INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

4-076-02

PLEASE PRINT OR TYPE

(Form designed for use on elite *(12-pitch)* typewriter.)

Form Approved: OMB No. 2050-0039. Expires 9-30-98

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID Number	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law, but items D, F, H, I and K are required by State Law.
IND006424786	54886		

3. Generator's Name and Mailing Address
ADVICS NORTH AMERICAN AUTOM
1001 N HURRICANE RD
FRANKLIN IN 46131

4. Generator's Telephone Number (317) 346 2851

A. State Manifest Document Number INA1325285

B. State Generator's ID

5. Transporter 1 Company Name SAFETY KLEEN CORP.

6. U.S. EPA ID Number LD984909282

C. State Transporter's ID

D. Transporter's Phone 800 669-5740

7. Transporter 2 Company Name SAFETY-KLEEN (TG), INC

8. U.S. EPA ID Number KYD987574547

E. State Transporter's ID

F. Transporter's Phone 740 928 1617

9. Designated Facility Name and Site Address 000658
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SMITHFIELD KY 40068

10 U.S. EPA ID Number KYD053481486

G. State Facility's ID

H. Facility's Phone 502 845-2453

11. U.S. 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. RQ WASTE PAINT RELATED MATERIAL, 9, UN1263, PG II, (F003), ERG#127)	1	DM	425	P	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
1A) F005 D001 D005 D007 D008

K. Handling Codes for Wastes Listed Above
(A) ~~T50~~ M061

15. Special Handling Instructions and Additional Information MPST R/T# 26010950 4-076-02-2537
EMERGENCY RESP 800-483-1760(24 HR) IF UNDELIVERABLE RETURN TO GENERATOR
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 1166 B: C: 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
		12	8	98

17. Transporter 1 - Acknowledgement of Receipt of Materials

Printed /Typed Name	Signature	Date Month	Day	Year
		12	8	98

18. Transporter 2 - Acknowledgement of Receipt of Materials

Printed /Typed Name	Signature	Date Month	Day	Year
		12	8	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	Signature	Date Month	Day	Year
		12	21	98

GENERATOR — TRANSPORTER — FACILITY

EPA Form 8700-22 Previous editions are obsolete
State Form 45273 (R / 6-97)

COPY 1-TSD MAIL TO GENERATOR

In case of a spill, call the Indiana Office of Environmental Response at 800 / 424-8802 or 202 / 426-2675, and the National Response Center at

INA 1325285

OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE

(Form designed for use on elite *(12-pitch)* typewriter.)

Form Approved: OMB No. 2050-0039. Expires 9-30-98

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID Number	Manifest Document No.
2. Page 1 of 1	Information in the shaded areas is not required by Federal Law, but items D, F, H, I and K are required by State Law.
3. Generator's Name and Mailing Address	A. State Manifest Document Number: INA1325285
4. Generator's Telephone Number ( )	B. State Generator's ID
5. Transporter 1 Company Name	6. U.S. EPA ID Number / C. State Transporter's ID
7. Transporter 2 Company Name	8. U.S. EPA ID Number / E. State Transporter's ID
	D. Transporter's Phone / F. Transporter's Phone
9. Designated Facility Name and Site Address	10. U.S. EPA ID Number / G. State Facility's ID / H. Facility's Phone

11. U.S. 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. NO WASTE PAINT RELATED MATERIAL UNLESS RQ	1	DM	425	P	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: TA) F003 D001 D005 D007 D008

K. Handling Codes for Wastes Listed Above: (A) T50

15. Special Handling Instructions and Additional Information: EMERGENCY RESP 800-468-1760 (1 HR) IF UNDELIVERABLE RETURN TO GENERATOR OR CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.

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

TRANSPORTER

17. Transporter 1 - Acknowledgement of Receipt of Materials		
Printed /Typed Name	Signature	Date Month / Day / Year
18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed /Typed Name	Signature	Date 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	Date Month / Day / Year

EPA Form 8700-22 Previous editions are obsolete
State Form 45273 (R / 6-97)

COPY 2 - GENERATOR COPY

GENERATOR

In case of a spill, call the Indiana Office of Environmental Response at 800 / 424-8802 **or** 202 / 426-2675. **(day or night)**
and the National Response Center at

INA 1325285

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD, KY 40068

EPA ID: KYD053348108

UNDER MANIFEST NUMBER INDA1325285 LINE NUMBER 11A
THE GENERATOR NOTED BELOW IS SHIPPING TO YOU A RESTRICTED WASTE UNDER FEDERAL AND STATE LAND DISPOSAL RESTRICTION REGULATIONS. IN ACCORDANCE WITH THESE REGULATIONS, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED AND THE EPA WASTE CODES AND APPROPRIATE TREATMENT STANDARDS ARE AS FOLLOWS:

HAZARDOUS WASTE CODES: F003 F005 D001 D005 D007 D008

TREATABILITY GROUP: NONWASTEWATERS

F001, F002, F003, F004 AND/OR F005 SPENT SOLVENT WASTES REGULATED HAZARDOUS CONSTITUENTS	TREATMENT STANDARD CONCENTRATION (TOTAL MG/L FOR WW, TOTAL MG/KG FOR NWW UNLESS NOTED AS "TCLP")
ACETONE	160
TOLUENE **	10
TOLUENE ***	28
XYLENES (TOTAL) ***	28
XYLENES-MIXED ISOMERS **	30

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD CONCENTRATION OR TECHNOLOGY CODE
D001	HIGH TOC IGNITABLE CHARACTERISTIC WASTE.	RORGS; OR CMBST **
D005	BARIUM (BA)	100 MG/L TCLP
D005	BARIUM (BA)	21 MG/L ******
D007	CHROMIUM (CR)	5.0 MG/L TCLP
D007	CHROMIUM (CR)	0.60 MG/L ******
D008	LEAD (PB)	5.0 MG/L EP OR TCLP
D008	LEAD (PB)	0.75 MG/L ******
D008	LEAD ACID BATTERIES SUBCATEGORY	RLEAD ******
D008	RADIOACTIVE LEAD SOLIDS SUBCATEGORY	MACRO ******

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE SOLVENT RECOVERY OR USE AS FUEL PRIOR TO LAND DISPOSAL.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
****** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.

GENERATOR NAME: ARVIN NORTH AMERICAN EPA ID:

GENERATOR SIGNATURE (OPTIONAL): _____

NAME & TITLE (OPTIONAL): _____

SAFETY-KLEEN SAMPLE NUMBER: 1088263 CONTROL NUMBER: 1729103-3

Bureau of Land Recycling and Waste Management
P.O. Box 8550
Harrisburg, PA 17105-8550
OFFICIAL PENNSYLVANIA MANIFEST FORM

2500-FM-LRWM0051 REV. 12/96

Form approved.
OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND 006414783
Manifest Document No.:
2. Page 1 of 1
Information within the blue border is not required by Federal law but may be required by State law.

3. Generator's Name and Mailing Address
VIN NORTH AMERICAN AUTOM
1001 NORTH HURRICAN ROAD
FRANKLIN IN 46131

4. Generator's Phone (317) 346-2851

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 984908202

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCD 287574647

9. Designated Facility Name and Site Address: 050033
ADVANCED ENVIRON RECYCLIN
2591 MITCHELL AVE
ALLENTOWN PA 18103

10. US EPA ID Number: PAD 987367216

A. State Manifest Document Number: PAE 7837082
B. State Gen. ID:
C. State Trans. ID: PA-AH 0172
D. Transporter's Phone (317) 988-0570
E. State Trans. ID: PA-AH
F. Transporter's Phone ( )
G. State Facility's ID:
H. Facility's Phone: 610 797-7608

	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	WASTE BATTERIES, WET FILLED WITH ALKALI LIQUID 8, UN2795, PGIII	1	DF	67 P		D002
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

	Lab Pack	Physical State		Lab Pack	Physical State
a.			c.		
b.			d.		

K. Handling Codes for Wastes Listed Above

a.	c.
b.	d.

15. Special Handling Instructions and Additional Information
EMERGENCY RESP 800-468-1760(24 HR) IF UNDELIVERABLE RETURN TO GENERATOR.
SK TRUCK AUTHORIZED TO RETAIN THESE SUBSEQUENT CARRIERS: TSMT.HZEG,SHMD,HAP
BROOK# A: 90370 B: 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	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

PAE 7837082

PA Form 8700-22 (Rev. 9/88) Previous editions are obsolete

Copy 8 - Generator: Retain This Copy

8

4-076-0[illegible]

2500-FM-LRWM0051 REV. 12/96

Bureau of Land Recycling and Waste Management
P.O. Box 8550
Harrisburg, PA 17105-8550
OFFICIAL PENNSYLVANIA MANIFEST FORM

Form approved.
OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND 006414783 | Manifest Document No. 82824 | 2. Page 1 of 1 | Information within the blue border is not required by Federal law but may be required by State law.

3. Generator's Name and Mailing Address
[illegible]IN NORTH AMERICAN AUTOM
[illegible]01 NORTH HURRICAN ROAD
FRANKLIN IN 46131

4. Generator's Phone (317) 346-2851

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC | 6. US EPA ID Number: ILD 984908202

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC. | 8. US EPA ID Number: SCD 987574647

9. Designated Facility Name and Site Address 050033
ADVANCED ENVIRON RECYCLIN
2591 MITCHELL AVE
ALLENTOWN PA 18103

10. US EPA ID Number: PAD 987367216

A. State Manifest Document Number: PAE 7837082
B. State Gen. ID:
C. State Trans. ID: PA-AH 0172
D. Transporter's Phone: (317) 888-0570
E. State Trans. ID: PA-AH 0271
F. Transporter's Phone: 740 928 1617
G. State Facility's ID:
H. Facility's Phone: 610 797-7608

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. WASTE BATTERIES, WET FILLED WITH ALKALI LIQUID 8, UN2795, PGIII	1	DF	68 P		D002
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

	b Pack	Physical State	Lab Pack	Physical State
a.			c.	
b.			d.	

K. Handling Codes for Wastes Listed Above: a. S01 b. c. d.

15. Special Handling Instructions and Additional Information 82824 MFST R/T# 96309010 4-076-02-2517
EMERGENCY RESP 800-468 1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN THESE SUBSEQUENT CARRIERS: TSMT, HZEG, SHMP, MAP

SKDOT# A: 90370 B: C: 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.
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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
RAY LOUGHLIN	[signature]	11	16	98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Lisa Adams	[signature]	11	16	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Doug Barrick	Doug Barrick	11	16	98

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
Patty Bowen	[signature]	11	24	98

PAE 7837082

EPA Form 8700-22 (Rev. 3/88) Previous editions are obsolete

Copy 5 - TSD Facility: Mail to Generator

5

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

10-30-98

PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved: OMB No. 2050-0039. Expires 9-30-98

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID Number	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law, but items D, F, H, I and K are required by State Law.
IN[illegible]	19713		

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOP
1001 NORTH AMERICAN ROAD
FRANKLIN IN [illegible]

4. Generator's Telephone Number (317) [illegible] 2851

A. State Manifest Document Number INA1325398

B. State Generator's ID

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC
6. U.S. EPA ID Number IL[illegible]
C. State Transporter's ID
D. Transporter's Phone 800 669-5740

7. Transporter 2 Company Name SAFETY-KLEEN (WG), INC
8. U.S. EPA ID Number CD[illegible]
E. State Transporter's ID
F. Transporter's Phone 740 928 1617

9. Designated Facility Name and Site Address 000658
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. U.S. EPA ID Number KYD053044106
G. State Facility's ID
H. Facility's Phone 502 845-2453

11. U.S. 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. [illegible] WASTE PAINT RELATED MATERIAL [illegible] (FLAMMABLE)	001	DM	0.375	P	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
1A) F003 D 01 D005 D007 D008

K. Handling Codes for Wastes Listed Above
(A) 150 M061

15. Special Handling Instructions and Additional Information
EMERGENCY [illegible] (800) 468-1760 (24 HR) IF UNDELIVERABLE RETURN TO GENERATOR
[illegible] AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKD[illegible] 1165 B[illegible] D
119315

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
[illegible]	[illegible]	10	23	98

17. Transporter 1 - Acknowledgement of Receipt of Materials

Printed /Typed Name	Signature	Date Month	Day	Year
Craig Lawson	Craig Lawson	10	23	98

18. Transporter 2 - Acknowledgement of Receipt of Materials

Printed /Typed Name	Signature	Date Month	Day	Year
Doug Evans	Doug Evans	10	24	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	Signature	Date Month	Day	Year
Duane Lawson	[illegible]	10	26	98

GENERATOR — TRANSPORTER — FACILITY

In case of a spill, call the Indiana Office of Environmental Response at [illegible] or the National Response Center at [illegible]

(day or night)

INA 1325398

EPA Form 8700-22 Previous editions are obsolete. [illegible]
State Form 45273 (R / 6-97)

COPY 4 TSD MAIL TO GENERATOR

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

2-515 273-657

PLEASE PRINT OR TYPE

(Form designed for use on elite *(12-pitch)* typewriter.) Form Approved: OMB No. 2050-0039. Expires 9-30-98

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID Number	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law, but items D, F, H, I and K are required by State Law.
INDOOS4[illegible]	[illegible]		

