESCRIPTION	NONE	A
D016, D027, D014, D030, D031			X	A
			X	A

To identify 0039 or 0041-0043 underlying hazardous constituent(s), use the "0039/Underlying Hazardous Constituent Form" provided (CMW-2004) and check here:
If no UCLs are present in the waste upon its initial generation check here:
To list additional USRPA waste code(s) and subcategory(ies), use the supplemental sheet provided (CMW-2005-B) and check here: _____

MUST THE WASTE BE MANAGED? In column 6 above, enter the letter A, B1, B2, B3, B4, C, D or E below that describes how the waste must be managed to comply with the land disposal regulations (40 CFR 268.77). Please understand that if you enter letter B1, B2, B3, B4 or D, you are making the appropriate certification as provided below. (States authorized by EPA to manage the LDR program may have regulatory citations different from the 40 CFR citations listed below. Where these regulatory citations differ, your certification will be deemed to refer to those state citations instead of the 40 CFR citations.)

RESTRICTED WASTE REQUIRES TREATMENT
This waste must be treated to the applicable treatment standards set forth in 40 CFR Part 268 Subpart D, 268.32, or RCRA Section 3004(d).
For Hazardous Debris: "This hazardous debris is subject to the alternative treatment standards of 40 CFR Part 268.45."

1 RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS
I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d) without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

2 RESTRICTED WASTE FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THAT TECHNOLOGY)
I certify under penalty of the law that the waste has been treated in accordance with the requirements of 40 CFR 268.42. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

3 GOOD FAITH ANALYTICAL CERTIFICATION FOR INCINERATED ORGANICS
I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the nonwastewater organic constituents have been treated by incineration in units operated in accordance with 40 CFR Part 268 Subpart D or Part 265 Subpart D, or by combustion in fuel substitution units operating in accordance with applicable technical requirements and I have been unable to detect the nonwastewater organic constituents despite having used best good faith efforts to analyze for such constituents. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

4 DECHARACTERIZED WASTE REQUIRES TREATMENT FOR UNDERLYING HAZARDOUS CONSTITUENTS
I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 or 268.49, to remove the hazardous characteristic. This decharacterized waste contains underlying hazardous constituents that require further treatment to meet treatment standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

5 RESTRICTED WASTE SUBJECT TO A VARIANCE
This waste is subject to a National capacity variance, a treatability variance, or a case-by-case extension. Enter the effective date of prohibition in column 6 above.
For Hazardous Debris: "This hazardous debris is subject to the alternative treatment standards of 40 CFR Part 268.45."

6 RESTRICTED WASTE CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT
I have determined that this waste meets all applicable treatment standards set forth in 40 CFR Part 268 Subpart D, and all applicable prohibition levels set forth in Section 268.32 or RCRA Section 3004(d), and therefore, can be land disposed without further treatment. A copy of all applicable treatment standards and specified treatment methods maintained at the treatment, storage and disposal facility named above. I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false certifications, including the possibility of a fine and imprisonment.

7 WASTE IS NOT CURRENTLY SUBJECT TO PART 268 RESTRICTIONS
This waste is a newly identified waste that is not currently subject to any 40 CFR Part 268 restrictions.
I hereby certify that all information submitted on this and all associated documents is complete and accurate, to the best of my knowledge and information.

Signature: [Signature] Title: Inc. - 08799 - FORM CMW-2005A Date: _____

SOLVENT AND CALIFORNIA LIST TREATMENT STANDARDS

The waste identified on the first page of this form is described by any of the following US EPA hazardous waste codes: 1, P001, P003, P004, P005, and all solvent constituents will not be monitored by the treator, and/or this hazardous waste subject to any prohibitions identified by California List restrictions (40 CFR 268.32 and/or RCRA Section 3004(a)). Each constituent MUST be identified below by checking the appropriate box, and this page must accompany the shipment, along with the previous page of this form. If the waste code P039 describes this waste, then the corresponding list of constituents must be attached. If D001-D043 require treatment to 268.48 standards, then the underlying hazardous waste treatment standards must also be attached.

SOLVENT WASTE TREATMENT STANDARDS

DUI through P005 spent solvent constituents and their associated US EPA hazardous waste code(s)	Treatment Standard	P031 through P035 spent solvent constituents and their associated US EPA hazardous waste code(s)	Treatment Standard
	WASTEWATER: RCRA/STATE/MSWIS		WASTEWATER: RCRA/STATE/MSWIS

Spent solvent treatment standards are measured through a total waste analysis (TCA), unless otherwise noted. Wastewater standards are mg/l, nonwastewater are mg/kg.

CALIFORNIA LIST TREATMENT STANDARDS--40 CFR 268.32, 40 CFR 268.42 and RCRA SECTION 3004(d)

A waste must first be designated as a US EPA Hazardous waste before the waste can be subject to the California List restrictions.

Restricted waste description	Prohibition	Treatment Standard
Liquid* or nonliquid wastes containing halogenated Organic Compounds listed in 40 CFR 268, Appendix III	Liquid* wastes: Greater than or equal to 1,000 mg/l Nonliquid wastes: Greater than or equal to 1,000 mg/kg	40 CFR 268.42(a)(2) - 15.15 or 75.05
Liquid* wastes containing Poly-halogenated Biphenyls (PCBs)	Greater than or equal to 50 ppm	40 CFR 268.42(a)(1) - 15.15 or 75.05 Also see 40 CFR 761.60 and 70
Liquid* wastes containing Metals	One or more of the following metals (or elements) at concentrations greater than or equal to the following: Nickel and/or compounds as Ni: 134mg/l Thallium and/or compounds as Th: 130mg/l	RCRA Section 3004(d)

Note: Hazardous wastes containing As, Cd, Cr, Hg, Pb, or Sn must be evaluated if not characteristically hazardous for that metal.

* - For the definition "liquid" refer to Method 9095, the Palat Filter Liquids Test from EPA manual SW-846

SUBCATEGORY REFERENCES

- 01: Ignitable characteristic wastes, except for the 40 CFR 261.21(a)(1) High TOC subcategory, that are managed in non-CMA/non-CMA equivalent/non-Class I SDWA systems.
Ignitable characteristic wastes, except for the 40 CFR 261.21(a)(1) High TOC subcategory, that are managed in CMA/CMA-equivalent or Class I SDWA systems.
High TOC ignitable characteristic liquids subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon.
- 02: Corrosive characteristic wastes that are managed in non-CMA/non-CMA-equivalent/non-Class I SDWA systems.
Corrosive characteristic wastes that are managed in CMA, CMA-equivalent, or Class I SDWA systems.

Generator Name: SOUTH DIV

Manifest Doc. No.: 13759

1118

Office Number:

State Manifest No:

Is this waste a non-wastewater or wastewater? (See 40 CFR 268.21) CHECK ONE: Nonwastewater Wastewater
If this waste is subject to any California List restrictions enter the letter from below (either A, B.1, or B.2) next to each restriction that is applicable.

Identify ALL US EPA hazardous waste codes that apply to this waste shipment, as defined by 40 CFR 261. For each waste code, identify the corresponding subcategory, or check NONE if the waste code has no subcategory. Spent solvent and California list treatment standards are listed on the following page. If RC39, multi-source leachate applies those constituents must be listed and attached by the generator. If D001-D043 requires treatment of the characteristic and meet 268.48 standards, then the underlying hazardous constituent(s) present in the waste must be listed and attached.

4. US EPA HAZARDOUS WASTE CODE(S)	5. SUBCATEGORY ENTER THE SUBCATEGORY DESCRIPTION IF NOT APPLICABLE, SIMPLY CHECK NONE DESCRIPTION	6. HOW MUST THE WASTE BE MANAGED? ENTER LETTER FROM BELOW	
		NONE	
1. D018, D027		X	A
2. D029, D030		X	A
3. B012, D031			

To identify RC39 or D001-D043 underlying hazardous constituent(s), use the "RC39/Underlying Hazardous Constituent Form" provided (CHM-2006) and check here:
If no UHCs are present in the waste upon its initial generation check here:
To list additional US EPA waste code(s) and subcategory(s), use the supplemental sheet provided (CHM-2005-B) and check here:

MUST THE WASTE BE MANAGED? In column 6 above, enter the letter (A, B.1, B.2, B.3, B.4, C, D or E) below that describes how the waste must be managed to comply with the land disposal regulations (40 CFR 268.7). Please understand that if you enter the letter B.1, B.2, B.3, B.4 or D, you are asking the appropriate certification as provided below. (States authorized by EPA to manage the LDR program may have regulatory citations different from the 40 CFR citations listed below. Where these regulatory citations differ, your certification will be deemed to refer to those state citations instead of the 40 CFR citations.)

RESTRICTED WASTE REQUIRES TREATMENT

This waste must be treated to the applicable treatment standards set forth in 40 CFR Part 268 Subpart D, 268.32, or RCRA Section 3004(d).

For Hazardous Debris: "This hazardous debris is subject to the alternative treatment standards of 40 CFR Part 268.45."

1. RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d) without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

2. RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE WAS BEEN TREATED BY THAT TECHNOLOGY)

"I certify under penalty of the law that the waste has been treated in accordance with the requirements of 40 CFR 268.42. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

3. GOOD FAITH ANALYTICAL CERTIFICATION FOR INCINERATED ORGANICS

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the nonwastewater organic constituents have been treated by incineration in units operated in accordance with 40 CFR Part 264 Subpart O or Part 265 Subpart O, or by combustion in fuel substitution units operating in accordance with applicable technical requirements, and I have been unable to detect the nonwastewater organic constituents despite having used best good faith efforts to analyze for such constituents. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

4. DECHARACTERIZED WASTE REQUIRES TREATMENT FOR UNDERLYING HAZARDOUS CONSTITUENTS

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 or 268.49, to remove the hazardous characteristic. This decharacterized waste contains underlying hazardous constituents that require further treatment to meet treatment standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

5. RESTRICTED WASTE SUBJECT TO A VARIANCE

This waste is subject to a national capacity variance, a treatability variance, or a case-by-case extension. Enter the effective date of prohibition in column 6 above.

For Hazardous Debris: "This hazardous debris is subject to the alternative treatment standards of 40 CFR Part 268.45."

6. RESTRICTED WASTE CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT

"I have determined that this waste meets all applicable treatment standards set forth in 40 CFR Part 268 Subpart D, and all applicable prohibition levels set forth in Section 268.32 or RCRA Section 3004(d), and therefore, can be land disposed without further treatment. A copy of all applicable treatment standards and certified treatment methods is maintained at the treatment, storage and disposal facility named above." "I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false certifications, including the possibility of a fine and imprisonment."

7. WASTE IS NOT CURRENTLY SUBJECT TO PART 268 RESTRICTIONS

This waste is a newly identified waste that is not currently subject to any 40 CFR Part 268 restrictions.

I hereby certify that all information submitted on this and all associated documents is complete and accurate, to the best of my knowledge and information.

Signature: [Signature] Title: Inc. - 08/99 - form CHM-2006A Date:

SOLVENT AND CALIFORNIA LIST TREATMENT STANDARDS

The waste identified on the first page of this form is described by any of the following US EPA hazardous waste codes: 1, P001, P003, P006, P005, and all solvent constituents will not be monitored by the creater, and/or this hazardous waste subject to any prohibitions identified by California List restrictions (40 CFR 268.32 and/or RCRA Section 3004(a)). Each constituent MUST be identified below by checking the appropriate box, and this page must accompany the shipment, along with the previous page of this form. If the waste code P039 describes this waste, then the corresponding list of constituents must be attached. If P001-P043 require treatment to 268.48 standards, then the underlying hazardous constituent(s) must also be attached.

SOLVENT WASTE TREATMENT STANDARDS

P001 through P005 spent solvent constituents and their associated US EPA hazardous waste code(s).	Treatment Standard	P001 through P005 spent solvent constituents and their associated US EPA hazardous waste code(s).	Treatment Standard
	Wastewater / Nonwastewater		Wastewater / Nonwastewater

Spent solvent treatment standards are measured through a total waste analysis (TCA), unless otherwise noted. Wastewater standards are mg/l, nonwastewater are mg/kg.

CALIFORNIA LIST TREATMENT STANDARDS--40CFR 268.32, 40 CFR 268.42 and RCRA Section 3004(d)

Waste must first be designated as a US EPA hazardous waste before the waste can be subject to the California List restrictions.

Restricted waste description	Prohibition	Treatment Standard
Liquid or nonliquid wastes containing Halogenated Organic Compounds listed in 40 CFR 268, Appendix II	Liquid wastes: Greater than or equal to 1,000 mg/l Nonliquid wastes: Greater than or equal to 1,000 mg/kg	40 CFR 268.42(a)(2) - INCL or PSUBS
Liquid wastes containing Polyhalogenated Biphenyls (PCBs)	Greater than or equal to 50 ppm	40CFR 268.42(b)(1) - INCL or PSUBS Also see 40 CFR 261.60 and 70
Liquid wastes containing Metals	One or more of the following metals (or elements) at concentrations greater than or equal to the following: Nickel and/or compounds as Ni: 134mg/l Thallium and/or compounds as Th: 130mg/l	RCRA Section 3004(d)

Note: Hazardous wastes containing As, Cd, Cr, Hg, Pb, or Sn must be evaluated if not characteristically hazardous for that metal.

* - For the definition "liquid" refer to Method 9095, the Paint Filter Liquids Test from EPA manual SW-846

SUBCATEGORY REFERENCE

- 01:
Ignitable characteristic wastes, except for the 40 CFR 261.21(a)(1) High TOC subcategory, that are managed in non-CWA/non-CWA equivalent/non-Class I SDWA systems.
Ignitable characteristic wastes, except for the 40 CFR 261.21(a)(1) High TOC subcategory, that are managed in CWA/CWA-equivalent or Class I SDWA systems.
High TOC Ignitable characteristic liquids subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon.
- 02:
Corrosive characteristic wastes that are managed in non-CWA/non-CWA-equivalent/non-Class I SDWA systems.
Corrosive characteristic wastes that are managed in CWA, CWA-equivalent, or Class I SDWA systems.



Waste Management, Inc
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 (205)652-9721

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 13759

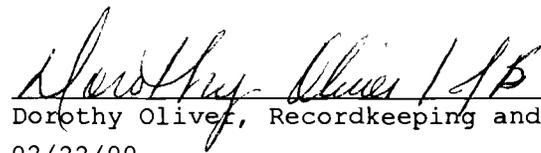
SOUTH DIV NAVFAC ENG CORP
 CARETAKER SITE OFFICE
 P O BOX 190010
 CHARLESTON, SC 29405

CERTIFICATE OF DISPOSAL

Waste Management, Inc. has received PCB material from:
 SOUTH DIV NAVFAC ENG CORP
 described on Alabama Hazardous Waste Manifest Number CWMA 0823469-1

Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.



 Dorothy Olive, Recordkeeping and Reporting Technician
 02/22/00

OSD	Unique ID	Profile	Disposed	Description
12/23/99	14	CP5066	02/14/00	PPE DEBRIS
12/23/99	15	CP5066	02/14/00	PPE DEBRIS



Waste Management, Inc
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 (205)652-9721

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 13759

SOUTH DIV NAVFAC ENG CORP
 CARETAKER SITE OFFICE
 P O BOX 190010
 CHARLESTON, SC 29405

CERTIFICATE OF DISPOSAL

Waste Management, Inc. has received PCB material from:
 SOUTH DIV NAVFAC ENG CORP
 described on Alabama Hazardous Waste Manifest Number CWMA 0823469-1

Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation {18 U.S.C. 1001 and 15 U.S.C. 2615}, I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.


 Dorothy Oliver Recordkeeping and Reporting Technician
 02/24/00

OSD	Unique ID	Profile	Disposed	Description
12/23/99	14	CP5066	02/14/00	PPE DEBRIS
12/23/99	15	CP5066	02/14/00	PPE DEBRIS



Waste Management, Inc
 Emelle Facility
 P.O. Box 55
 Emelle, Alabama 35459-0055
 (205)652-9721

Federal EPA ID Number: ALD000622464
 Manifest Document Number: 13759

SOUTH DIV NAVFAC ENG CORP
 CARETAKER SITE OFFICE
 P O BOX 190010
 CHARLESTON, SC 29405

CONFIRMATION OF DESTRUCTION

PCB Material received from SOUTH DIV NAVFAC ENG CORP
 and described on Alabama Hazardous Waste Manifest 0823469-2 was transhipped to
 a CWM approved facility for disposal. Waste Management, Inc. received
 confirmation that the PCB material was disposed of on the dates shown below, in
 compliance with State and Federal Regulations.