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOM
1001 NORTH HURRICAN ROAD
FRANKLIN IN 46131

4. Generator's Telephone Number (317) 346-2851

A. State Manifest Document Number INA1325398

B. State Generator's ID

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC

6. U.S. EPA ID Number [illegible]

C. State Transporter's ID

D. Transporter's Phone 800 669-5740

7. Transporter 2 Company Name SAFETY-KLEEN (TG), INC.

8. U.S. EPA ID Number [illegible]

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address 000658
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SMITHFIELD KY 40068

10. U.S. EPA ID Number KYD053348108

G. State Facility's ID

H. Facility's Phone 502 845-2453

11. U.S. 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. RQ WASTE PAINT RELATED MATERIAL, 9, UN1263 PG II, F003 (ERG# 127)	001	DM	00055	P	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
1A) F005 D001 D005 D007 D008

K. Handling Codes for Wastes Listed Above
(A) T50

15. Special Handling Instructions and Additional Information
MPST E/T: 98202827 4-076 02-2517
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SPDOT# A: 1166 B: C: 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
[illegible]	[illegible]	1	23	98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed /Typed Name	Signature	Date Month	Day	Year
[illegible]	[illegible]	1	23	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed /Typed Name	Signature	Date 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	Date Month	Day	Year

EPA Form 8700-22 Previous editions are obsolete. 088263
State Form 45273 (R / 6-97)

GENERATOR

In case of a spill, call the Indiana Office of Environmental Response at 800 / 424-8802 **or** 232 / 426-2675 (day or night) **and the National Response Center at**

INA 1325398

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD, KY 40068

EPA ID: KYD053348108

UNDER MANIFEST NUMBER INA 1325398 LINE NUMBER 11A
THE GENERATOR NOTED BELOW IS SHIPPING TO YOU A RESTRICTED WASTE UNDER FEDERAL AND STATE LAND DISPOSAL RESTRICTION REGULATIONS.
IN ACCORDANCE WITH THESE REGULATIONS, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED AND THE EPA WASTE CODES AND APPROPRIATE TREATMENT STANDARDS ARE AS FOLLOWS:

HAZARDOUS WASTE CODES: F003 F005 D001 D005 D007 D008

TREATABILITY GROUP: NONWASTEWATERS

F001, F002, F003, F004 AND/OR F005 SPENT SOLVENT WASTES REGULATED HAZARDOUS CONSTITUENTS	TREATMENT STANDARD CONCENTRATION (TOTAL MG/L FOR WW, TOTAL MG/KG FOR NWW UNLESS NOTED AS "TCLP")
ACETONE	160
TOLUENE **	10
TOLUENE ***	28
XYLENES (TOTAL) ***	28
XYLENES-MIXED ISOMERS **	30

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD CONCENTRATION OR TECHNOLOGY CODE
D001	HIGH TOC IGNITABLE CHARACTERISTIC WASTE.	RORGS; OR CMBST **
D005	BARIUM (BA)	100 MG/L TCLP
D005	BARIUM (BA)	21 MG/L ******
D007	CHROMIUM (CR)	5.0 MG/L TCLP
D007	CHROMIUM (CR)	0.60 MG/L ******
D008	LEAD (PB)	5.0 MG/L EP OR TCLP
D008	LEAD (PB)	0.75 MG/L ******

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE SOLVENT RECOVERY OR USE AS FUEL PRIOR TO LAND DISPOSAL.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
****** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.

GENERATOR NAME: ARVIN NORTH AMERICAN EPA ID:

GENERATOR SIGNATURE (OPTIONAL): _____

NAME & TITLE (OPTIONAL): _____

SAFETY-KLEEN SAMPLE NUMBER: 1088263 CONTROL NUMBER: 1729103-3

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE

(Form designed for use on elite *(12-pitch)* typewriter.) Form Approved: OMB No. 2050-0039. Expires 9-30-98

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID Number	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law, but items D, F, H, I and K are required by State Law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTO
1001 W HURRICANE RD
FRANKLIN IN 46131

4. Generator's Telephone Number (317) 346-2451

A. State Manifest Document Number INA1325270

B. State Generator's ID

5. Transporter 1 Company Name	6. U.S. EPA ID Number	C. State Transporter's ID
SAFETY-KLEEN SYSTEMS, INC	IL D 984 908 202	D. Transporter's Phone 317 888-0570
7. Transporter 2 Company Name	**8. U.S. EPA ID Number**	**E. State Transporter's ID**
		F. Transporter's Phone
9. Designated Facility Name and Site Address 000556	**10. U.S. EPA ID Number**	**G. State Facility's ID**
SAFETY-KLEEN SYSTEMS, INC 1100 LAGRANGE ROAD SMITHFIELD KY 40068	KYD 984 [illegible]	**H. Facility's Phone** 502 845-2453

11. U.S. 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. RQ WASTE PAINT RELATED MATERIAL, UN1263 PG II	1	DM	225	P	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above	K. Handling Codes for Wastes Listed Above
(1) F005 D001 D005 D007 D008	(A) T90

15. Special Handling Instructions and Additional Information
2 DRUMS MOST DATA 0591209 4-07b-02-25
EMERGENCY RESP 800-468-1760 CCN 24 HR. IF UNDELIVERABLE RETURN TO GENERATOR
OR AGENT AUTHORIZED TO OBTAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY
SHOULD BE: Line B. C. 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
STEVE R HAMILTON	Steve R Hamilton	9	2	98

17. Transporter 1 - Acknowledgement of Receipt of Materials

Printed /Typed Name	Signature	Date Month	Day	Year
[illegible]	[illegible]	9	2	98

18. Transporter 2 - Acknowledgement 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

GENERATOR — TRANSPORTER — FACILITY

In case of a spill, call the Indiana Office of Environmental Response at 317/233-7745 *(day or night)* and the National Response Center at 800 / 424-8802 or 202 / 426-2675.

INA 1325270

EPA Form 8700-22 Previous editions are obsolete
State Form 45273 (R / 6-97)

COPY 8. GENERATOR COPY

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

4-076-02

PLEASE PRINT OR TYPE (Form designed for use on elite *(12-pitch)* typewriter.) Form Approved: OMB No. 2050-0039. Expires 9-30-98

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID Number	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law, but items D, F, H, I and K are required by State Law.
IND005414783	20725		

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOM
1001 N HURRICANE RD
FRANKLIN IN 46131

4. Generator's Telephone Number (317) 346-2851

A. State Manifest Document Number INA1325270

B. State Generator's ID

5. Transporter 1 Company Name Corp.
SAFETY-KLEEN SYSTEMS, INC

6. U.S. EPA ID Number ILD984908202

C. State Transporter's ID

D. Transporter's Phone 317 888-0570

7. Transporter 2 Company Name
Safety Kleen (Tx) Inc

8. U.S. EPA ID Number TXD987674647

E. State Transporter's ID

F. Transporter's Phone 713-921-1617

9. Designated Facility Name and Site Address 000658
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SMITHFIELD KY 40068

10. U.S. EPA ID Number KYD053348108

G. State Facility's ID

H. Facility's Phone 502 845-2453

11. U.S. 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. RQ WASTE PAINT RELATED MATERIAL 3 UN1263 PG II (F003)(ERG#127)	1	DM	425	P	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
IA) F005 D001 D005 D007 D008

K. Handling Codes for Wastes Listed Above
(A) 150 M061

15. Special Handling Instructions and Additional Information
20725 MFST R/T# 95978302 4-076-02-2537
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 1166 B: C: 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.

GENERATOR

Printed /Typed Name	Signature	Date Month	Day	Year
STEVE R. HAMILTON	Steve R. Hamilton	09	10	98

17. Transporter 1 - Acknowledgement of Receipt of Materials

Printed /Typed Name	Signature	Date Month	Day	Year
[illegible]	[illegible]	09	10	98

18. Transporter 2 - Acknowledgement of Receipt of Materials

Printed /Typed Name	Signature	Date Month	Day	Year
DOUG BARRICK	Doug Barrick	09	10	98

TRANSPORTER

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	Date Month	Day	Year
Dianne Lowe	[illegible]	09	14	98

EPA Form 8700-22 Previous editions are obsolete. A/I 2910371086263
State Form 45273 (R / 6-97)

COPY 4. TSD MAIL TO GENERATOR

In case of a spill, call the Indiana Office of Environmental Response at 800 / 424-8802 or 202 / 426-2675. (day or night) and the National Response Center at

INA 1325270

2550-FM-LRWM005I REV. 12/96

Bureau of Land Recycling and Waste Management
P.O. Box 8550
Harrisburg, PA 17105-8550
OFFICIAL PENNSYLVANIA MANIFEST FORM

Form approved
OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND 006414783 | Manifest Document No. 45638 | 2. Page 1 of 1 | Information within the blue border is not required by Federal law but may be required by State law.

3. Generator's Name and Mailing Address
VIN NORTH AMERICAN AUTOM
500 N HURRICANE RD
FRANKLIN IN 46131

4. Generator's Phone (317) 346-2851

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC | 6. US EPA ID Number: ILD 984908202

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

9. Designated Facility Name and Site Address 050033
ADVANCED ENVIRON RECYCLIN
2591 MITCHELL AVE
ALLENTOWN PA 18103

10. US EPA ID Number: PAD 987367216

A. State Manifest Document Number: PAE 7837060
B. State Gen. ID:
C. State Trans. ID: PA-AH 0172
D. Transporter's Phone: 317 888-0570
E. State Trans. ID: PA-AH
F. Transporter's Phone ( )
G. State Facility's ID:
H. Facility's Phone: 610 797-7608

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. WASTE BATTERIES, WET FILLED WITH ALKALI LIQUID 8, UN2795, PGIII	1	DF	56 P		D002
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

	Lab Pack	Physical State		Lab Pack	Physical State
a.			c.		
b.			d.		

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

15. Special Handling Instructions and Additional Information
MFST B/T# 95784735 4-076-02-2537
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN THESE SUBSEQUENT CARRIERS: TSM, HZEG, SHND, NAP

SKDOT# A: 90370 B: C: 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.

GENERATOR

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*

TRANSPORTER

19. Discrepancy Indication Space

FACILITY

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*

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete

PAE 7837060

Copy 8 - Generator: Retain This Copy

8

Bureau of Land Recycling and Waste Management
P.O. Box 8550
Harrisburg, PA 17105-8550

Form approved.
OMB No. 2050-0039

2550-FM-LRWM0051 REV. 12/96

OFFICIAL PENNSYLVANIA MANIFEST FORM

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND 006414783
Manifest Document No.: 43638
2. Page 1 of 1
Information within the blue border is not required by Federal law but may be required by State law.

3. Generator's Name and Mailing Address
VIN NORTH AMERICAN AUTOM
1501 N HURRICANE RD
FRANKLIN IN 46131

4. Generator's Phone (317) 346-2851

A. State Manifest Document Number: PAE 7837060
B. State Gen. ID:

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 984908202
C. State Trans. ID: PA-AH 0172
D. Transporter's Phone: 317 888-0570

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Trans. ID: PA-AH
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address: 050033
ADVANCED ENVIRON RECYCLIN
2591 MITCHELL AVE
ALLENTOWN PA 18103
10. US EPA ID Number: PAD 987367216
G. State Facility's ID:
H. Facility's Phone: 610 797-7608

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. WASTE BATTERIES, WET FILLED WITH ALKALI LIQUID 8, UN2795, PGIII	1	DF	56	P	D002
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

	Lab Pack	Physical State		Lab Pack	Physical State
a.			c.		
b.			d.		

K. Handling Codes for Wastes Listed Above: a. S02 c. b. d.

15. Special Handling Instructions and Additional Information

EMERGENCY RESP 800-468-1760(24 HR) IF UNDELIVERABLE RETURN TO GENERATOR. MFST R/T# 95784795 4-0776-02-2537
SK CORP AUTHORIZED TO RETAIN THESE SUBSEQUENT CARRIERS: TSMT, HZEG, SHND, NAP

SKDOT# A: 90370 B: C: 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.
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GENERATOR

Printed/Typed Name	Signature	MONTH	DAY	YEAR
Dan Parker		07	29	98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	MONTH	DAY	YEAR
Tim Adams		07	29	98

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
Paulette Yates	Paulette Yates	08	10	98

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete

Copy 5 - TSD Facility: Mail to Generator

PAE 7837060

5

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

4-076-02

Received 5-11-98

PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved: OMB No. 2050-0039. Expires 9-30-98

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID Number: IND006414788	Manifest Document No.: 91210
2. Page 1 of 1	Information in the shaded areas is not required by Federal Law, but items D, F, H, I and K are required by State Law.
3. Generator's Name and Mailing Address: ARVIN NORTH AMERICAN, 1001 HURRICANE ST., FRANKLIN IN 46131	A. State Manifest Document Number: INA1358803
4. Generator's Telephone Number: (317) 346-2851	B. State Generator's ID:
5. Transporter 1 Company Name: SAFETY-KLEEN CORP.	6. U.S. EPA ID Number: ILD984908202
	C. State Transporter's ID:
	D. Transporter's Phone: 317 888-0570
7. Transporter 2 Company Name:	8. U.S. EPA ID Number:
	E. State Transporter's ID:
	F. Transporter's Phone:
9. Designated Facility Name and Site Address: 000658 SAFETY-KLEEN CORP., 3700 LAGRANGE ROAD, SMITHFIELD KY 40068	10. U.S. EPA ID Number: KYD053446108
	G. State Facility's ID:
	H. Facility's Phone: 502 845-2453

11. U.S. 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. RQ WASTE PAINT RELATED MATERIAL 3 UN1263 PG II (F003)(ERG#127)	2	DM	996.	P	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: IA) F005 D001 D005 D007 D008

K. Handling Codes for Wastes Listed Above: (A) T50

15. Special Handling Instructions and Additional Information

MFST R/T# 95162525 4-076-02-2537
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 1166 B: C: 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.

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Printed /Typed Name	Signature	Date Month	Day	Year
Dan Boucher		05	01	98

TRANSPORTER

17. Transporter 1 - Acknowledgement of Receipt of Materials

Printed /Typed Name	Signature	Date Month	Day	Year
Jim ADAMS		05	01	98

18. Transporter 2 - Acknowledgement of Receipt of Materials

Printed /Typed Name	Signature	Date 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	Date Month	Day	Year

EPA Form 8700-22 Previous editions are obsolete
State Form 45273 (R / 6-97)

INA 1358803

and the National Response Center at 800 / 424-8802 or 202 / 426-2675.

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE

(Form designed for use on elite *(12-pitch)* typewriter.) Form Approved: OMB No. 2050-0039. Expires 9-30-98

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID Number	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law, but items D, F, H, I and K are required by State Law.

3. Generator's Name and Mailing Address
SAFETY KLEEN CORP.
1001 HURRICANE ST.
FRANKLIN IN 46131

A. State Manifest Document Number: INA 1358803

4. Generator's Telephone Number (317) 346-2851

B. State Generator's ID

5. Transporter 1 Company Name	6. U.S. EPA ID Number	C. State Transporter's ID
SAFETY KLEEN CORP.	[illegible]	D. Transporter's Phone 317 888-[illegible]
7. Transporter 2 Company Name	8. U.S. EPA ID Number	E. State Transporter's ID
		F. Transporter's Phone
9. Designated Facility Name and Site Address 000656 SAFETY KLEEN CORP. 7600 LAGRANGE ROAD SMITHFIELD KY 40068	10. U.S. EPA ID Number KYD 053 419 108	G. State Facility's ID H. Facility's Phone 502 [illegible] - 2453

11. U.S. 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. RQ WASTE PAINT RELATED MATERIAL, FLAMMABLE, 8, UN2924, PG II, (ERG#132)	2	DM	1.16	P	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
181 F003 D001 D005 F007 D008

K. Handling Codes for Wastes Listed Above
(A) T5C

15. Special Handling Instructions and Additional Information
EMERGENCY RESP 800-255-3924 24 HR. IF UNDELIVERABLE RETURN TO GENERATOR
SK CORP AUTHORIZED TO OBTAIN LICENSE SUBSEQUENT RENEWALS AS NECESSARY
PERMIT #A. [illegible]

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
[illegible]	[illegible]	12	21	1.

TRANSPORTER

17. Transporter 1 - Acknowledgement of Receipt of Materials

Printed /Typed Name	Signature	Date Month	Day	Year
[illegible] Aubrey	[illegible]	12	21	1.

18. Transporter 2 - Acknowledgement of Receipt of Materials

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

EPA Form 8700-22 Previous editions are obsolete
State Form 45273 (R / 6-97)

For assistance, contact the Indiana Office of Environmental Response at 800 / 424-8802 or 202 / 426-2675 (day or night) and the National Response Center at 800 / 424-8802 or 202 / 426-2675.

INA 1358803

81363-R4747

SAFETY-KLEEN CORP.
NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

SAFETY-KLEEN CORP.
3700 LAGRANGE ROAD
SMITHFIELD, KY 40068

EPA ID: KYD053348108

UN MANIFEST NUMBER INA135688O3 LINE NUMBER 11A
THE GENERATOR NOTED BELOW IS SHIPPING TO YOU A RESTRICTED WASTE UNDER FEDERAL AND STATE LAND DISPOSAL RESTRICTION REGULATIONS. IN ACCORDANCE WITH THESE REGULATIONS, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED AND THE EPA WASTE CODES AND APPROPRIATE TREATMENT STANDARDS ARE AS FOLLOWS:

HAZARDOUS WASTE CODES: F003 F005 D001 D005 D007 D008

TREATABILITY GROUP: NONWASTEWATERS

F001, F002, F003, F004 AND/OR F005 SPENT SOLVENT WASTES REGULATED HAZARDOUS CONSTITUENTS	TREATMENT STANDARD CONCENTRATION (TOTAL MG/L FOR WW, TOTAL MG/KG FOR NWW UNLESS NOTED AS "TCLP")
ACETONE	160
TOLUENE **	10
TOLUENE ***	28
XYLENES (TOTAL) ***	28
XYLENES-MIXED ISOMERS **	30

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD CONCENTRATION OR TECHNOLOGY CODE
D001	HIGH TOC IGNITABLE CHARACTERISTIC WASTE.	RORGS; OR CMBST **
D005	BARIUM (BA)	100 MG/L TCLP
D007	CHROMIUM (CR)	5.0 MG/L TCLP
D008	LEAD (PB)	5.0 MG/L EP OR TCLP

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE SOLVENT RECOVERY OR USE AS FUEL PRIOR TO LAND DISPOSAL.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES.
****AND MEET UNIVERSAL TREATMENT STANDARDS
*****NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

GENERATOR NAME: ARVIN NORTH AMERICAN EPA ID:

GENERATOR SIGNATURE (OPTIONAL):

NAME & TITLE (OPTIONAL):

SAFETY-KLEEN SAMPLE NUMBER: 1088263 CONTROL NUMBER: 1729103-3

P.O. Box 7035
Indianapolis, IN 46207-7035

Received 3-26-98

PLEASE 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 No.: I N D 0 0 6 4 1 4 7 8 3 | Manifest Document No.: 2 9 3 6 8
2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number: INA 1229368
B. State Generator's ID:

4. Generator's Phone (317) 736--7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
ENVIRONMENTAL ENTERPRISES, INCORPORATED
4650 SPRING GROVE AVENUE
CINCINNATI, OH 45232
10. US EPA ID Number: O H D 0 8 3 3 7 7 0 1 0
G. State Facility's ID:
H. Facility's Phone: 513-541-1823

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. RQ, WASTE CORROSIVE SOLIDS, N.O.S., 8, UN1759, PGII, (ALKALI BATTERIES) (D002)	001	D M	0050	P	D002
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: APPROVAL # C3758
K. Handling Codes for Wastes Listed Above: M11

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE # 154

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

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.

GENERATOR — Printed/Typed Name: DAN Boucher | Signature | Date: Month 02 Day 10 Year 98

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Richard G Burton | Signature | Date: Month 02 Day 10 Year 98
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name | Signature | Date: Month Day Year

FACIL
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: Charlie Newberry | Signature | Date: Month 02 Day 12 Year 98

In case of a spill call the Indiana Office of Environmental Response at (day or night) and the National Response Center at 800-424-8802 or 202-426-2675

INA 1229368

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R3 / 12-95)

COPY 4. TSD MAIL TO GENERATOR

OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE 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 No. I N D 0 0 6 4 1 4 7 8 3 | Manifest Document No. 2 9 3 6 8 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number INA 1229368

B. State Generator's ID

4. Generator's Phone (317) 736-7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED | 6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9

C. State Transporter's ID IN4961000021

D. Transporter's Phone 317-881-9754

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
ENVIRONMENTAL ENTERPRISES, INCORPORATED
4650 SPRING GROVE AVENUE
CINCINNATI, OH 45232

10. US EPA ID Number: O H D 0 8 3 3 7 7 0 1 0

G. State Facility's ID

H. Facility's Phone 513-541-1823

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 RQ, WASTE CORROSIVE SOLIDS, N.O.S., 8, UN1759, PGII, (ALKALI BATTERIES) (D002)	0 0 1	D M	0 0 5 0	P	D002
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
APPROVAL # C3758

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE # 154

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GENERATOR

Printed/Typed Name	Signature	Date Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date 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 item 19.

Printed/Typed Name	Signature	Date Month	Day	Year

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INA 1229368

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R3 / 12-95)

COPY 8. GENERATOR COPY

OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

3/8-10

PLEASE 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 No. I N D 0 0 6 4 1 4 7 8 3 | Manifest Document No. 2 9 4 2 4 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number INA 1229424

B. State Generator's ID

4. Generator's Phone (317) 736-7111 EXT. 2851

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9
C. State Transporter's ID IN4961000031
D. Transporter's Phone 317-881-9754

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
ESSROC MATERIALS
3684 WEST COUNTY ROAD 225 SOUTH
LOGANSPORT, IN 46947
10. US EPA ID Number: I N D 0 0 5 0 8 1 5 4 2
G. State Facility's ID
H. Facility's Phone 219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	001	TT	00055	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LIKE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL# L000081

K. Handling Codes for Wastes Listed Above
T50/T16

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE #127
LAB PK CP1535

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

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Printed/Typed Name: DAN Boucher | Signature | Date Month 03 Day 03 Year 98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert L. Wilson | Signature | Date Month 03 Day 03 Year 98

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date 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 item 19.
Printed/Typed Name | Signature | Date Month Day Year

GENERATOR

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INA 1229424

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R3 / 12-95)

COPY 8. GENERATOR COPY

ESSROC MATERIALS
LAND DISPOSAL RESTRICTION (LDR) AND NOTIFICATION FORM

A. Generator Name: ARVIN NORTH AMERICAN AUTOMOTIVE
Address: 1001 NORTH HURRICANE STREET
FRANKLIN, IN 46131

US EPA ID #: IND 006 414 783
Manifest #: 29424
Profile #(s): L000081

B. ☒ (Check if applicable)

Restricted Waste contained in this shipment and referenced by the above Manifest number that are listed below are subject to the treatment standards set forth in 40 CFR 268.40. For each waste code, list the corresponding Subcategory, if applicable. Record an "X" in the appropriate column below for Treatability Group and each disclosure form attached.

(1) Profile Number	(2) USEPA Hazardous Waste Code	(3) Subcategory (if applicable)	(4) Treatability group*		(5) F001-F005 Disclosure Form Attached	(6) UTS Disclosure Form Attached	(7) Lab Pack 40 CFR 268 App. IV
			NWW	WW			
L000081	D001	IGNITABLE LIQ. HIGH TOC	X				
"	F003	XYLENE	X		X		
"	F005	TOLUENE	X		X		
"	DOO5	BARIUM	X			X	
"	D006	CADIUM	X			X	
"	D007	CHROMIUM	X			X	
"	D008	LEAD	X			X	
"	D018	BENZENE NON CWA	X			X	
"	D035	MEK / NON CWA	X			X	
"	D039	TRICHLOR. / NON CWA	X			X	
"	D040	TRICHLOR. / NON CWA	X			X	

(*) Include drum number if this waste pertains to a lab pack.

C. California List Constituents and their Prohibition Levels

Profile Number	USEPA Hazardous Waste Code		Constituent	Concentration
		☐	Liquid wastes containing Nickel	134 mg/L
		☐	Liquid wastes containing Thallium	130 mg/L
L000081	F003, F005	X	Wastes containing HOC's*	
			(*) HOC's as defined in 40 CFR 268 Appendix III.	

D. LAB PACK CERTIFICATION: If you waste is packaged in lab packs and does not contain any waste codes in Appendix IV (see list below), the following certifications must be completed and the corresponding container numbers must be listed also. If the waste is packaged in lab packs and they include waste codes in Appendix IV, then table B (page 2) must be completed for those containers and the respective waste codes.

APPENDIX IV codes: D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack does not contain any wastes identified at 40 CFR 268.42 (c) (2). I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Generator Signature _____ Date _____

Container Number: _____

E. Notification Statement: This waste must be treated to the applicable treatment standards set forth in 40 CFR 268 Subpart D, Section 268.32, or RCRA Section 3004 (d). Waste analysis is attached where available, otherwise the information herein is based upon my thorough knowledge of the waste(s). I hereby certify that the information provided is complete and accurate based on my knowledge of the materials.

Generator Signature _____ Date 3-3-98

ESSROC MATERIALS (LDR Continued)

Treatment Standards for F001 - F005 Spent Solvents Disclosure Form

U ving constituents for F001 - F005. The waste material referenced in page 2 section B meets the treatment standards for the hazardous constituents ma ed below.