 Dorothy Oliver, Recordkeeping and Reporting Technician
 07/27/2000

OSD	Unique ID	Profile	----- Disposal Dates -----			Completed
			Solids	Liquids	Carcass	
12/23/1999	16	CP5065		04/04/2000	02/17/2000	YES
12/23/1999	17	CP5065		04/04/2000	02/17/2000	YES
12/23/1999	18	CP5065		04/04/2000	02/17/2000	YES

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC017002256		Manifest Document No 913778		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address CARETAKER OFFICE SOUTH DIVNAV FACEN GCOM N. CHARLESTON, SC 29419-9010 843 743-9985 Ext: 33 NIELSON						A. State Manifest Document Number				
4. Generator's Phone ()						B. State Generator's ID				
5. Transporter 1 Company Name TCI INC.				6. US EPA ID Number NYD98689912		C. State Transporter's ID				
7. Transporter 2 Company Name						D. Transporter's Phone 518-828-9997				
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-0765						E. State Transporter's ID				
10. US EPA ID Number ALD983167891						F. Transporter's Phone				
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. RO POLYCHLORINATED BIPHENYLS, SOLID, 9 UN2315, PGIII						No.	Type			
							DF			
						001	AA	00.156	106	
b.										
c.										
d.										
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above				
a. DRUM OF PCB LIGHT BALLASTS >499 PPM PCBs						a. D80				
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON Emergency Response Guide #171 Contract # SP440099D0009 24H EMERGENCY CONTACT: GREG MASSARO										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name Lillie D. Frierson					Signature <i>Lillie D. Frierson</i>			Month Day Year 105123100		
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name ROBERT WRIGHT					Signature <i>Robert Wright</i>			Month Day Year 105123100		
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 STANLEY HEAD					Signature <i>Stanley Head</i>			Month Day Year 105124100		



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC017002256		Manifest Document No 913778		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address CARETAKER OFFICE SOUTH DIVNAV FACENGGOM N. CHARLESTON, SC 29419-9010 843 743-9985 Ext: 33 NIELSON						A. State Manifest Document Number					
4. Generator's Phone ()						B. State Generator's ID					
5. Transporter 1 Company Name TCI INC.				6. US EPA ID Number NYD986899912		C. State Transporter's ID		D. Transporter's Phone 518 828 9997			
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 TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-0765						10. US EPA ID Number ALD983167891		G. State Facility's ID			
						H. Facility's Phone 205 338-9997					
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
	a. RO POLYCHLORINATED BIPHENYLS, SOLID, 9 UN2315, PGIII						No. Type				
16. Additional Descriptions for Materials Listed Above a. DRUM OF PCB LIGHT BALLASTS >499 PPM PCBS						K. Handling Codes for Wastes Listed Above a.					
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON Emergency Response Guide #171 Contract # SP440099D0009 24H EMERGENCY CONTACT: GREG MASSARO D.O. # 271 @ 800 626-9997											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford											
Printed/Typed Name Lillie D. Frierson						Signature <i>Lillie D. Frierson</i>		Month Day Year 10 5 13 10			
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>Robert Wright</i>		Month Day Year 10 5 13 10		
	Printed/Typed Name ROBERT WRIGHT						Signature		Month Day Year		
	18. Transporter 2 Acknowledgement of Receipt of Materials						Signature		Month Day Year		
FACILITY	19. Discrepancy Indication Space										
TY	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19										
	Printed/Typed Name						Signature		Month Day Year		



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No [Faint text]	Manifest Document No. [Faint text]	2. Page 1 of [Faint text]	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address [Faint text]				A. State Manifest Document Number		
4. Generator's Phone ()				B. State Generator's ID		
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone		
9. Designated Facility Name and Site Address [Faint text]		10. US EPA ID Number		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone		
				295 338-9997		
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
			No.	Type		
	a.	[Faint text]				
	b.					
	c.					
	J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
	a. DRUM OF PCB LIGHT BALLASTS 1499 PPM PCBs					
15. Special Handling Instructions and Additional Information [Faint text]						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name			Signature		Month Day Year	
[Faint text]			[Faint text]		5 23 97	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials					
	Printed/Typed Name			Signature		Month Day Year
	[Faint text]			[Faint text]		[Faint text]
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name			Signature		Month Day Year	
[Faint text]			[Faint text]		[Faint text]	
19. Discrepancy Indication Space						
[Faint text]						
FACILITY	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19					
	Printed/Typed Name			Signature		Month Day Year
[Faint text]			[Faint text]		[Faint text]	



Director: SOUTHDIVNATPA 09/08

11/19/00 11:50:00 AM

Line	Gen Ref	Serial
Y	Nbr	Nbr						

1	020	40095HR01						
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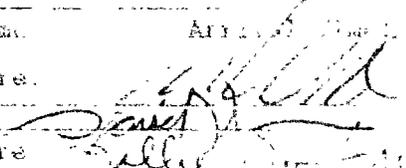
Code: 01DCBS ICI Code: PRS-8 ... 499 DYN 0181

Appointment Time

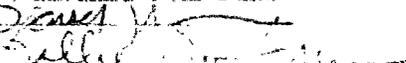
Appoint Date

Expiry Date

Driver Signature



Inspector Signature



1/19/00
5/23/00
5/23/00

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1 CONTRACT ID CODE	PAGE 1 OF PAGE 2
2. MODIFICATION NO P 03	3 EFFECTIVE DATE SEE BLOCK 16C	4. REQUISITION/PURCHASE REQ. NO CONSOLIDATION	5 PROJECT NO. (if applicable)
6. ISSUED BY DEF REUT & MKT SVC/DRMS FEDERAL CENTER 74 N WASHINGTON AVE BATTLE CREEK MI 49017-3092	CODE SP4400	7 ADMINISTERED BY (If other than Item 6) CODE	
8 NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) TRANS-CYCLE INDUSTRIES INC 101 PARKWAY EAST P.O. BOX 765 PELL CITY AL 35125		(X) 9A. AMENDMENT OF SOLICITATION NO	9B. DATED (SEE ITEM 11)
CODE 0UC01	FACILITY CODE	10A. MODIFICATION OF CONTRACT/ORDER NO. SP440099D0009-0271	10B DATED (SEE ITEM 13) 00 MAY 03

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing items 8 and 16, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12 Accounting and Appropriation Data (If required)
01 97X4930 5NR0 001 P900 25 933181 \$114.38

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(X)	A THIS CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM. PURSUANT TO THE AUTHORITY OF FAR 43 103(b)
	C THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF .
	D OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office

14 DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible)
DOCUMENT 01296202 HAS BEEN ADDED FOR AN AMOUNT OF \$89.18

POC FOR THE FOLLOWING LINE ITEM IS DAVID ISENBARGER OF DRMO JACKSON:

CLIN 20: HIN = 701400, Quantity = 343, Unit Price = 0.26, DTID = N645040095HH01, Description = N001910051, , , NONE, , BALLAST (PCB>499<5000 PPM) , 1 EA 55GL DRUM, , ASD=5/5/00, , Z#, CSO21P026, PICKUP ADDR(N64504) SPVR SHIPBLDG CONV REPAIR PRTSMTH VA ENVIR DET CHAS 1899 N HOBSON AVE BLDG 30 N CHARLESTON SC 29408-2160, APPROPRIATION REF 01 TOT \$89.18

Except as provided herein all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A NAME AND TITLE OF SIGNER (Type or print)	15A. NAME AND TITLE OF SIGNER (Type or print) WALTER PAYNE III ORDERING OFFICER
15B CONTRACTOR/OFFEROR	15C. DATE SIGNED
(Signature of person authorized to sign)	15B. UNITED STATES OF AMERICA BY <i>Walter Payne III</i> (Signature of Contracting Officer)
	16C DATE SIGNED 5/8/00

continuation sheet	REFERENCE NO. DOCUMENT BEING CONTINUED	page of pages
	SP440099D0009-0271	2 2

NAME OF OFFICER OR CONTRACTOR	TRANS-CYCLE INDUSTRIES INC	P00003
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ITEM NO.	SUPPLIES/SERVIC	QUANTITY	UNIT	UNIT PRIC	AMOUNT
----------	-----------------	----------	------	-----------	--------

CLIN	DOCUMENT NOUN	NSN/MFG-PART-NUM	ACC		
	EPA WASTE CODE _____	UD QTY PICKED UP <u>343</u>	UO UNIT OF ISSUE <u>LBS</u>		
	PICK UP MANIFEST <u>13778</u>	LINE CODE <u>11-A</u>	PICKUP DATE <u>5/23/00</u>		
DOCUMENT 01296265 HAS BEEN ADDED FOR AN AMOUNT OF \$25.20					
POC FOR THE FOLLOWING LINE ITEM IS RICH FRYER OF DRMO KEESSLER:					
CLIN 19: HIN = 702900, Quantity = 140, Unit Price = 0.18, DTID = W81EWF0096X504, Description = W81EWF0523, , , , PCB1, , RQ POLYCHLORINATED BIPHENYLS, 9, UN2315, II, SEDIMENT C/W PCB'S, OUT OF SERVICE DATE 04/06/00 , 3/5 GL DF, , ASD=04/06/2000, , 2#, VCKSBGRNR, PICKUP ADDR(W81EWF) USA CORPS OF ENGINEERS WATERWAYS EXPERIMENT STATION 3909 HALLS FERRY RD VICKSBURG MS 39181-6199, APPROPRIATION REF 01 TOT \$25.20					
	EPA WASTE CODE _____	UD QTY PICKED UP _____	UO UNIT OF ISSUE _____		
	PICK UP MANIFEST _____	LINE CODE _____	PICKUP DATE _____		
	AUTH TRANSPORTER NAME <u>TCI INC</u>	<u>104D986899917</u>	AUTH TRANSPORTER EPA # _____		
	AUTH TSDF NAME <u>Trans-Cycle Industries Inc</u>	<u>ALDF83167811</u>	AUTH TSDF EPA # _____		
	TRANSPORTER SIGNATURE <u>[Signature]</u>		CONTRACTOR SIGNATURE <u>[Signature]</u>		
	AUTH COR SIGNATURE <u>[Signature]</u>				
TOTAL DOLLAR AMOUNT OF PIIN SP440099D0009-0271 HAS INCREASED BY \$114.38 FROM \$2430.38 TO \$2544.76					