Profile Number: L000081

Hazardous Waste No.		Constituents of concern	Nonwastewater		Wastewater
			Total composition mg/kg	TCLP mg/L	Total composition mg/L
F001-	☐	Carbon tetrachloride	5.6	-	0.06
	☐	Methylene chloride	33	-	0.09
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-Ttrifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F002-	☐	Chlorobenzene	5.7	-	0.06
	☐	o-Dichlorobenzene	6.2	-	0.09
	☐	Methylene chloride	33	-	0.09
	☐	Methylene chloride (Pharmaceutical Industry-Wastewater Subcategory)	-	-	0.44
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	1,1,2-Trichloroethane	7.6	-	0.03
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-trifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F003-	☐	Acetone	160	-	0.28
	☐	n-Butyl alcohol	2.6	-	5.6
	☐	Cyclohexanone*		0.75	0.36*
	☐	Ethyl acetate	33	-	0.34
	☐	Ethyl benzene	6	-	0.06
	☐	Ethyl ether	160	-	0.12
	☐	Methanol*		0.75	5.6*
	☐	Methyl isobutyl keytone	33	-	0.14
	X	Xylenes (total)	28	-	0.32
F004-	☐	Cresol (m- and p- isomers)	3.2	-	0.77
	☐	o-Cresol	5.6	-	0.11
	☐	Nitrobenzene	14	-	0.07
F005-	☐	Benzene	3.7	-	0.07
	☐	Carbon disulfide*		4.8	0.014*
	☐	2-Ethoxyethanol	INCIN	-	BIODG; or INCIN
	☐	Isobutyl alcohol	170	-	5.6
	☐	Methyl ethyl keytone	36	-	0.28
	☐	2-Nitropropane	INCIN	-	(WETOX or CHOXD)
	☐	Pyridine	16	-	0.01
	X	Toluene	28	-	0.08

Note: F005 spent solvent wastes containing 2-Nitropropane and/or 2-Ethoxyethanol have treatment standards outlined in 40 CFR 268.40 and must be referenced in Table B page 2. (*)The treatment standards for Carbon Disulfide, Cyclohexanone, and Methanol nonwastewaters are based on the TCLP and apply only to spent solvents containing one, two, or all three of these constituents. If a waste contains any of these three constituents along with any other constituents found in F001-F005, then only the treatment standards for the other constituents apply (i.e., the standards for Carbon Disulfide, Cyclohexanone, and Methanol do not apply when other constituents are present).

Underlying constituents for D001**(low TOC, non-CWA), D002 (non-CWA, D012-D017 (nonwastewater), D018-D043 (non-CWA), and F039. The Waste material referenced in Section B exceeds the treatment standards for the hazardous constituents marked below.

☐ Check if none of the underlying hazardous constituents apply

Profile number: L000081

	Constituent	NWW	WW
	Acenaphthyisne	3.4	0.059
	Acenaphthene	3.4	0.059
	Acetone	160	0.28
	Acetonitrile	1.8	5.6
	Acetophenone	9.7	0.01
	2-Acetylaminofluorene	140	0.059
	Acrolein	NA	0.29
	Acrylamide	23	19
	Acrylonitrile	84	0.24
	Aldrin	0.066	0.021
	4-Aminodiphenyl	NA	0.13
	Aniline	14	0.81
	Anthracene	3.4	0.059
	Aramite	NA	0.36
	alpha-BHC	0.066	0.00014
	beta-BHC	0.066	0.00014
	delta-BHC	0.066	0.023
	gamma-BHC	0.066	0.0017
X	Benzene	10	0.14
	Benz(a)anthracene	3.4	0.059
	Benzal chloride	6	0.055
	Benzo(b)fluoanthene	6.8	0.11
	Benzo(k)fluoanthene	6.8	0.11
	Benzo(g,h,i)perylene	1.8	0.0055
	Benzo(a)pyrene	3.4	0.061
	Bromodichloromethane	15	0.35
	Methyl bromide (Bromomethane)	15	0.11
	4-Bromophenyl phenyl ether	15	0.55
	n-Butyl alcohol	2.6	5.6
	Butyl benzyl phthalate	28	0.017
	2-sec-Butyl-4,6-dinitrophenol (Dinoseb)	2.5	0.066
	Carbon disulfide	4.0 mg/l TCLP	3.8
	Carbon tetrachloride	6	0.057
	Chlordane (alpha and gamma isomers)	0.26	0.0033
	p-Chloroaniline	16	0.46
	Chlorobenzene	6	0.057
	Chlorobenzilate	NA	0.1
	2-chloro-1,3-butadine	0.28	0.057
	Chlorodabromomathane	15	0.057
	Chloroethane	6	0.27
	bis(2-Chloroethoxy)-methane	7.2	0.036
	bis(2-Chloroethyl)ether	6	0.033
	Chloroform	6	0.046
	bis(2-Chloroisopropyl)-ether	7.2	0.055
	p-Chloro-m-cresol	14	0.018
	2-Chloroethyl vinyl ether	NA	0.062
	Chloxomethane (Methyl chloride)	30	0.19
	2-Chloronaphthalene	5.6	0.055
	2-Chlorophenol	5.7	0.044
	3-Chloropropylene	30	0.036
	Chrysene	3.4	0.059
	o-Cresol	5.6	0.11
	m-Cresol	5.6	0.77
	p-Cresol	5.6	0.77
	Cyclohexanone	0.75 mg/l TCLP	0.36
	1,2-dibromo-3-chloro-propane	15	0.11
	Ethylene dibromide (1,2-Dibromoethane)	15	0.028
	Dibromomethane	15	0.11
	2,4-D (2,4-Dichloroph-enoxyacetic acid)	10	0.72
	o,p'-DDD	0.087	0.023
	p,p'-DDD	0.087	0.023
	o,p'-DDE	0.087	0.031
	p,p'-DDE	0.087	0.031
	c,p'-DDT	0.087	0.0039
	p,p'-DDT	0.087	0.0039
	Dibenz(a,h)anthracene	0.2	0.055
	Dibenz(a,e)pyrene	NA	0.061
	m-Dichlorobenzene	6	0.36
	o-Dichlorobenzene	6	0.088
	p-Dichlorobenzene	6	0.09

	Constituent	NWW	WW
	Dichlorodifluoromethane	7.2	0.23
	1,1-Dichloroethane	6	0.059
	1,2-Dichloroethane	6	0.21
	1,1-Dichloroethylene	6	0.025
	trans-1,2-	30	0.054
	2,4-Dichlorophenol	14	0.044
	2,6-Dichlorophenol	14	0.044
	1,2-Dichloropropane	18	0.85
	cis-1,3-	18	0.036
	trans-1,3-Dichloropropy-lene	18	0.036
	Dieldrin	0.13	0.017
	Diethyl phthalate	28	0.2
	2,4-Dimethyl phenol	14	0.036
	Dimethyl phthalate	28	0.047
	Di-n-butyl phthalate	28	0.057
	1,4-Dinitrobenzene	2.3	0.32
	4,6-Dinitro-o-cresol	160	0.28
	2,4-Dinitrophenol	160	0.12
	2,4-Dinitrotoluene	140	0.32
	2,6-Dinitrotoluene	28	0.55
	Di-n-octyl phthalate	28	0.017
	p-Dimethylaminoazo-benzene	NA	0.13
	Di-n-propylnitrosamine	14	0.4
	1,4-Dioxane	170	NA
	Diphenylamine	13	0.92
	Diphenylnitrosamine	13	0.92
	1,2-Diphenylhydrazine	NA	0.087
	Disulfoton	6.2	0.017
	Endosulfan I	0.866	0.023
	Endosulfan II	0.13	0.029
	Endosulfan sulfate	0.13	0.029
	Endrin	0.13	0.0028
	Endrin aldehyde	0.13	0.025
	Ethyl acetate	33	0.34
	Ethyl cyanide (Propane-nitrile)	360	0.24
	Ethyl benzene	10	0.057
	Ethyl ether	160	0.12
	bis(2-Ethylhexyl)	28	0.28
	Ethyl methacrylate	160	0.14
	Ethylene oxide	NA	0.12
	Famphur	15	0.017
	Fluoranthene	3.4	0.068
	Fluorene	3.4	0.059
	Heptachlor	0.066	0.0012
	Heptachlor epoxide	0.066	0.016
	Hexachlorobenzene	10	0.055
	Hexachlorobutadine	5.6	0.055
	Hexachlorocyclopenta-diene	2.4	0.057
	HxCDDs(Al HxCDDs)	0.001	.000063
	HxCDFs(Al HxCDFs)	0.001	.000063
	Hexachlorethane	36	0.055
	Hexachloropropylene	30	0.035
	Indeno(1,2,3-c,d)pyrene	3.4	0.0055
	Iodomethane	65	0.19
	Isobutyl alcohol	170	5.6
	Isodrin	0.066	0.021
	Isosafrole	2.6	0.081
	Kepone	0.13	0.0011
	Methacrylonitrile	84	0.24
	Methanol .75 mg/l	TCLP	5.06
	Methapyrilene	1.5	0.081
	Methoxychlor	0.18	0.25
	3-Methylcholarathrene	15	0.0055
	4,4-Methylene bis (2-chloroaraline)	30	0.5
	Methylene chloride	30	0.089
	Methyl ethyl ketone	36	0.28
	Methyl isobutyl ketone	33	0.14
	Methyl methacrylate	160	0.14
	Methyl	NA	0.018
	Methyl parathion	4.6	0.014
	Naphthalene	5.6	0.059
	2-Naphthylamine	NA	0.52
	o-Nitroaniline	14	0.27
	p-Nitroaniline	28	0.028
	Nitrobenzene	14	0.068

	Constituent	NWW	WW
	5-Nitro-o-toludine	28	0.32
	o-Nitrophenol	13	0.028
	p-Nitrophenol	29	0.12
	N-Nitrosodiethylamine	28	0.4
	N-Nitrosodimethylamine	2.3	0.4
	N-Nitroso-di-n-butylamine	17	0.4
	N-Nitrosomethylethylamine	2.3	0.4
	N-Nitrosomorpholine	2.3	0.4
	N-Nitrosopiperidine	35	0.13
	N-Nitrosopyrrolidine	35	0.013
	Parathion	4.6	0.014
	Total PCBs(All Arocolors)	10	0.1
	Pentachlorobenzene	10	0.055
	PeCDDs(Al PeCdDs)	0.001	.0000
	PeCDFs(Al PeCdFs)	0.001	.0000
	Pentachloroethane	6	0.055
	Pentachloronitrobenzene	4.8	0.055
	Pentachlorophenol	7.4	0.089
	Phenacetin	16	0.081
	Phenanthrene	5.6	0.059
	Phenol	6.2	0.039
	Phorate	4.6	0.021
	Phthalic acid	28	0.055
	Phthalic anhydride	28	0.055
	Pronamide	1.5	0.093
	Pyrene	0.2	0.067
	Pyridine	1.6	0.014
	Safrole	22	0.081
	Silvex(2,4,5-TP)	7.9	0.72
	2,4,5-T(2,4,5-Trichlorophen-oxyacetic acid)	7.9	0.72
	1,2,4,5-Tetrachlorobenzene	14	0.055
	TCDDs(Al TCDDs)	0.001	.0000
	TCDFs(Al TCDFs)	0.001	.0000
	1,1,1,2-Tetrachloroethane	6	0.057
	1,1,2,2-Tetrachloroethane	6	0.057
X	Tetrachloroethylene	6	0.056
	2,3,4,6-Tetrachlorophenol	7.4	0.03
X	Toluene	10	0.08
	Toxaphene	2.6	0.009
	Bromoform(Tribromome-thane)	15	0.63
	1,2,4-Trichlorobenzene	19	0.055
	1,1,1-Trichloroethane	6	0.054
	1,1,2-Trichloroethane	6	0.054
X	Trichloroethylene	6	0.054
	Trichloromonofluoro-methane	30	0.82
	2,4,5-Trichlorophenol	7.4	0.18
	2,4,6-Trichlorophenol	7.4	0.035
	1,2,3-Trichloropropane	38	0.85
	1,1,2-Trichloro-1,2,2-tri-fluoroethane	38	0.057
	tris-(2,3-dibromopropyl) phosphate	0.1	0.11
	Vinyl chloride	6	0.27
X	Xylenes-all mixed isomers	30	0.22
	Antimony		1.9
X	Arsenic	5.0 mg/l TCLP	1.4
	Barium	7.6 mg/l TCLP	1.2
X	Berylium	.014 mg/l TCLP	0.82
X	Cadmium	0.19 mg/l TCLP	0.69
	Chromium (Total)	0.86 mg/l TCLP	2.77
	Cyanides (Total)*	590	1.2
	Cyanides (Amenable)*	30	0.06
	Fluoride	NA	35
X	Lead	0.37 mg/l TCLP	0.69
	Mercury-non wastewater from Retort	0.20 mg/l TCLP	NA
	Mercury-All Others	.025 mg/l TCLP	0.15
	Nickel	5.0 mg/l TCLP	3.98
	Selenium	0.16 mg/l TCLP	0.82
	Silver	0.30 mg/l TCLP	0.43
	Sulfide	NA	14
	Thallium	0.70 mg/l TCLP	1.4
	Vanadium	0.23 mg/l TCLP	4.3
	Zinc	5.3 mg/l TCLP	2.61

(*) Both Cyanides (Total) and Cyanides (Amenable) for nonwastewaters are to be analyzed using SW-846 Method 9010 or 9012 with a sample sid

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

Received 3-18-9

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.
I N D 0 0 6 4 1 4 7 8 3	2 9 4 2 4		

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111 EXT. 2851

A. State Manifest Document Number: INA 1229424
B. State Generator's ID:

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID	D. Transporter's Phone
LIQUID WASTE REMOVAL, INCORPORATED	I N D 9 8 5 0 4 6 4 9 9	IN4961000021	317-881-9754

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
ESSROC MATERIALS 3084 WEST COUNTY ROAD 225 SOUTH LOGANSPORT, IN 46947	I N D 0 0 5 0 8 1 5 4 2		219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	0 0 1	T T	00055	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL# L000081

K. Handling Codes for Wastes Listed Above
T50/T16

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE #127
LWR #: CP1335

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

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
DAN Boucher		03	03	98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Robert L. Morrick	Robert L. Morrick	03	03	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date 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 item 19.

Printed/Typed Name	Signature	Date Month	Day	Year

GENERATOR (day or night) and the

In case of a spill call the Indiana Office of Environmental Response at 800-424-8802 or 208-326-2075.

INA 1229424

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R3 / 12-95)

COPY 4. TSD MAIL TO GENERATOR

Essroc
Italcementi Group
Logansport, IN 46947

Certificate of Thermal Destruction

EPA ID#: IND006414783
Generator: ARVIN NORTH AMERICAN AUTOMOTIVE
Address: 1001 NORTH HURRICANE STRE

FRANKLIN, IN, USA 46131
Contact: DAN BOUCHER

Gentlemen:

Essroc Cement Corp. (IND 005 08-1 542) has processed waste from:

ARVIN NORTH AMERICAN AUTOMOTIVE

As Indicated on Manifest
INA1229424

And Hereby Certifies That This Waste Was Thermally Destroyed At
ESSROC's TSD Facility (IND 005 081 542)
Logansport, Indiana

Between
3/5/98 and 3/6/98
In the Amount of 413 lbs (55 gallons)

Date Load Received: 3/5/98

CP Recycling Load Record Number: 20-17303

Environmental Manager

3/7/98
Date

OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

Reamed 2-3-98

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. I N D 0 0 6 4 1 4 7 8 3 | Manifest Document No. 7 2 7 2 7

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111

A. State Manifest Document Number INA 1172727

B. State Generator's ID

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
ESSROC MATERIALS
STATE ROAD 25 SOUTH
LOGANSPORT, IN 46947
10. US EPA ID Number: I.N.D.0.0.5.0.8.1.5.4.2
G. State Facility's ID
H. Facility's Phone: 219-753-5121

	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	AQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	0 0 1	T T	00055	G	D001
b						
c						
d						

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL # L000081

K. Handling Codes for Wastes Listed Above
T50/T16 S02 T81

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE # 127
LWR #: CP1335

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GENERATOR — Printed/Typed Name: Dan Boucher | Signature | Date: Month 8 Day 1 Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Larry Klar | Signature | Date: Month 8 Day 1 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: 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 item 19.
Printed/Typed Name: BRIAN CAMPBELL | Signature | Date: Month 9 Day 25 Year 98

INA 1172727

In case of a spill call the Indiana Office of Environmental Response at 800-424-8802 or 202-426-2675 National Response Center at

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

Essroc
Italcemen
Logansport, IN 46947

Certificate of Thermal Destruction

EPA ID#: IND006414783
Generator: ARVIN NORTH AMERICAN AUTOMOTIVE
Address: 1001 NORTH HURRICANE STRE

FRANKLIN, IN, USA 46131
Contact: DAN BOUCHER

Gentlemen:

Essroc Cement Corp. (IND 005 08-1 542) has processed waste from:
ARVIN NORTH AMERICAN AUTOMOTIVE

As Indicated on Manifest
INA1172727

And Hereby Certifies That This Waste Was Thermally Destroyed At
ESSROC's TSD Facility (IND 005 081 542)
Logansport, Indiana

Between
1/23/98 and 1/24/98
In the Amount of 407 lbs (52 gallons)

Date Load Received: 1/23/98

CP Recycling Load Record Number: 20-16853

Environmental Manager

1/25/98
Date

OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.
I N D 0 0 6 4 3 4 7 8 3	[illegible]		

3. Generator's Name and Mailing Address
AAVID NORTH AMERICAN AUTOMOTIVE
1001 NORTH MORGAN STREET FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111

A. State Manifest Document Number: INA 1172727

B. State Generator's ID:

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I.N.D.9.8.3.0.4.6.4.9
C. State Transporter's ID: 1349610000021
D. Transporter's Phone: 317-881-9754

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
EDSROC MATERIALS
STATE ROAD 25 SOUTH
LOGANSPORT, IN 46947
10. US EPA ID Number: I.N.D.0.0.5.0.8.1.5.4.2
G. State Facility's ID:
H. Facility's Phone: 219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PG I (D001, F003, F005)	0 0 1	T T	[illegible]	G	D001
b					
c					
d					

J Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL # L000081

K. Handling Codes for Wastes Listed Above
T50/T16

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: CALL 24HR 317-881-9754
E.P.A. GUIDE # 127
LAB #: CP1535

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

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Printed/Typed Name	Signature	Date Month	Day	Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
[illegible]	[illegible]			

18. Transporter 2 Acknowledgement 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 item 19.

Printed/Typed Name	Signature	Date Month	Day	Year

GENERATOR
TRANSPORTER
FACILITY

In case of a spill call the Indiana Office of Environmental Response at [illegible] (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 1172727

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

ESSROC MATERIALS

LAND DISPOSAL RESTRICTION (LDR) AND NOTIFICATION FORM

enerator Name	ARVIN NORTH AMERICAN AUTOMOTIVE	US EPA ID #	IND 006 414 783
Address	1001 NORTH HURRICANE STREET	Manifest #	72727
	FRANKLIN, IN 46131	Profile #(s)	L000081

B. ☒ (Check if applicable)

Restricted Waste contained in this shipment and referenced by the above Manifest number that are listed below are subject to the treatment standards set forth in 40 CFR 268.40. For each waste code, list the corresponding Subcategory, if applicable. Record an "X" in the appropriate column below for Treatability Group and each disclosure form attached.

(1) Profile Number	(2) USEPA Hazardous Waste Code	(3) Subcategory (if applicable)	(4) Treatability group*		(5) F001-F005 Disclosure Form Attached	(6) UTS Disclosure Form Attached	(7) Lab Pack 40 CFR 268 App. IV
			NWW	WW			
L000081	D001	IGNITABLE LIQ. HIGH TOC	X				
"	F003	XYLENE	X		X		
"	F005	TOLUENE	X		X		
"	DOO5	BARIUM	X			X	
"	D006	CADIUM	X			X	
"	D007	CHROMIUM	X			X	
"	D008	LEAD	X			X	
"	D018	BENZENE NON CWA	X			X	
"	D035	MEK / NON CWA	X			X	
"	D039	TRICHLOR. / NON CWA	X			X	
"	D040	TRICHLOR. / NON CWA	X			X	

(*) Include drum number if this waste pertains to a lab pack.

C. California List Constituents and their Prohibition Levels

Profile Number	USEPA Hazardous Waste Code		Constituent	Concentration
		☐	Liquid wastes containing Nickel	134 mg/L
		☐	Liquid wastes containing Thallium	130 mg/L
L000081	F003, F005	X	Wastes containing HOC's*	
			(*) HOC's as defined in 40 CFR 268 Appendix III.	

D. LAB PACK CERTIFICATION: If you waste is packaged in lab packs and does not contain any waste codes in Appendix IV (see list below), the following certifications must be completed and the corresponding container numbers must be listed also. If the waste is packaged in lab packs and they include waste codes in Appendix IV, then table B (page 2) must be completed for those containers and the respective waste codes.

APPENDIX IV codes: D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack does not contain any wastes identified at 40 CFR 268.42 (c) (2). I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Generator Signature _____ Date _____

Container Number: _____

E. Notification Statement: This waste must be treated to the applicable treatment standards set forth in 40 CFR 268 Subpart D, Section 268.32, or RCRA tion 3004 (d). Waste analysis is attached where available, otherwise the information herein is based upon my thorough knowledge of the waste(s). I by certify that the information provided is complete and accurate based on my knowledge of the materials.

Generator Signature _____ Date 1-19-98

Treatment Standards for F001 - F005 Spent Solvents Disclosure Form

ing constituents for F001 - F005. The waste material referenced in page 2 section B meets the treatment standards for the hazardous constituents below.

Profile Number: L000081

Hazardous Waste No.		Constituents of concern	Nonwastewater		Wastewater
			Total composition mg/kg	TCLP mg/L	Total composition mg/L
F001-	☐	Carbon tetrachloride	5.6	-	0.06
	☐	Methylene chloride	33	-	0.09
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-Ttrifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F002-	☐	Chlorobenzene	5.7	-	0.06
	☐	o-Dichlorobenzene	6.2	-	0.09
	☐	Methylene chloride	33	-	0.09
	☐	Methylene chloride (Pharmaceutical Industry-Wastewater Subcategory)	-	-	0.44
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	1,1,2-Trichloroethane	7.6	-	0.03
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-trifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F003-	☐	Acetone	160	-	0.28
	☐	n-Butyl alcohol	2.6	-	5.6
	☐	Cyclohexanone*		0.75	0.36*
	☐	Ethyl acetate	33	-	0.34
	☐	Ethyl benzene	6	-	0.06
	☐	Ethyl ether	160	-	0.12
	☐	Methanol*		0.75	5.6*
	☐	Methyl isobutyl keytone	33	-	0.14
	X	Xylenes (total)	28	-	0.32
F004-	☐	Cresol (m- and p- isomers)	3.2	-	0.77
	☐	o-Cresol	5.6	-	0.11
	☐	Nitrobenzene	14	-	0.07
F005-	☐	Benzene	3.7	-	0.07
	☐	Carbon disulfide*		4.8	0.014*
	☐	2-Ethoxyethanol	INCIN	-	BIODG; or INCIN
	☐	Isobutyl alcohol	170	-	5.6
	☐	Methyl ethyl keytone	36	-	0.28
	☐	2-Nitropropane	INCIN	-	(WETOX or CHOXD)
	☐	Pyridine	16	-	0.01
	X	Toluene	28	-	0.08

Note: F005 spent solvent wastes containing 2-Nitropropane and/or 2-Ethoxyethanol have treatment standards outlined in 40 CFR 268.40 and must be referenced in Table B page 2. (*)The treatment standards for Carbon Disulfide, Cyclohexanone, and Methanol nonwastewaters are based on the TCLP and apply only to spent solvents containing one, two, or all three of these constituents. If a waste contains any of these three constituents along with any other constituents found in F001-F005, then only the treatment standards for the other constituents apply (i.e., the standards for Carbon Disulfide, Cyclohexanone, and Methanol do not apply when other constituents are present).

ESSROC MATERIALS (LDR Continued)
Universal Treatment Standards Disclosure Form

Underlying constituents for D001**(low TOC, non-CWA), D002 (non-CWA, D012-D017 (nonwastewater), D018-D043 (non-CWA), and F039. The Waste material referenced in Section B exceeds the treatment standards for the hazardous constituents marked below.

☐ Check if none of the underlying hazardous constituents apply

Profile number: L000081

	Constituent	NWW	WW
	Acenaphthyisne	3.4	0.059
	Acenaphthene	3.4	0.059
	Acetone	160	0.28
	Acetonitrile	1.8	5.6
	Acetophenone	9.7	0.01
	2-Acetylaminofluorene	140	0.059
	Acrolein	NA	0.29
	Acrylamide	23	19
	Acrylonitrile	84	0.24
	Aldrin	0.066	0.021
	4-Aminodiphenyl	NA	0.13
	Aniline	14	0.81
	Anthracene	3.4	0.059
	Aramite	NA	0.36
	alpha-BHC	0.066	0.00014
	beta-BHC	0.066	0.00014
	delta-BHC	0.066	0.023
	gamma-BHC	0.066	0.0017
X	Benzene	10	0.14
	Benz(a)anthracene	3.4	0.059
	Benzal chloride	6	0.055
	Benzo(b)fluoanthene	6.8	0.11
	Benzo(k)fluoanthene	6.8	0.11
	Benzo(g,h,i)perylene	1.8	0.0055
	Benzo(a)pyrene	3.4	0.061
	Bromodichloromethane	15	0.35
	Methyl bromide (Bromomethane)	15	0.11
	4-Bromophenyl phenyl ether	15	0.55
	n-Butyl alcohol	2.6	5.6
	Butyl benzyl phthalate	28	0.017
	2-sec-Butyl-4,6-dinitrophenol (Dinoseb)	2.5	0.066
	Carbon disulfide	4.0 mg/l TCLP	3.8
	Carbon tetrachloride	6	0.057
	Chlordane (alpha and gamma isomers)	0.26	0.0033
	p-Chloroaniline	16	0.46
	Chlorobenzene	6	0.057
	Chlorobenzilate	NA	0.1
	2-chloro-1,3-butadine	0.28	0.057
	Chlorodabromomathane	15	0.057
	Chloroethane	6	0.27
	bis(2-Chloroethoxy)-methane	7.2	0.036
	bis(2-Chloroethyl)ether	6	0.033
	Chloroform	6	0.046
	bis(2-Chloroisopropyl)-ether	7.2	0.055
	p-Chloro-m-cresol	14	0.018
	2-Chloroethyl vinyl ether	NA	0.062
	Chloxomethane (Methyl chloride)	30	0.19
	2-Chloronaphthalene	5.6	0.055
	2-Chlorophenol	5.7	0.044
	3-Chloropropylene	30	0.036
	Chrysene	3.4	0.059
	o-Cresol	5.6	0.11
	m-Cresol	5.6	0.77
	p-Cresol	5.6	0.77
	Cyclohexanone	0.75 mg/l TCLP	0.36
	1,2-dibromo-3-chloro-propane	15	0.11
	Ethylene dibromide (1,2-Dibromoethane)	15	0.028
	Dibromomethane	15	0.11
	2,4-D (2,4-Dichlorophenoxyacetic acid)	10	0.72
	o,p'-DDD	0.087	0.023
	p,p'-DDD	0.087	0.023
	o,p'-DDE	0.087	0.031
	p,p'-DDE	0.087	0.031
	c,p'-DDT	0.087	0.0039
	p,p'-DDT	0.087	0.0039
	Dibenz(a,h)anthracene	0.2	0.055
	Dibenz(a,e)pyrene	NA	0.061
	m-Dichlorobenzene	6	0.36
	o-Dichlorobenzene	6	0.088
	p-Dichlorobenzene	6	0.09