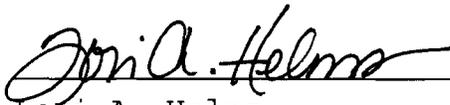
Issued By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-0765
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc: 13778
 TCI Load # 201069
 of: 05/23/00

Generator: SOUTHDIVNAVFACENCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE (843) 743-9985

Service Center:
 DRMO FORT JACKSON
 Contract # SP440099D0009
 Delivery # 271

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follow:

Qty	Item Description	Disposal Method	Completed
1	DM of PCB LIGHT BALLAST	PCB CHEMICAL WASTE LANDFILL Shipped on Manifest #20208, 06/14/00 To CHEMICAL WASTE MANAGEMENT	06/14/00
	Certification:	 Lori A. Helms Database Coordinator	07/17/00 Date

RECEIVED JUN 19 2000

208208



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

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

20203

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. 01010203040506070809101112		Manifest Document No. 010203040506070809101112		2. Page 1 of		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. 101 PARKWAY EAST P.O. BOX 765 Contact: GREG PELL CITY, AL 35125-0765 4. Generator's Phone (306) 626-9997 Ext. 0						A. State Manifest Document Number CWMA 896575		B. State Generator's ID					
5. Transporter 1 Company Name BOBBIE D. WOOD				6. US EPA ID Number 111203040506070809101112		C. State Transporter's ID		D. Transporter's Phone 40067					
7. Transporter 2 Company Name				8. US EPA ID Number		E. State Transporter's ID 205 744 8440		F. Transporter's Phone					
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459						10. US EPA ID Number A L D 0 0 0 6 2 2 4 6 4		G. State Facility's ID		H. Facility's Phone 205/652-9721			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vo		I. Waste No.	
a. RO. POLYCHLORINATED BIPHENYLS, SOLID, 9 UN2315, PGIII Disposal Approval # 053101-0001 CWM Profile # AN6833						1 | 2 | D | T		1 | 9 | 9 | 5 | 3		K			
b. Disposal Approval # _____ CWM Profile # _____													
c. Disposal Approval # _____ CWM Profile # _____													
d. Disposal Approval # _____ CWM Profile # _____													
J. Additional Descriptions for Materials Listed Above a. BULK TRAILER OF PCB SOLIDS >49 PPM PCBs TRAILER # 204D State of Generation ALABAMA Removed from service: 01/19/00						K. Handling Codes for Wastes Listed Above a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/>							
15. Special Handling Instructions and Additional Information Purchase Order # <u>Verbal - Mr. Massaro</u> ERG # 171 Work Order # <u>55110</u> EMERGENCY CONTACT: <u>1-800-626-9997</u>													
16. GENERATOR'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 I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name <u>Tracy Helms</u>				Signature <u>[Signature]</u>				Month Day Year <u>10/6/00</u>					
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name <u>John Cobb</u>				Signature <u>[Signature]</u>				Month Day Year <u>10/11/00</u>					
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 <u>Anna Cooke</u>				Signature <u>[Signature]</u>				Month Day Year <u>10/19/00</u>					



RECEIVED JUN 1 9 2000

Waste Management, Inc
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459-0055
(205)652-9721

Federal EPA ID Number: ALD000622464
Manifest Document Number: 20208

TRANS-CYCLE INDUSTRIES, I
101 PARKWAY EAST
P. O. BOX 765
PELL CITY, AL 35125-0765

CERTIFICATE OF DISPOSAL

Waste Management, Inc. has received PCB material from:
TRANS-CYCLE INDUSTRIES, I
described on Alabama Hazardous Waste Manifest Number CWMA 0896575-1

Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver /HK
Dorothy Oliver, Recordkeeping and Reporting Technician
06/15/2000

OSD	Unigue ID	Profile	Disposed	Description
01/19/2000	0896575-01	AN6834	06/14/2000	PCB SOLIDS

Disposal Detail #201069

Page 1 of 1

Issued By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

Shipped: 05/23/00
Manifest Doc: 13778
Received: 05/24/00
Disposed: 06/14/00

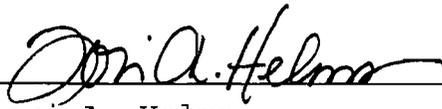
Generator: SOUTHDIVNAVFACENCOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 271

We hereby certify that the following PCB items were disposed of
in accordance with 40 CFR 761 as of the date(s) shown below:

Item Number	Carcass or Container	Item Type	Method Disp	Comp Method	Disp	Facility	EPA ID #
40095HH01		7014EB	CWL	06/14/00			

CWL = PCB CHEMICAL WASTE LANDFILL


Lori A. Helms
Database Coordinator

07/17/00
Date

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC017002256013779	Manifest Document No 13779	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address SOUTH DIV NA VEACENG COM CARETAKER OFFICE N. CHARLESTON, SC 29419-010 P.O. BOX 190010 CNT. RICK NIELSON				A. State Manifest Document Number			
4. Generator's Phone (843) 743-9985 EXT: 33				B. State Generator's ID			
5. Transporter 1 Company Name TCI, INC.		6. US EPA ID Number NYD986899912		C. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 518-828-9997			
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. PO. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-0765				10. US EPA ID Number ALD983167991			
				E. State Transporter's ID			
				F. Transporter's Phone (510) 829-9997			
				G. State Facility's ID			
				H. Facility's Phone (205) 338-9997			
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
	a.	RM POLYCHLORINATED BIPHENYLS; SOLID, 9, UN2315, PG III		001	DM	94K	
	b.						
	c.						
	d.						
Additional Descriptions for Materials Listed Above a. DRUM OF PCB LIGHT BALLASTS >499 PPM PCBs				K. Handling Codes for Wastes Listed Above D 80			
15. Special Handling Instructions and Additional Information SERVICE CENTER: DRMO FORT JACKSON SC EMERGENCY RESPONSE GUIDE #171 CONTRACT # SP440099D0009 D.O. 271 24 HR EMERGENCY CONTACT: GREG MASSARO 800-626-9997							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name Lillie D. Frierson				Signature <i>Lillie D. Frierson</i>		Month Day Year 10/6/14 100	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials						
	Printed/Typed Name Adam St. John		Signature <i>Adam St. John</i>		Month Day Year 10/6/14 100		
	18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year			
FACILITY OWNER	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 STANLEY HEAD				Signature <i>Stanley Head</i>		Month Day Year 10/6/16 100	



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No 8001-202-570-137	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address WASTE SERVICES INC 1000 W 10TH ST DENVER CO 80202				A. State Manifest Document Number		
4. Generator's Phone (915) 231-1111				B. State Generator's ID		
5. Transporter 1 Company Name WASTE SERVICES INC		6. US EPA ID Number WAD7-216-1112		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone		
9. Designated Facility Name and Site Address WASTE SERVICES INC 1000 W 10TH ST DENVER CO 80202		10. US EPA ID Number WAD7-216-1112		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone		
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
	a. <input type="checkbox"/> HM SOLIDIFIED PCB WASTE PCB WASTE		001	100		
	b.					
	c.					
	d.					
J. Additional Descriptions for Materials Listed Above 4. DRUM OF PCB LIGHT BALLASTS >499 PPT PCB				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information WASTE SERVICES INC 1000 W 10TH ST DENVER CO 80202 302-216-1111						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford						
Printed/Typed Name WASTE SERVICES INC			Signature [Signature]		Month Day Year 06/17/01	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials					
	Printed/Typed Name WASTE SERVICES INC			Signature [Signature]		Month Day Year 06/17/01
	18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name			Signature		Month Day Year	
FACILITY	19. Discrepancy Indication Space					
	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name			Signature		Month Day Year	