	Constituent	NWW	WW
	Dichlorodifluoromethane	7.2	0.23
	1,1-Dichloroethane	6	0.059
	1,2-Dichloroethane	6	0.21
	1,1-Dichloroethylene	6	0.025
	trans-1,2-	30	0.054
	2,4-Dichlorophenol	14	0.044
	2,6-Dichlorophenol	14	0.044
	1,2-Dichloropropane	18	0.85
	cis-1,3-	18	0.036
	trans-1,3-Dichloropropylene	18	0.036
	Dieldrin	0.13	0.017
	Diethyl phthalate	28	0.2
	2,4-Dimethyl phenol	14	0.036
	Dimethyl phthalate	28	0.047
	Di-n-butyl phthalate	28	0.057
	1,4-Dinitrobenzene	2.3	0.32
	4,6-Dinitro-o-cresol	160	0.28
	2,4-Dinitrophenol	160	0.12
	2,4-Dinitrotoluene	140	0.32
	2,6-Dinitrotoluene	28	0.55
	Di-n-octyl phthalate	28	0.017
	p-Dimethylaminoazobenzene	NA	0.13
	Di-n-propylnitrosamine	14	0.4
	1,4-Dioxane	170	NA
	Diphenylamine	13	0.92
	Diphenylnitrosamine	13	0.92
	1,2-Diphenylhydrazine	NA	0.087
	Disulfoton	6.2	0.017
	Endosulfan I	0.866	0.023
	Endosulfan II	0.13	0.029
	Endosulfan sulfate	0.13	0.029
	Endrin	0.13	0.0028
	Endrin aldehyde	0.13	0.025
	Ethyl acetate	33	0.34
	Ethyl cyanide (Propanenitrile)	360	0.24
	Ethyl benzene	10	0.057
	Ethyl ether	160	0.12
	bis(2-Ethylhexyl)	28	0.28
	Ethyl methacrylate	160	0.14
	Ethylene oxide	NA	0.12
	Famphur	15	0.017
	Fluoranthene	3.4	0.068
	Fluorene	3.4	0.059
	Heptachlor	0.066	0.0012
	Heptachlor epoxide	0.066	0.016
	Hexachlorobenzene	10	0.055
	Hexachlorobutadine	5.6	0.055
	Hexachlorocyclopentadiene	2.4	0.057
	HxCDDs(Al HxCDDs)	0.001	.000063
	HxCDFs(Al HxCDFs)	0.001	.000063
	Hexachlorethane	36	0.055
	Hexachloropropylene	30	0.035
	Indeno(1,2,3-c,d)pyrene	3.4	0.0055
	Iodomethane	65	0.19
	Isobutyl alcohol	170	5.6
	Isodrin	0.066	0.021
	Isosafrole	2.6	0.081
	Kepone	0.13	0.0011
	Methacrylonitrile	84	0.24
	Methanol .75 mg/l	TCLP	5.06
	Methapyrilene	1.5	0.081
	Methoxychlor	0.18	0.25
	3-Methylcholarathrene	15	0.0055
	4,4-Methylene bis (2-chloroaraline)	30	0.5
	Methylene chloride	30	0.089
	Methyl ethyl ketone	36	0.28
	Methyl isobutyl ketone	33	0.14
	Methyl methacrylate	160	0.14
	Methyl	NA	0.018
	Methyl parathion	4.6	0.014
	Naphthalene	5.6	0.059
	2-Naphthylamine	NA	0.52
	o-Nitroaniline	14	0.27
	p-Nitroaniline	28	0.028
	Nitrobenzene	14	0.068

	Constituent	NWW	WW
	5-Nitro-o-toludine	28	0.32
	o-Nitrophenol	13	0.028
	p-Nitrophenol	29	0.12
	N-Nitrosodiethylamine	28	0.4
	N-Nitrosodimethylamine	2.3	0.4
	N-Nitroso-di-n-butylamine	17	0.4
	N-Nitrosomethylethylamine	2.3	0.4
	N-Nitrosomorpholine	2.3	0.4
	N-Nitrosopiperidine	35	0.13
	N-Nitrosopyrrolidine	35	0.013
	Parathion	4.6	0.014
	Total PCBs(All Arocolors)	10	0.1
	Pentachlorobenzene	10	0.055
	PeCDDs(Al PeCdDs)	0.001	.0000
	PeCDFs(Al PeCdFs)	0.001	.0000
	Pentachloroethane	6	0.055
	Pentachloronitrobenzene	4.8	0.055
	Pentachlorophenol	7.4	0.089
	Phenacetin	16	0.081
	Phenanthrene	5.6	0.059
	Phenol	6.2	0.039
	Phorate	4.6	0.021
	Phthalic acid	28	0.055
	Phthalic anhydride	28	0.055
	Pronamide	1.5	0.093
	Pyrene	0.2	0.067
	Pyridine	1.6	0.014
	Safrole	22	0.081
	Silvex(2,4,5-TP)	7.9	0.72
	2,4,5-T(2,4,5-Trichlorophen-oxyacetic acid)	7.9	0.72
	1,2,4,5-Tetrachlorobenzene	14	0.055
	TCDDs(Al TCDDs)	0.001	.0000
	TCDFs(Al TCDFs)	0.001	.0000
	1,1,1,2-Tetrachloroethane	6	0.057
	1,1,2,2-Tetrachloroethane	6	0.057
X	Tetrachloroethylene	6	0.056
	2,3,4,6-Tetrachlorophenol	7.4	0.03
X	Toluene	10	0.08
	Toxaphene	2.6	0.009
	Bromoform(Tribromomethane)	15	0.63
	1,2,4-Trichlorobenzene	19	0.055
	1,1,1-Trichloroethane	6	0.054
	1,1,2-Trichloroethane	6	0.054
X	Trichloroethylene	6	0.054
	Trichloromonofluoromethane	30	0.82
	2,4,5-Trichlorophenol	7.4	0.18
	2,4,6-Trichlorophenol	7.4	0.035
	1,2,3-Trichloropropane	38	0.85
	1,1,2-Trichloro-1,2,2-trifluoroethane	38	0.057
	tris-(2,3-dibromopropyl) phosphate	0.1	0.11
	Vinyl chloride	6	0.27
X	Xylenes-all mixed isomers	30	0.22
	Antimony		1.9
X	Arsenic	5.0 mg/l TCLP	1.4
	Barium	7.6 mg/l TCLP	1.2
X	Berylium	.014 mg/l TCLP	0.82
X	Cadmium	0.19 mg/l TCLP	0.69
	Chromium (Total)	0.86 mg/l TCLP	2.77
	Cyanides (Total)*	590	1.2
	Cyanides (Amenable)*	30	0.06
	Fluoride	NA	35
X	Lead	0.37 mg/l TCLP	0.69
	Mercury-non wastewater from Retort	0.20 mg/l TCLP	NA
	Mercury-All Others	.025 mg/l TCLP	0.15
	Nickel	5.0 mg/l TCLP	3.98
	Selenium	0.16 mg/l TCLP	0.82
	Silver	0.30 mg/l TCLP	0.43
	Sulfide	NA	14
	Thallium	0.70 mg/l TCLP	1.4
	Vanadium	0.23 mg/l TCLP	4.3
	Zinc	5.3 mg/l TCLP	2.61

OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

Received 2-2-98

PLEASE 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 No.	Manifest Document No.	2. Page 1 of
I N D 0 0 6 4 1 4 7 8 3	2 9 0 9 2	

Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone 317) 736-7111

A. State Manifest Document Number INA 1229092

B. State Generator's ID

5. Transporter 1 Company Name LIQUID WASTE REMOVAL, INCORPORATED

6. US EPA ID Number I N D 9 8 5 0 4 6 4 9 9

C. State Transporter's ID 3845610000021

D. Transporter's Phone 317-881-9754

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
ENVIRONMENTAL ENTERPRISES, INCORPORATED
4650 SPRING GROVE AVENUE
CINCINNATI, OH 45232

10. US EPA ID Number O H D 0 8 3 3 7 7 0 1 0

G. State Facility's ID

H. Facility's Phone 513-541-1823

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	001	DM	00055	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above

APPROVAL # X10079
LINE ITEM B ALSO CARRIES: F003, F005, D035

15. Special Handling Instructions and Additional Information

EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE # 127

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

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
DAN LOUCH		01	05	98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Robert L. Mauck		01	05	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date 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 item 19.

Printed/Typed Name	Signature	Date Month	Day	Year
Angela Owens		01	08	98

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R3 / 12-95)

COPY 4. TSD MAIL TO GENERATOR

GENERATOR

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 1229092

OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE 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 No.: I N D 0 0 6 4 1 4 7 8 3 | Manifest Document No.: 2 9 0 9 2

2. Page 1 of 1

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3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone 317) 736-7111

A. State Manifest Document Number: INA 1229092

B. State Generator's ID:

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED

6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9

C. State Transporter's ID: IN4961000021

D. Transporter's Phone: 317-881-9754

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
ENVIRONMENTAL ENTERPRISES, INCORPORATED
4650 SPRING GROVE AVENUE
CINCINNATI, OH 45232

10. US EPA ID Number: O H D 0 6 3 3 7 7 0 1 0

G. State Facility's ID:

H. Facility's Phone: 513-541-1823

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	001	DM	00055	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
APPROVAL # X10079
LINE ITEM B ALSO CARRIES: F003, F005, D035

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE # 127

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

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.

GENERATOR

Printed/Typed Name: Dan Bowcker | Signature | Date: Month 01 Day 05 Year 98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert L. Warwick | Signature | Date: Month 01 Day 05 Year 98

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: 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 item 19.
Printed/Typed Name | Signature | Date: Month Day Year

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R3 / 12-95)

COPY 8. GENERATOR COPY

In case of a spill call the Indiana Office of Environmental Response at 800/424-8802 or 202/426-2675 (day or night) and the National Response Center at

INA 1229092

Environmental Enterprises Incorporated

TREATMENT FACILITY
4650 Spring Grove Ave.
Cincinnati, Ohio 45232
(513) 541 - 1823

EPA ID # : OHD 083377010

OFFICE / LABORATORY
10163 Cincinnati - Dayton Rd.
Cincinnati, Ohio 45241
(513) 772 - 2818

ENVIRONMENTAL ENTERPRISES, INC. UNDERLYING HAZARDOUS CONSTITUENT DETERMINATION AND CERTIFICATION

Hazardous wastes that exhibit the characteristics of ignitability (D001), corrosivity (D002), and toxity characteristics for organics (D018-D043) and, are not being managed in Clean Water Act systems or Class I injection wells must be treated to remove the hazardous characteristic, and treated to the treatment standards in 40 CFR 268.48 Table UTS - Universal Treatment Standards for all underlying hazardous constituents reasonably expected to be present in the waste at the point of generation.

Please complete this form for all D001, D002, and D018-D043 waste. This determination may be made based on generator knowledge or analysis.

Generator: ARVIN NORTH AMERICAN AUTO Broker: LIQUID WASTE REMOVAL, INC. Profile #: X 10079

Waste Name: WASTE paint Related Process Generating Waste _____

Waste Codes: D001, F003, F005, D035 Treatability Group: _____ Wastewater X Non-Wastewater

D001 indicate subcategory: [X] ignitable liquid high TOC >10% [ ] ignitable liquid low TOC <10% [ ] ignitable reactive
[ ] oxidizer

ndicate subcategory: [ ] Alkaline Aqueous Liquid pH >12.5 [ ] Acid Aqueous Liquid ph <2

8-D043 (Specify) _____

1. Does this waste contain any of the underlying hazardous constituents listed in Table UTS 40 CFR 268.48? _____ Yes X No
   If yes, please complete Questions 2 & 3 and sign certification.
   If no, please complete Question 3 and sign certification.

2. List all underlying constituents applicable to this waste at the point of generation. Refer to 40 CFR 268.40 Table UTS listed on the back of this form.

2a. [ ] This waste meets the Universal Treatment Standards for all "underlying constituents" listed above. (Please provide supporting analytical data).

2b. [ ] This waste does not meet the Universal Treatment Standards for the "underlying constituents" listed above and must be treated before this waste can be land disposed.