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No SC017.002256013779		Manifest Document No 3779		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
		3. Generator's Name and Mailing Address SOUTH DIV NA VANCE NG COM N. CHARLESTON, SC 29419-010		CARETAKER OFFICE P.O. BOX 190010 CNT. RICK NIELSON		A. State Manifest Document Number		B. State Generator's ID	
4. Generator's Phone (843) 743-9985 EXT: 33		5. Transporter 1 Company Name TCL, INC.		6. US EPA ID Number NYD986899912		C. State Transporter's ID		D. Transporter's Phone	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone (510) 829-9997		G. State Facility's ID	
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. PO. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-0765		10. US EPA ID Number ALD983167991		H. Facility's Phone (205) 338-9997					
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. RQ, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PG III		001 DM		94 K					
b.									
c.									
d.									
Additional Descriptions for Materials Listed Above 4. DRUM OF PCB LIGHT BALLASTS >499 PPM PCBs								K. Handling Codes for Wastes Listed Above	
15. Special Handling Instructions and Additional Information SERVICE CENTER: DRMO FORT JACKSON SC EMERGENCY RESPONSE GUIDE #171 CONTRACT #SP440099D0009 D.O. 271 24 HR EMERGENCY CONTACT: GREG MASSARO 800-626-9997									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name Lillie D. Frierson		Signature <i>Lillie D. Frierson</i>		Month Day Year 06/14/00					
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Adam St. John		Signature <i>Adam St. John</i>		Month Day Year 06/14/00			
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		Signature		Month Day Year					

continuation sheet

REFERENCE NO. DOCUMENT BEING CONTINUED
SP440099D0009-0271

page of pages
8 8

NAME OF OFFICER OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES/SERVICE	QUANTITY	UNIT	UNIT PRICE	AMOUNT
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CITN	PICKUP ADDR <W33M8Q> SR CONSOL PROP OFC CRP WHSE 2314 FORT GORDON GA 30905-5320				
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EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____

PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____

0027	01586273 BALLAST (PCB) N645040145HH01 01 701400 BALLAST (PCB) 499<5000PPM) WP# N00191-0068 Z# C8023P026. (1) 30 GAL OP. ASD: 6/5/00. N.R.	206	LB	90.26000	\$53.56
------	--	-----	----	----------	---------

PICKUP ADDR <N64504> SPVR SHIPBLDG CONV REPAIR
PRISMTH VA ENVIR DET CHAS
1899 N HOBSON AVE BLDG 30
N CHARLESTON SC 29408-2160

EPA WASTE CODE _____ UD QTY PICKED UP 206 UO UNIT OF ISSUE LBS.

PICK UP MANIFEST B779 LINE CODE 11-A PICKUP DATE 6/14/00

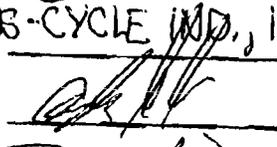
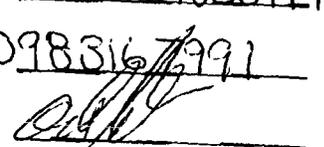
CORs DAVID ISENBARGER & RUSSELL MULLINS
COR P026
DRMOs JACKSON & GORDON

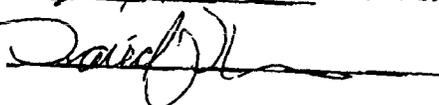
PROMPT PAYMENT (MAR 1994) FAR 52.232-25

TCI INC. 

AUTH TRANSPORTER NAME _____ AUTH TRANSPORTER EPA # NY0986899912

AUTH TSDF NAME TRANS-CYCLE IND., INC. AUTH TSDF EPA # AL0983167991

TRANSPORTER SIGNATURE  CONTRACTOR SIGNATURE 

AUTH COR SIGNATURE 

Issued By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-0765
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc: 13779
 TCI Load # 201325
 of: 06/14/00

Generator: SOUTHDIVNAVFACENGCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 N. CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE (843) 743-9985

Service Center:
 DRMO FORT JACKSON
 Contract # SP440099D0009
 Delivery # 271

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follows:

Qty	Item Description	Disposal Method	Completed
1	DM of PCB LIGHT BALLAST	PCB CHEMICAL WASTE LANDFILL Shipped on Manifest #20225, 06/30/00 To CHEMICAL WASTE MANAGEMENT	07/03/00
Certification:		 Lori A. Helms Database Coordinator	09/10/00 Date

RECEIVED JUL 1 2 2000

208225



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

2 0 2 2 5

8 1/2" print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. A L D 9 8 3 1 6 7 8 9 1 2 0 2 2 5		Manifest Document No. 20225		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 PELL CITY, AL 35125-0765				101 PARKWAY EAST Contact: GREG MASSARO		A. State Manifest Document Number CWMA 896586		B. State Generator's ID 0			
4. Generator's Phone (800) 626-9997 Ext: 0				5. Transporter 1 Company Name ROBBIE D. WOOD		6. US EPA ID Number A L D 0 6 7 1 3 8 8 9 1		C. State Transporter's ID 40067			
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 205 744-8440		E. State Transporter's ID			
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459				10. US EPA ID Number A L D 0 0 0 6 2 2 4 6 4		F. Transporter's Phone		G. State Facility's ID			
						H. Facility's Phone 205/652-9721					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vo	I. Waste No.
a. RO. POLYCHLORINATED BIPHENYLS, SOLID, 9 UN2315, PGIII Disposal Approval # 053101-D001 CWM Profile # AN6834						No. Type		16956		K	1-8909K
b.											
Disposal Approval # _____ CWM Profile # _____											
c.											
Disposal Approval # _____ CWM Profile # _____											
d.											
Disposal Approval # _____ CWM Profile # _____											
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above					
a. BULK TRAILER OF PCB SOLIDS >49 PPM PCBs TRAILER # 204D State of Generation ALABAMA Removed from service: 11/22/99						a.					
15. Special Handling Instructions and Additional Information						b. _____					
Purchase Order # Verbal - Mr Massaro						ERG #171					
Work Order # 558881						EMERGENCY CONTACT: Greg T. Massaro 1800 626-9997					
16. GENERATOR'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 I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name LOKI A. HELMS				Signature 				Month Day Year 11/23/00			
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name Bryan W. Yates				Signature 				Month Day Year 11/23/00			
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space Total of consignment per Loki Helms 7/5/00											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.											
Printed/Typed Name Anna Kelly				Signature 				Month Day Year 7/5/00			

GENERATOR

TRANSPORTER

FACILITY



RECEIVED JUL 1 2 2000

Waste Management, Inc
Emelle Facility
P.O. Box 55
Emelle, Alabama 35459-0055
(205)652-9721

Federal EPA ID Number: ALD000622464
Manifest Document Number: 20225

TRANS-CYCLE INDUSTRIES, I
101 PARKWAY EAST
P. O. BOX 765
PELL CITY, AL 35125-0765

CERTIFICATE OF DISPOSAL

Waste Management, Inc. has received PCB material from:
TRANS-CYCLE INDUSTRIES, I
described on Alabama Hazardous Waste Manifest Number CWMA 0896586-1

Waste Management, Inc. hereby certifies that the above described material (excluding PCB liquids, if applicable) was landfilled on the dates shown below, in compliance with State and Federal Regulations.

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representation {18 U.S.C. 1001 and 15 U.S.C. 2615}, I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate and complete.

Dorothy Oliver

Dorothy Oliver, Recordkeeping and Reporting Technician
07/05/2000

OSD	Unique ID	Profile	Disposed	Description
11/22/1999	0896586-01	AN6834	07/03/2000	PCB SOLIDS

Disposal Detail #201325

Issued By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

Shipped: 06/14/00
Manifest Doc: 13779
Received: 06/16/00
Disposed: 07/03/00

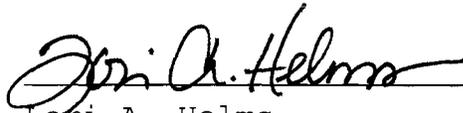
Generator: SOUTHDIVNAVFACENGCOM
CARETAKER OFFICE
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 271

We hereby certify that the following PCB items were disposed of in accordance with 40 CFR 761 as of the date(s) shown below:

Item Number	Carcass or Container	Item Type	Method Disp	Comp Method Disp	Facility	EPA ID #
40145HH01		7014EB	CWL	07/03/00		

CWL = PCB CHEMICAL WASTE LANDFILL



Lori A. Helms
Database Coordinator

09/10/00

Date

007

UNIFORM HAZARDOUS WASTE MANIFEST	1 Generator's US EPA ID No	Manifest Document No	2 Page 1 of 1	Information in the shaded areas is not required by Federal law.
	SC01700225601	113801		

3. Generator's Name and Mailing Address SOUTH DIVNAV FACEN GCOM NORTH CHARLESTON, SC 29419-9010		CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK NIELSON	A. State Manifest Document Number
4. Generator's Phone (843) 743-9985			B. State Generator's ID
5. Transporter 1 Company Name TCI INC.	6. US EPA ID Number NYD986899912		C. State Transporter's ID
7. Transporter 2 Company Name	8. US EPA ID Number		D. Transporter's Phone 518 828-9997
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-0765		10. US EPA ID Number ALD983167891	E. State Transporter's ID
			F. Transporter's Phone
			G. State Facility's ID
			H. Facility's Phone 205 338-9997

GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
		No.	Type			
a.	RO, POLYCHLORINATED BIPHENYLS, LIQUID, 9 UN2315, PGIII	0.02	T.P.O.	4.045	KG	
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above a. PCB CONTAMINATED FLUID IN ELECTRICAL EQUIPMENT	K. Handling Codes for Wastes Listed Above a. Carcass/Fluid X02/T29
--	---

15. Special Handling Instructions and Additional Information
Service Center: DROM FORT JACKSON
EMERGENCY RESPONSE GUIDE #171 Contract # SP440099D0009
24H EMERGENCY CONTACT: GREG MASSARO @ 800 626-9997 D.O. # 425

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name RICHARD G NIELSON	Signature <i>Richard G. Nielson</i>	Month Day Year 10/25/01
---	--	----------------------------

17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name Adam Sy-fok	Signature <i>Adam Sy-fok</i>	Month Day Year 10/25/01

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 STANLEY HEAD	Signature <i>Stanley Head</i>	Month Day Year 10/30/01

Used By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-0765
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc: 13801
 TCI Load # 210598
 of: 04/25/01

Generator: SOUTHDIVNAVFACENCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 NORTH CHARLESTON, SC 29419-9010
 RICK NIELSON
 PHONE (843) 743-9985

Service Center:
 DRMO FORT JACKSON
 Contract # SP440099D0009
 Delivery # 425

In accordance with our agreement to provide PCB disposal services, we hereby certify the completion of all items picked up on the above listed manifest. A summary of the disposition is as follow:

Qty	Item Description	Disposal Method	Completed
2	TP's of PCB-CONT ELECTRICAL EQUIPMENT	METALS CLEANING AND RECYCLING	06/11/01
	FLUID FROM ABOVE	PCB INCINERATION Shipped on Manifest #21130, 05/17/01 To CHEMICAL WASTE MANAGEMENT, INC	06/01/01
Certification:			09/13/01
	Lori A. Helms Database Coordinator		Date

RECEIVED MAY 29 2001



218130

21130

Form approved. OMB No. 2050-0039.

556471

trk 162
trk 1743

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ALD983167891	Manifest Document No. 21130	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 PELL CITY, AL 35125-0765		101 PARKWAY EAST Contact: GREG MASSARO Ext: 0		<div style="background-color: black; color: white; padding: 5px;"> 051170727 051170727 051170727 </div>		
4. Generator's Phone (800) 626-9997		6. US EPA ID Number ALD067138891				
5. Transporter 1 Company Name ROBBIE D. WOOD, INC.		7. Transporter 2 Company Name				
8. US EPA ID Number		9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC 3.5 MILES WEST OF TAYLOR BAYOU HWY. 73 PORT ARTHUR, TX 77640-				
10. US EPA ID Number TXD000838896		9. Designated Facility Name and Site Address				
11A. HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	
	RO, POLYCHLORINATED BIPHENYLS, LIQUID, 9 UN2315, PGIII	1	T T	1.8955	K	
	b.					
	c.					
2001 MAY 18 14:11						
15. Special Handling Instructions and Additional Information Emergency Response Guide #171 24 HOURS EMERGENCY CONTACT: Greg T. Massaro Phone: 800 626-9997						
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, packaged, marked, and labelled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name LORI A. HELMS		Signature <i>Lori A. Helms</i>		Month Day Year 05/17/01		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Dedrick Boatwright</i>		Date 05/17/01		
Printed/Typed Name Dedrick Boatwright		Signature <i>Dedrick Boatwright</i>		Date 05/17/01		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Martha Williams		Signature <i>Martha Williams</i>		Date 05/18/01		

35307

~~JOY~~ ENVIRONMENTAL SERVICES, L.L.C.

RECEIVED JUN 14 2001

Federal EPA ID: TXD000838896
State EPA ID: 50212-001
Highway 73
Port Arthur, TX 77643
(409) 736-2821

TRANS CYCLE INDUSTRIES INC
ATTN: MANIFEST SECTION
ALD983167891
101 PARKWAY SOUTH
PELL CITY, AL 35125-0765

CERTIFICATE OF DESTRUCTION

Onyx Environmental Services, L.L.C. has received waste material from TRANS CYCLE INDUSTRIES INC on 5/18/01 as described on [State Manifest or Uniform] Hazardous Waste Manifest number 0002170727. Chemical Waste Management, Inc., hereby certifies that the above described material was incinerated, and thereby destroyed, in accordance with the 40 CFR, part 761, as it pertains to the incineration of Poly-Chlorinated Biphenyl contaminated materials.

Sequence 1

Profile Number: CM3693
Onyx Tracking ID: 556471

<u>Process</u>	<u>CWM Unit ID</u>	<u>Treatment Date</u>	<u>Generator #</u>
INCINERATION	1	6/1/01	N/A

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.

Melvin Stalworth

Disposal Detail #210598

Issued By: TRANS-CYCLE INDUSTRIES INC.
101 PARKWAY EAST
P.O. BOX 765
PELL CITY, AL 35125-0765
PHONE (205) 338-9997
FAX (205) 338-9979

Shipped: 04/25/01
Manifest Doc: 13801
Received: 04/30/01
Disposed: 06/11/01

Generator: SOUTHDIVNAVFACENGCOM
CARETAKER OFFICE
P.O. BOX 190010
NORTH CHARLESTON, SC 29419-9010
PHONE (843) 743-9985

Service Center:
DRMO FORT JACKSON
Contract # SP440099D0009
Delivery # 425

We hereby certify that the following PCB items were disposed of
in accordance with 40 CFR 761 as of the date(s) shown below:

Carcass or Container		Method Disp		Comp Method Disp		Contents	
Item Number	Item Type	Method	Disp	Comp Method	Disp	Facility	EPA ID #
F963601	7010E	MCR	06/11/01	OIL INC	06/01/01	CWMTEX	TXD000838896
F963606	7010E	MCR	06/11/01	OIL INC	06/01/01	CWMTEX	TXD000838896

MCR = METALS CLEANING AND RECYCLING INC = PCB INCINERATION



Lori A. Helms
Database Coordinator

09/13/01

Date

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No 000000000000000000		Manifest Document No.	2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
		3. Generator's Name and Mailing Address CABERK WASTE TREATMENT 1000 W. 100th St Mankato, MN 56001				A. State Manifest Document Number			
4. Generator's Phone () 507-435-1111				B. State Generator's ID					
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone 518 828-0897			
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		10. US EPA ID Number		G. State Facility's ID		H. Facility's Phone 507 338-0397			
11 US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
		No.		Type					
		a.		7					
		b.							
		c.							
d.									
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above			
a. PCB CONTAMINATED FLUID IN ELECTRICAL EQUIPMENT						a.			
15. Special Handling Instructions and Additional Information									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations									
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford									
Printed/Typed Name				Signature				Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name				Signature				Month Day Year	



ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

JMK

Form approved
CMB No. 0704-0187
Expires Dec 31, 1993

PAGE 1 of
4

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA, 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project(0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

CONTRACT/PURCH ORDER NO. SP440099D0009		2. DELIVERY ORDER NO. 0425		3. DATE OF ORDER (YYMMDD) 01 APR 05		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY		
ISSUED BY DEF REUT & MKT SVC/DRMS FEDERAL CENTER 74 N WASHINGTON AVE BATTLE CREEK MI 49017-3092				7. ADMINISTERED BY (if other than 6)		CODE		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if Other)		
CONTRACTOR TRANS-CYCLE INDUSTRIES INC 101 PARKWAY EAST P.O. BOX 765 PELL CITY AL 35125		CODE OUC01		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 01 MAY 17		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
NAME AND ADDRESS		12. DISCOUNT TERMS		13. MAIL INVOICES TO SEE BLOCK 15						
9. SHIP TO SP440099D0009-0425 SEE SCHEDULE				15. PAYMENT WILL BE MADE BY DEFENSE FINANCE & ACCOUNTING ATTN DFAS-CO/TLCO P O BOX 369016 COLUMBUS OH 43236-9016				16. CODE HQ0131		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

DELIVER	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
PURCHASE	<input type="checkbox"/>	Reference your _____ furnish the following on terms specified herein.
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.		