3. This information above was determined by: [X] Generator's knowledge of the waste
   [ ] Laboratory analysis (attached)

CERTIFICATION

The above information is true and accurate and is based on an analysis of a representative sample of the waste in accordance with EPA guidelines document SW-846-190 and EPA 60012-80-018, or on my thorough knowledge of the waste.

by: Dan Burk Company: Arvin Exhaust Date: 1-5-98

Printed On Recycled and Recyclable Paper

RESTRICTED WASTE NOTIFICATION & CERTIFICATION

Generator: ARVIN NORTH AMERICAN AUTOMOTIVE Manifest Document No: 29092 State Manifest No: INA1229092
E.E.I. Profile No: X10079 Treatability Group: (check one) _____ Wastewater X Non-Wastewater
This shipment contains waste(s) restricted from land disposal under 40 CFR Part 268 and OAC Chapter 3745-59. Mark ALL APPLICABLE SPACES ON THE FRONT AND BACK OF THIS FORM.

X A. RESTRICTED WASTE REQUIRING TREATMENT
This shipment contains restricted wastes that must be treated to comply with the applicable treatment standards and/or prohibitions prior to land disposal (see reverse side for F001 - F005, & California list waste(s) (Mark all that apply).
X Solvent bearing waste (F001 - F005) Waste Code(s) F003, F005. California List Waste Code(s) _____
X Other (complete table below) Waste code(s) D001, D035 Appendix IV or V Lab Pack (must complete Section F)

___ B. RESTRICTED WASTE SUBJECT TO VARIANCE (complete table below) Waste Code(s) _____.
This shipment contains a restricted waste subject to a nationwide variance that expires on _____.

___ C. RESTRICTED WASTE THAT CAN BE LANDFILLED WITHOUT FURTHER TREATMENT (complete the table below) Waste code(s) _____.
This shipment contains a restricted waste that meets the applicable treatment standards and/or prohibition levels and can be landfilled without further treatment. I have attached all available supporting data.
"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, Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 268.32, and Rule 3745-59-32 of the Administrative code or RCRA Section 300(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 a fine and imprisonment".
Evaluation of this waste is based upon: ____ Analysis (attached) ____ Knowledge of waste (materials used/process employed)

___ D. RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS (complete table below) Waste code(s) _____.
"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 on 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) in Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 40 268.32 and in Rule 3745-59-32 of the Administrative Code or RCRA section 3004(d) without impermissible dilution of the prohibited waste. I am aware that there e significant penalties for submitting a false certification, including the possibility of fine and imprisonment".

___ E. RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THAT TECHNOLOGY)
(complete the table below) Waste code(s) _____.
"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42 and rule 3745-59-42 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment".

US EPA Waste Code	SUBCATEGORY (if any)	PERFORMANCE BASED TREATMENT STD. (check one) 268.41(a)	268.43(a)	SPECIFIED TECHNOLOGY 268.42 (SPECIFY)	TREATABILITY GROUP Wastewater or Non-Wastewater
D001					NWW
F003					11
F005					11
D035					11

___ F. LAB PACK CERTIFICATIONS (check applicable certification below) Waste code(s) _____.

APPENDIX IV CERTIFICATION

____ a) I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV part 268 and in Appendix I to rule 3745-59-42 of the Administrative Code or wastes not subject to regulation under Chapter 3745-51 of the Administrative Code or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

APPENDIX V CERTIFICATION

___ b) 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 and that the lab pack contains only organic wastes specified in appendix V part 268 and in Appendix II Rule 3745-49-42 of the Administrative Code or solid wastes not subject to regulation under 40 CFR part 261 or wastes not subject to regulation under Chapter 3745-51 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Signature _____ Title Safety & Environ Coor. Date 1-5-98

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: L N D 0 0 6 4 1 4 7 8 3 | Manifest Document No.: 3 8 3 6 1
2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

GENERATOR

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number: INA 1038361
B. State Generator's ID:

4. Generator's Phone (317) 736-7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INC.
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
PERMA-FIX OF DAYTON, INCORPORATED
300 SOUTH WEST END AVENUE
DAYTON, OH 45427
10. US EPA ID Number: O H D 0 0 4 2 7 4 0 3 1
G. State Facility's ID:
H. Facility's Phone: 800-543-3670

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	0 0	1 T	T 001.10	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018 D035, D039, D040

K. Handling Codes for Wastes Listed Above
T-50

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE #26

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

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Printed/Typed Name	Signature	Date Month	Day	Year
Dan Reed		1	10	95

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Larry Karr	Larry Karr	1	10	95

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date 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 item 19.

Printed/Typed Name	Signature	Date Month	Day	Year
Connie Kushmaul	Connie Kushmaul	1	10	95

INA 1038361

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

In case of a spill call the Indiana Office of Environmental Response at 241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

P.O. Box 7035
Indianapolis, IN 46207-7035

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ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number: INA 1038361
B. State Generator's ID:

4. Generator's Phone (317) 736-7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INC.
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
PERMA-FIX OF DAYTON, INCORPORATED
300 SOUTH WEST END AVENUE
DAYTON, OH 45427
10. US EPA ID Number: O H D 0 0 4 2 7 4 0 3 1
G. State Facility's ID:
H. Facility's Phone: 800-543-3670

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	0 0 1	T	T 001.0	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018 D035, D039, D040

K. Handling Codes for Wastes Listed Above
T-50

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE #26

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

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: DAN Boucher | Signature | Date: Month 1 Day 1 Year 95

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Larry Karr | Signature | Date: Month 1 Day 1 Year 95

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: 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 item 19.
Printed/Typed Name | Signature | Date: Month Day Year

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

COPY 2. GENERATOR MAIL TO GENERATOR STATE

In case of a spill call the Indiana Office of Environmental Respons
National Response Center at 800/424-8802 or 202/426-2675.

INA 1038361

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT ☐ DIS ☐ REJ ☐ PR ☐

1969

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

Please print or type.

Form Approved. OMB No. 2050-0039 Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No. I N D 0 4 4 1 4 7 8 3 | Manifest Document No. 2 4 2 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
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE, E FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111

A. State Manifest Document Number MI 2724264

B. State Generator's ID

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INC.
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 5

C. State Transporter's ID

D. Transporter's Phone 317-881-9754

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: CHEM-MET SERVICES, INC.
18550 ALLEN ROAD
WYANDOTTE, MI 48192
10. US EPA ID Number: M I D 0 9 6 9 6 3 1 9 4

G. State Facility's ID

H. Facility's Phone 313-282-9250

	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.	NON-HAZARDOUS OIL SLUDGE	001	DM	00200	P	021L	N
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above: APPROVAL #ARV7&301

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

15. Special Handling Instructions and Additional Information
BILL TO: LIQUID WASTE REMOVAL EMERGENCY RESPONSE: GARY BUSH 317-881-9754 ER GUIDE#NA

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.

GENERATOR

Printed/Typed Name: Ron Williams | Signature: Ron Williams | Date: Month 11 Day 30 Year 95

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Michael Moore | Signature | Date: Month 12 Day 1 Year 95

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name | Signature | Date: 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 | Date: Month Day Year

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

EPA Form 8700-22 (Rev. 9/88) GENERATOR 2nd COPY PR 5110 Rev. 10/91

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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

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 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I N D 0 0 4 1 4 7 8 3 — Manifest Document No. 2 4 2 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
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE, E FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111

5. Transporter 1 Company Name — 6. US EPA ID Number
LIQUID WASTE REMOVAL, INC. — I N D 9 8 5 0 4 6 4 9 9

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

9. Designated Facility Name and Site Address — 10. US EPA ID Number
CHEM-MET SERVICES, INC.
18550 ALLEN ROAD
WYANDOTTE, MI 48192 — M I D 0 9 6 9 6 3 1 9 4

A. State Manifest Document Number: MI 2724264
B. State Generator's ID:
C. State Transporter's ID: MI6961000021
D. Transporter's Phone: 317-881-9754
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 313-282-9250

	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.	NON-HAZARDOUS OIL SLUDGE	001	DM	00200	P	021L	N
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
APPROVAL #ARV78301

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

15. Special Handling Instructions and Additional Information
BILL TO: LIQUID WASTE REMOVAL EMERGENCY RESPONSE: GARY BUSH 317-881-9754 ER GUIDE#NA

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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GENERATOR

Printed/Typed Name: Ron Williams — Signature: Ron Williams — Date (Month Day Year): 11/20/95

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Michael L Moore — Signature — Date (Month Day Year): 11/20/95

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name — Signature — Date (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 — Date (Month Day Year):

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

TO 17277 SOG

5 disposal form(s) with 1 truck load

Load = 12 cubic yards

SPECIAL WASTE DISPOSAL NOTIFICATION

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE Tecnical Contact: DWAYNE GOEDL
Mailing Address: 1001 HURRICANE STREET Generator Location: SAME
FRANKLIN, IN. 46131

COUNTY: JOHNSON
Emergency Response Phone Number: GARY BUSH 317-881-9754

WASTE CERTIFICATION INFORMATION

Waste Name: CARWASH SETTLING PIT GRIT Certification Number: 50602 Expiration Date: 7/25/00

Description of Waste: SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

X Bud Wray — Name(print or type)
Signature — Date(MM/DD/YY) 2-19-96

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS Mailing Address: 3434 SOUTH HARDING STREET INDIANAPOLSI, IN. 46217

Driver's Signature
Date(MM/DD/YY) 2-27-96

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL OPP Number: 49-1 N-243 Amount: 2yds

Authorized Signature
Date(MM/DD/YY) 2/27/96

Pursuant to Solid Waste Rule 329 IAC 2-21-15 (Facility responsibility for special waste disposal) and 329 IAC 2-21-16 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of these respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

Pursuant to Solid Waste Rule 329 IAC 2-14-8 (Records and reports), all solid waste disposal facilities shall submit to the commissioner a quarterly report which includes the origin of the solid waste compiled by county, or by state if the waste originated outside of Indiana. The origin of the waste must be provided to the facility by the hauler and the hauler must estimate, by percent, the composition of a mixed load. Therefore, the county and/or the state of origin is now required information on the special waste disposal notification (see above).

The quarterly report, however, does not replace the monthly report which is required from all solid waste facilities that receive special waste. If you have any questions regarding this matter, please contact this office at 317/232-4473.

PUMPKE

NON-HAZARDOUS SPECIAL WASTE MANIFE

GENERATOR

Generator Name: ARVIN North America Generating Location: Same

Address: 1001 N. Hurricane Rd. Address:

FRANKLIN IN

Phone No. [ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ] Phone No. 736-7111

Description of Waste

Paint Filters
3Byd-1

"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." (49 CFR 172.204)

Generator Authorized Agent Name: Rhonda Stahl Signature: Shipment Date: 040396

TRANSPORTER

Truck No. 392 Phone No. 812-372-1225

Transporter Name: Rumpke of Indiana Driver Name (Print): Dennis G. Brock

Address: P.O. Box 806 Vehicle License No./State:

Columbus IN 47202 Vehicle Certification:

I hereby certify that the above named material was picked up at the generator site listed above.

Driver Signature: Shipment Date: 040396

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature: Delivery Date: 040396

DESTINATION

Site Name: Medora Rumpke Landfill Phone No. 812-966201

Address: 546 S 870 W Medora Indiana 47260

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true accurate

Name of Authorized Agent: LEONA GRADY Signature: Receipt Date: 043096

RUMPKE

NON-HAZARDOUS SPECIAL WASTE MANIFE

GENERATOR

Generator Name: ARVIN North America Generating Location: Same

Address: 1001 N. Hurricane Rd. Address:

FRANKLIN IN

Phone No. [ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ] Phone No. 736-7111

Description of Waste

Paint Filters

3 Drums

"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." (49 CFR 172.204)

X Rhonda Stahl 040396

Generator Authorized Agent Name Signature Shipment Date

TRANSPORTER

Truck No. 392 Phone No.

Transporter Name: Rumpke of Indiana Driver Name (Print): Dennis G. Gibson

Address: P.O. Box 806 Vehicle License No./State:

Columbus IN 47202 Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature 040396 Shipment Date Driver Signature Delivery Date

DESTINATION

Site Name: Medora Rumpke Landfill Phone No. 812-966201

Address: 546 S 870 W Medora Indiana 47260

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true accurate

Name of Authorized Agent Signature Receipt Date

RUMPKE OF INDIANA, INC.