<input type="checkbox"/>	NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYMMDD)
<input type="checkbox"/>	If this box is marked, supplier must sign Acceptance and return the following number of copies:			

7. ACCTING AND APPROPRIATION DATA/LOCAL USE	01 97X4930 5NR0 001 P900 25 S33181	\$3,072.85
---	------------------------------------	------------

ITEM NO.	19 SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	DOCUMENT NOUN DTID ACC 10956355 01022, , , , W37U1D10740057 01 700700. 01022, , , , NONE, , TRANSFORMER LIQUID , (2) 1EA 30 GAL 1EA 55 GAL., , ASD=3/26/01, , 3# MCENTJ094 , PICKUP ADDR <W37U1D> SREUSPFO FOR SC SRA 9 NATIONAL GUARD RD BLDG 1 COLUMBIA SC 29201-4763	765	LB	\$0.49000	\$374.85

* If quantity accepted by the government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle	24. UNITED STATES OF AMERICA <i>Walter Payne III</i> BY: WALTER PAYNE	25. TOTAL \$3,072.85
29. DIFFERENCES		

30. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27. SHIP. NO.	28. D.O. VOUCHER NO.	30. INITIALS
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT OFFICIAL _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR
5. 1 carrier's account is correct and proper for payment.		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34. CHECK NUMBER
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				35. BILL OF LADING NO.
6. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER
				42. S/R VOUCHER NO.

Continuation sheet

REFERENCE NO. DOCUMENT BEING CONTINUED
SP440099D0009-0425

page of pages
2 4

NAME OF OFFICER OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM QIN	SUPPLIES/SERVICES DOCUMENT NOUN	DTID	ACC	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	EPA WASTE CODE _____	UD QTY PICKED UP _____				UO UNIT OF ISSUE _____	
	PICK UP MANIFEST _____	LINE CODE _____				PICKUP DATE _____	
0002 101200	10956360 GM900126, , , FB64011085H001 703300 GM900126, , , NONE, , TRANSFORMER CONTAINING OIL/WATER MUXTURE < 50 PPM OF PCB'S , (1) EA, , ASD=3/16/01, , 3# MCENTP034 , PICKUP ADDR <FB6401> SCANG MCENTIRE ANGB - LGSC 1325 S CAROLINA RD - SUITE 4 EASTOVER SC 29044	01		400	LB	\$0.32000	\$128.00
	EPA WASTE CODE _____	UD QTY PICKED UP _____				UO UNIT OF ISSUE _____	
	PICK UP MANIFEST _____	LINE CODE _____				PICKUP DATE _____	
0003 101200	10956363 GM900072, , , FB64011085H002 703300 GM900072, , , NONE, , TRANSFORMER CONTAINING OIL/WATER MIXTURE CONTAINS< 50 PPM OF PCB'S. SN 830244-1 , (1) EA., , ASD=3/16/01, , 3# MCENTP034 , PICKUP ADDR <FB6401>	01		1800	LB	\$0.32000	\$576.00
	EPA WASTE CODE _____	UD QTY PICKED UP _____				UO UNIT OF ISSUE _____	
	PICK UP MANIFEST _____	LINE CODE _____				PICKUP DATE _____	
0004	10956365 N001911018, , N624671065HH02 701000 N001911018, , , NONE, , TRANSFORMER SCE&G #F963601 BLDG 13 50-499 PPM. , (1) EA., , ASD=4/4/01, , Z# CNSYP034X , PICKUP ADDR <N62467> SOUTHERN DIVISION NAV FAC ENGINEERING COMMAND PO BOX 190010 2155 EAGLE DR CHARLESTON SC 29419-9010	01		3800	LB	\$0.20000	\$760.00
	EPA WASTE CODE _____	UD QTY PICKED UP <u>3800</u>				UO UNIT OF ISSUE <u>lbs</u>	
	PICK UP MANIFEST <u>1380/</u>	LINE CODE <u>11a</u>				PICKUP DATE <u>4/26/01</u>	
0005	10956367 N001911017, , N624671065HH01 701000 N001911017, , , NONE, , TRANSFORMER SCE&G #F963606 BLDG 13 , (1) EA., , ASD=3/28/01, , Z# CNSYP034X ,	01		5100	LB	\$0.20000	\$1,020.00

Continuation sheet

REFERENCE NO. DOCUMENT BEING CONTINUED
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NAME OF OFFICER OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
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0006	10956369 W33M8Q1021, , W33M8S10742003 01 700300 W33M8Q1021, , , , NONE, , PCB BALLAST , (1) DR., , ASD=3/15/01, , 9# BLDG10703 , PICKUP ADDR <W33M8S> SR MEDICAL SUPPLY ACCT DWIGHT D EISENHOWER ARMY MEDICAL CENTER FT GORDON GA 30905-5650	200	LB	\$0.35000	\$70.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				
0007	10956370 W33M8Q0064, , W33BWD10652000 01 702900 W33M8Q0064, , , , NONE, , SPILL DEBRIS WITH CONTAMINATED PCB OIL , (3) DR., , ASD=3/13/01, , 9# BLDG10703 , PICKUP ADDR <W33BWD> PR SERVICES DIVISION CRP WHSE 2314 FORT GORDON GA 30905-5320	800	LB	\$0.18000	\$144.00
	EPA WASTE CODE _____ UD QTY PICKED UP _____ UO UNIT OF ISSUE _____				
	PICK UP MANIFEST _____ LINE CODE _____ PICKUP DATE _____				

COR RUSSELL MULLINS or LINDA WILSON
DOR P034
DRMO JACKSON

PROMPT PAYMENT (MAR 1994) FAR 52.232-25

AUTH TRANSPORTER NAME TCT, Inc. AUTH TRANSPORTER EPA # NV0986899912
 AUTH TSDF NAME Trans Cycle Industries, Inc. AUTH TSDF EPA # ALD983167891
 TRANSPORTER SIGNATURE [Signature] CONTRACTOR SIGNATURE [Signature]

Continuation sheet

REFERENCE NO. DOCUMENT BEING CONTINUED
SP440099D0009-0425

page of pages
4 | 4

NAME OF OFFICER OR CONTRACTOR

TRANS-CYCLE INDUSTRIES INC

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
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AUTH COR SIGNATURE

Linda McVittso



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's US EPA ID No SC01700225601		Manifest Document No. 13801		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SOUTH DIVNAV FACEN GCOM NORTH CHARLESTON, SC 29419-9010				CARETAKER OFFICE P.O. BOX 190010 Cnt: RICK NIELSON		A. State Manifest Document Number			
4. Generator's Phone (843) 743-9985				6. US EPA ID Number NYD98689912		B. State Generator's ID			
5. Transporter 1 Company Name TCI INC.				8. US EPA ID Number		C. State Transporter's ID			
7. Transporter 2 Company Name				10. US EPA ID Number		D. Transporter's Phone 518 828-9987			
9. Designated Facility Name and Site Address TRANS-CYCLE INDUSTRIES, INC. P.O. BOX 765 101 PARKWAY EAST PELL CITY, AL 35125-0765				12. Containers		13. Total Quantity		14. Unit Wt/Vol	
				No.		Type		Waste No.	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) a. RO, POLYCHLORINATED BIPHENYLS, LIQUID, 9 UN2315, PGIII									
J. Additional Descriptions for Materials Listed Above a. PCB CONTAMINATED FLUID IN ELECTRICAL EQUIPMENT				K. Handling Codes for Wastes Listed Above					
15. Special Handling Instructions and Additional Information Service Center: DRMO FORT JACKSON EMERGENCY RESPONSE GUIDE #171 Contract # SP440099D0009 24H EMERGENCY CONTACT: GREG MASSARO D.O. # 425 @ 800 626-9997									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. <i>LINDA M. WILSON Linda M Wilson 04/25/01</i>									
Printed/Typed Name RICHARD G NIELSON				Signature <i>Richard G. Nielson</i>				Month Day Year 10/12/01	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name Adan Sy-folo				Signature <i>Adan Sy-folo</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name				Signature				Month Day Year	

GENERATOR

TRANSPORTER

FACILITY

Issued By: TRANS-CYCLE INDUSTRIES INC.
 101 PARKWAY EAST
 P.O. BOX 765
 PELL CITY, AL 35125-0765
 PHONE (205) 338-9997
 FAX (205) 338-9979

TCI EPA ID # ALD983167891
 Manifest Doc: 13801
 TCI Load # 210598
 of: 04/25/01

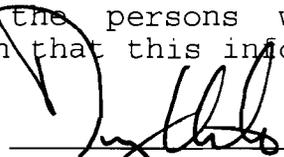
Generator: SOUTHDIVNAVFACENCOM
 CARETAKER OFFICE
 P.O. BOX 190010
 NORTH CHARLESTON, SC 29419-9010
 PHONE (843) 743-9985

Service Center:
 DRMO FORT JACKSON
 Contract # SP440099D0009
 Delivery # 425

We hereby certify that the following PCB items were disposed of as of the date(s) shown below:

Serial Number	Qty	Description	Disposed	Disposal Method
F963601	1	TRANSFORMERS	06/11/01	METALS CLEANING AND RECYCLING
F963606	1	TRANSFORMERS	06/11/01	METALS CLEANING AND RECYCLING

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.



 Tracy Helms
 Quality Director

06/14/01

 Date



WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

Required under authority of Part 111 of
Part 121 of Act 451, 1994, as amended

Failure to file may subject you to
criminal and/or civil penalties under
Sections 324 11151 or 324 12116 MCL

Form Approved. OMB No. 2050-0039

Please print or type

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1 Generator's US EPA ID No

Manifest
Document No

2. Page 1
of

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

A. State Manifest Document Number

MI 8875965

B. State Generator's ID

4 Generator's Phone ()

5 Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

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

10 US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and
ID NUMBER).

HM

12. Containers

No.

Type

13
Total
Quantity

14.
Unit
Wt/Vol

I. Waste
No.

a

b.

c

d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes

a

b

c

d

15. Special Handling Instructions and Additional Information

16 **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Date

Month Day Year

17. Transporter 1 Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

18 Transporter 2 Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Date

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

Signature

Date

Month Day Year

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8602 24 HOUR PER DAY.

GENERATOR

TRANSPORTER

FA

ITY



FREEHOLD CARTAGE INC.

P.O. BOX 5010 • FREEHOLD, NJ 07728-5010
(732) 462-1001 • FAX (732) 308-0924

BILL OF LADING
FCI EPA ID NO. NJD054126164

N12766

114 Schoolground Rd
Brantford, CT 06405
Phone (203) 483-5964
Fax (203) 483-5984

350 Pigeon Point Road
New Castle, DE 19720
Phone (302) 658-2005
Fax (302) 658-6229

175 Bartow Mun Airport
Bartow, FL 33830
Phone (863) 533-4599
Fax (863) 533-1613

5533 Dunham Road
Maple Heights, OH 44137
Phone (330) 835-3473
Fax (330) 835-3732

108 Monahan Avenue
Dunmore, PA 18512
Phone (570) 342-7232
Fax (570) 342-7367

40 Boulevard St
Sumter, SC 29150
Phone (803) 773-2611
Fax (803) 773-2942

SHIPPER NAME/ADDRESS			PHONE 615						
			(AREA CODE)						
			TRACTOR		TRAILER		APPOINTMENT TIME		
							:		
FCI REP LOADING (PRINT)		PROCEDURE		EQUIP. SPOTTED		EQUIP. REMOVED		TIME AT SHIPPER (MILITARY TIME ONLY)	
								:	
								ARRIVAL TIME DEPARTURE TIME	
COMMENTS OR DELAYS AT SHIPPER							EQUIPMENT USED		

BROKER:				MANIFEST / DOCUMENT NO.						
PO #:		WO#:								

(X) HM	PROPER U.S. DOT SHIPPING NAME	U.S. DOT HAZARDOUS CLASS	NA/UN/NO	PACKING GROUP	NO CONT	CONT TYPE	NET QUANTITY	UNIT MEASURE	WASTE NO	FORM
1										
2										
3										

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION NUMBER										

SHIPPER'S CERTIFICATION: 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, U.S. EPA and the State. The materials described above were consigned to the Transporter named. The consignee can and will accept the shipment and has a valid permit to do so if required. I certify that the foregoing is true and correct to the best of my knowledge.

Payment to the contractor for waste removal does not constitute payment to the carrier and if the contractor does not pay the carrier, the shipper is obligated to pay the agreed rate offered to the contractor.

PLEASE PRINT NAME/TITLE				SHIPPER'S SIGNATURE				DATE LOADED		
				X _____				/ /		
				I HAVE READ THE ABOVE AND UNDERSTAND AND AGREE TO ALL OF ITS CONTENT				MO DAY YEAR		

CONSIGNEE NAME/ADDRESS			PHONE						
			(AREA CODE)						
			TRACTOR		TRAILER		APPOINTMENT TIME		
							:		
FCI REP UNLOADING (PRINT)		PROCEDURE		EQUIP. SPOTTED		EQUIP. REMOVED		TIME AT CONSIGNEE (MILITARY TIME ONLY)	
								:	
								ARRIVAL TIME DEPARTURE TIME	
COMMENTS OR DELAYS AT CONSIGNEE							EQUIPMENT USED		

PLEASE PRINT NAME/TITLE				CONSIGNEE SIGNATURE				DATE UNLOADED		
				X _____				/ /		
								MO DAY YEAR		

AR H-0257	MD HWH-167	MO H-1490	OH UPW-0190713-OH	TX 40705
CT CT-HW-307	2001-OPV-2335	ND WH-429	OK UPW-0190713-OH	WI 11602
DE DE-HW-203	ME ME-HWT-47	NH TNH-0047	ONTARIO, CANADA A 840943	WV UPW-0190713-OH
DE-SW-203	ME-WOT-47	NJ S-2265	PA PA-AH-0067	
UPW-0190713-OH	MI UPW-0190713-OH	15939	QUEBEC, CANADA QC-6ML-047	
MA-294	MN UPW-0190713-OH	NY NJ-113	RI RI-535	

White - FCI Original
Yellow - FCI Billing
Blue - FCI Office/Customer
Green - Retained by TSDF
Gold - Retained by Generator

N12766



HAZARDOUS WASTE MANIFEST

(AS REQUIRED BY THE ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT)

C-MAC ENVIRONMENTAL GROUP, INC.

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

Form Approved OMB No 2050-0039 Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address C-MAC Environmental Group, Inc. 402 Webster Chapel Rd. Glencoe, AL 35905						A. State Manifest Document Number C-MAC 153597				
4. Generator's Phone ()						B. State Generator's ID				
5. Transporter 1 Company Name			6. US EPA ID Number			C. State Transporter's ID				
7. Transporter 2 Company Name						D. Transporter's Phone 1044 522 8300				
9. Designated Facility Name and Site Address C-MAC Environmental Group, Inc. 402 Webster Chapel Rd. Glencoe, AL 35905			10. US EPA ID Number ALD981020894			E. State Transporter's ID				
						F. Transporter's Phone				
						G. State Facility's ID ALD981020894				
						H. Facility's Phone (256) 492-8340				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. C-MAC Profile #						No. Type				153597
b. C-MAC Profile #										
c. C-MAC Profile #										
d. C-MAC Profile #:										
J. Additional Descriptions for Materials Listed Above Transporter has E.R.G. Book. D015, D019, D026, D029, D019, D018, D019						K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information 24 Hr. Emergency Response Name/Number: Work Order #: Purchase Order #:										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name Richard G. Nicks				Signature				Month Day Year 12/27/91		
TRANSPORTER	17. Transporter 1 Acknowledgment of Receipt of Materials									
	Printed/Typed Name				Signature		Month Day Year			
TRANSPORTER	18. Transporter 2 Acknowledgment of Receipt of Materials									
	Printed/Typed Name				Signature		Month Day Year			
FACILITY	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.									
FACILITY	Printed/Typed Name				Signature				Month Day Year	



Central Laboratory (P-08)
2102 North Lake Drive
Columbia, SC 29212
Tele: (803) 217-9384
Fax: (803) 732-6796

July 12, 2001

To: R.W. Smith T03
Joyce Raffinie J19
Laura Blake-Orr 146

Re: Sample ID: **360548 F-962649**

Sample Number **AA45463** Date and Time Sampled: July 2, 2001 8:00:00 AM
Date and Time Submitted: July 10, 2001 3:15:00 PM
Sample Collector: A.LOWDER
Location Code: PCB

Parameter	Result	MDL	Units	Analysis Method Reference
PCB	167.7	0.2	mg/Kg	SW 846, 8082

If there are any questions concerning this sample, please contact the lab at (803) 217-9384.

Approved by:

Charleston Naval Shipyard Transformer Inspection Report

Point-ID 91-14816 Type 898 Point-ID Phase Code 4 Pri. Volt. 13.2 Sec. Volt. 480

Substation 03000 Circuit 012 Section 915148 Tap 4

Location of Point-ID 84A Bld 84 Fourth ST Tax District 1043-NC

Company Number Assigned 360548 Serial Number F-962649

Kit 2006 Spec Type 898 TX Phase Code 4 Conn. _____ Imp. _____

Manufacturer _____ Date 1 Stainless Steel? YES NO

Primary Tap Changer? YES NO Tap Changer Voltage 13.2/480 Check the voltage
 NO change that this

transformer is set on

Secondary Tap Changer? YES NO Tap Changer Voltage _____ Check the voltage
 NO change that this

transformer is set on

Rotation _____ Oil Sample Taken? YES NO Voltage Checked? YES NO Voltage Reading _____

Oil Spill in Area? YES NO Gases? YES NO Polarity - Add

Subtract

Vacuum Gauge? YES NO Level GMP YES NO

Physical Condition of Transformer _____

Oil Level Gauge? YES NO Level GMP YES NO

Oil Temperature Gauge? YES NO Level GMP YES NO

"DANGER - HIGH VOLTAGE" sticker installed? YES NO

Are secondary breakers part of transformer? YES NO

Is primary switch built in? YES NO Internal External

NOTES

Took oil sample outside Building

Date Inspected 7 12 2001 Inspected By CA