3977 N. MICHIGAN RD.
SHELBYVILLE, IN 46176
(317) 398-6588

275 FT. WAYNE AVE.
RICHMOND, IN 47374
(317) 966-5030

1950 WEST TELLMAN RD.
COLUMBUS, IN 47202
(812) 372-1225

1921 PROGRESS WAY
CLARKSVILLE, IN 47129
(812) 283-7634

7740 FISH RD.
BLOOMINGTON, IN 47408
(812) 333-3300

P.O. BOX 27
WORTHINGTON, IN 47471
(812) 875-2545

ORDER NO.	TICKET NO.	DATE
	502996	4-3-96

CUSTOMER

Arvin

TIME OUT	TIME IN	TRUCK NUMBER
		392

MILEAGE OUT	MILEAGE IN	DRIVER
		DG

DESCRIPTION

Frank Kiel

52-14 Special Waste

49098

NOT RESPONSIBLE FOR ANY DAMAGE TO PROPERTY
WHERE DELIVERY IS MADE INSIDE CURB.
(SEE REVERSE SIDE FOR TERMS & CONDITIONS)

ACCEPTED BY:

4-3-96

SPECIAL WASTE DISPOSAL NOTIFICATION

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE Tecnical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE Generator Location: SAME
FRANKLIN, IN. 46131

COUNTY: JOHNSON
Emergency Response Phone Number: GARY BUSH 317-881-9754

WASTE CERTIFICATION INFORMATION

Waste Name: CARWASH SETTLING PIT GRIT Certification Number: 50602 Expiration Date: 7/25/00

Description of Waste: SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

DANIEL BOUCHER _____ 5-28-96

Name(print or type) Signature Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS Mailing Address: 3434 SOUTH HARDING STREET
INDIANAPOLIS, IN. 46217

_____

Driver's Signature Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL OPP Number: 49-1 N-243 Amount:

_____

Authorized Signature Date(MM/DD/YY)

Pursuant to Solid Waste Rule 329 IAC 2-21-15 (Facility responsibility for special waste disposal) and 329 IAC 2-21-16 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of these respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

Pursuant to Solid Waste Rule 329 IAC 2-14-8 (Records and reports), all solid waste disposal facilites shall submit to the commissioner a quarterly report which includes the origin of the solid waste compiled by county, or by state if the waste originated outside of Indiana. The origin of the waste must be provided to the facility by the hauler and the hauler must estimate, by percent, the composition of a mixed load. Therefore, the county and/or the state of origin is now required information on the special waste disposal notification (see above).

The quarterly report, however, does not replace the monthly report which is required from all solid waste facilities that receive special waste. If you have any questions regarding this matter, please contact this office at 317/232-4473.

2 disposal forms(s) with 1 truck load

Load = 3 cubic yards

SPECIAL WASTE DISPOSAL NOTIFICATION

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE Tecnical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE Generator Location: SAME
FRANKLIN, IN 46131

COUNTY: JOHNSON
Emergency Response Phone Number: GARY J. BUSH 317-881-9754

WASTE CERTIFICATION INFORMATION

Waste Name:	Certification Number:	Expiration Date:
CARWASH SETTLING PIT GRIT	50602	7/25/00

Description of Waste: SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

Dan Boucher — DAN BOUCHER — 7/6/96
Name(print or type) Signature Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS Mailing Address: 3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217

Jesse Davis — 9-11-96
Driver's Signature Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL OPP Number: 49-1 N-243 Amount: 1 yd

9-11-96
Authorized Signature Date(MM/DD/YY)

Pursuant to Solid Waste Rule 329 IAC 2-21-15 (Facility responsibility for special waste disposal) and 329 IAC 2-21-16 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of these respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

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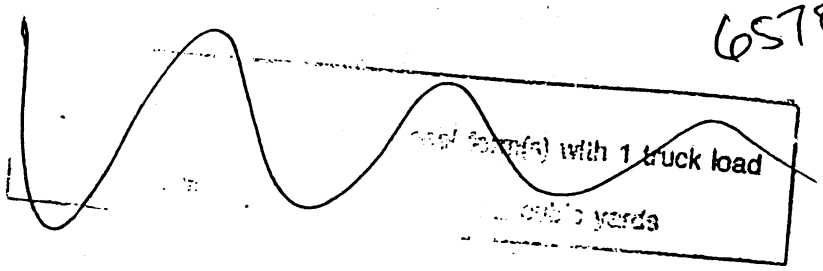
65789



SPECIAL WASTE DISPOSAL NOTIFICATION

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE Tecnical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE Generator Location: SAME
FRANKLIN, IN 46131

COUNTY: JOHNSON
Emergency Response Phone Number: GARY J. BUSH 317-881-9754

WASTE CERTIFICATION INFORMATION

Waste Name: CARWASH SETTLING PIT GRIT Certification Number: 50602 Expiration Date: 7/25/00
Description of Waste: SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

DAN Boucher — 8-9-96
Name(print or type) Signature Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS Mailing Address: 3434 S HARDING ST
INDPLS., IN 46217

Driver's Signature — 8-16-96
Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL OPP Number: 49-1 N-243 Amount: 24yd

8-16-96
Authorized Signature Date(MM/DD/YY)

Pursuant to Solid Waste Rule 329 IAC 2-21-15 (Facility responsibility for special waste disposal) and 329 IAC 2-21-16 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of these respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

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FPO
pit sludge

SPECIAL WASTE DISPOSAL NOTIFICATION

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE Tecnical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE Generator Location: SAME
FRANKLIN, IN 46131

COUNTY: JOHNSON
Emergency Response Phone Number: GARY J. BUXH 317-881-9754

WASTE CERTIFICATION INFORMATION

Waste Name:	Certification Number:	Expiration Date:
CARWASH SETTLING PIT GRIT	50602	7/25/00

Description of Waste: SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

Ron Williams — Ron Williams — 10/22/96
Name(print or type) — Signature — Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS Mailing Address: 3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217

#57 — 10-28-96
Driver's Signature — Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL OPP Number: 49-1 N-243 Amount: 2 yds

10-28-96
Authorized Signature — Date(MM/DD/YY)

Pursuant to Solid Waste Rule 329 IAC 2-21-15 (Facility responsibility for special waste disposal) and 329 IAC 2-21-16 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of these respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

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RUMPKE

RUMPKE OF INDIANA, LLC
PO BOX 806
COLUMBUS, IN 47202-0806

(812)372-1225
(800)832-5025
I18800
25 04

DATE
11/25/96
INVOICE NUMBER
151590502
CUSTOMER NUMBER
793197

PLEASE NOTIFY PROMPTLY IF THIS STATEMENT DOES NOT AGREE WITH YOUR RECORDS

THIS DOES NOT INCLUDE PAYMENTS RECEIVED AFTER

AMT PAID

$

MAKE PAYABLE TO & MAIL PAYMENT TO:

RUMPKE OF INDIANA, LLC
10795 HUGHES RD
CINCINNATI, OH 45251-4598

TERMS: NET 30 DAYS DELINQUENT ACCOUNTS SUBJECT TO 1 1/2% PER MONTH (18% PER YEAR) SERVICE CHARGE UNTIL PAID.

Contract Renewal

ARVIN NORTH AMERICA
ATTN: ACC PAYABLE
PO BOX 3002
COLUMBUS IN 47202

PAGE: 1

DESCRIPTION						AMOUNT
SO: 000866236 COL @ ARVIN INDUSTRIES				1001 N HURRICANE		
PO: 248701						
1	30OR			30 YD OPEN TOP		
SRV THRU: 11/30/96				1@ 30 DAYS LEASE CHARGE	3.00 DAY	90.00
31689490	11/06/96	30.00	YARD	DISPOSAL CHARGE	22.00 YARD	
31650831	11/06/96	1.00	EACH	HAULING LOAD ONLY	200.00 EACH	
31689524	11/06/96	1.00		CONTAINER RPR PARTS	25.00	
NER						
31689516	11/06/96	1.34	TON	SURCHARGE	1.10 TON	
TICKET TOTAL:		30.00		DISPOSAL CHARGE		660.00
TICKET TOTAL:		1.00		HAULING LOAD ONLY		200.00
TICKET TOTAL:		1.00		CONTAINER RPR PARTS		25.00
TICKET TOTAL:		1.34		SURCHARGE		1.47
				Indiana Sales Tax		5.75
				INVOICE AMOUNT:		982.22

RUMPKE

Need Approval for Circled Line

A 30002

NEED RECEIVAL

1-7-97
Deanda Stiehl

IE 2100 331-1200

99184

Rec'd 1-7-97

2 disposal [illegible] truck load

Load # 1

SPECIAL WASTE DISPOSAL NOTIFICATION

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE Tecnical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE Generator Location: SAME
FRANKLIN, IN 46131

COUNTY: JOHNSON
Emergency Response Phone Number: GARY BUSH (317) 881-9754

WASTE CERTIFICATION INFORMATION

Waste Name: CARWASH SETTLING PIT GRIT Certification Number: 50602 Expiration Date: 7/25/00

Description of Waste: SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

DAN Boucher — 12-12-96
Name(print or type) Signature Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS Mailing Address: 3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217

Rob Pruitt — 12-17-96
Driver's Signature Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL OPP Number: 49-1 N-243 Amount: 5yd

12-17-96
Authorized Signature Date(MM/DD/YY)

Pursuant to Solid Waste Rule 329 IAC 2-21-15 (Facility responsibility for special waste disposal) and 329 IAC 2-21-16 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of these respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

Pursuant to Solid Waste Rule 329 IAC 2-14-8 (Records and reports), all solid waste disposal facilities shall submit to the commissioner a quarterly report which includes the origin of the solid waste compiled by county, or by state if the waste originated outside of Indiana. The origin of the waste must be provided to the facility by the hauler and the hauler must estimate, by percent, the composition of a mixed load. Therefore, the county and/or the state of origin is now required information on the special waste disposal notification (see above).

The quarterly report, however, does not replace the monthly report which is required from all solid waste facilities that receive special waste. If you have any questions regarding this matter, please contact this office at 317/232-4473.

RUMPKE

RUMPKE OF INDIANA, LLC
PO BOX 806
COLUMBUS, IN 47202-0806

(812)372-1225
(800)832-5025
I19152
25 04

MAKE PAYABLE TO & MAIL PAYMENT TO:

RUMPKE OF INDIANA, LLC
10795 HUGHES RD
CINCINNATI, OH 45251-4598

ARVIN NORTH AMERICA
ATTN: ACC PAYABLE
PO BOX 3002
COLUMBUS IN 47202

TERMS: NET 30 DAYS DELINQUENT ACCOUNTS SUBJECT TO 1 1/2% PER MONTH (18% PER YEAR) SERVICE CHARGE UNTIL PAID.

PAGE: 1

DATE
12/25/96
INVOICE NUMBER
151755664
CUSTOMER NUMBER
793197

PLEASE NOTIFY PROMPTLY IF THIS STATEMENT DOES NOT AGREE WITH YOUR RECORDS

THIS DOES NOT INCLUDE PAYMENTS RECEIVED AFTER

AMT PAID

$

DESCRIPTION						AMOUNT
SO: 000866296 COL @ ARVIN INDUSTRIES 1001 N HURRICANE						
PO: 248701						
1) 300R 30 YD OPEN TOP						
SRV THRU: 12/31/96			1@ 30 DAYS	LEASE CHARGE	3.00 DAY	90.00
32127920 12/03/96	30.00	YARD		DISPOSAL CHARGE	22.00 YARD	
32079071 12/03/96	1.00	EACH		HAULING LOAD ONLY	200.00 EACH	
32128043 12/03/96 INER	1.00			CONTAINER RPR PARTS	25.00	
32128019 12/03/96	1.71	TON		SURCHARGE	1.10 TON	
TICKET TOTAL:	30.00			DISPOSAL CHARGE		660.00
TICKET TOTAL:	1.00			HAULING LOAD ONLY		200.00
TICKET TOTAL:	1.00			CONTAINER RPR PARTS		25.00
TICKET TOTAL:	1.71			SURCHARGE		1.88
				Indiana Sales Tax		5.75
				INVOICE AMOUNT:		982.63

RUMPKE

NEED RECEIVAL Deworda Stidd 1-7-97

H30003

LIQUID WASTE REMOVAL. INC.
PO BOX 795
500 S. POLK ST SUITE 100
GREENWOOD, INDIANA 46142
(317) 881-9754

INVOICE

INVOICE	7912
INVOICE DATE	09/17/96

ARVIN NORTH AMERICAN AUTOMOTIV
PO BOX 3002
1531 13TH STREET
COLUMBUS, IN 47202

PO Number: 50505
Salesperson: MM
Terms: NET 10

Ordered: 09/17/96 Payment Due: 09/27/96

Comments: JOHN MCBETH EX 2802/DAN B

REFERENCE	DESCRIPTION	AMOUNT
	DISPOSAL OF WASTE BATTERIES	270.00

Dan Bank 9-20-96

PLEASE PAY FROM THIS INVOICE

ARVIN

TOTAL 270.00

LONE STAR ALTERNATE FUELS
Greencastle WDF Facility
Limedale Road
P.O. Box 486
Greencastle, IN 46135

Profile No. LS 00507

Date Received _____

KILN FUELS WASTE PROFILE SHEET

A. GENERATOR INFORMATION

1. GENERATOR NAME: ARVIN NORTH AMERICAN AUTOMOTIVE
2. USEPA ID #: IND 006 414 783
3. FACILITY ADDRESS:
   1001 NORTH HURRICANE STREET
   FRANKLIN, IN 46131
4. BILLING ADDRESS:
   LIQUID WASTE REMOVAL, INC.
   500 S. POLK ST., SUITE 100
   GREENWOOD, IN 46143
5. FACILITY CONTACT: DAN BOUCHER
   PHONE: 317-736-7111 FAX _____
   EMERGENCY 24 HR. # 317-881-9754
6. BUSINESS CONTACT: GARY BUSH
   PHONE: 317-881-9754 FAX: 317-889-0383
   EMERGENCY CONTACT: GARY J. BUSH

B. GENERAL WASTE INFORMATION

1. ☐ HAZARDOUS ☐ NON-HAZARDOUS IF HAZARDOUS, GIVE HAZARD CLASS FLAMMABLE
2. WASTE DOT DESCRIPTION: WASTE PAINT RELATED MATERIAL (3) PGII UN1263
3. DESCRIBE PROCESS GENERATING WASTE PAINTING OF EXHAUST SYSTEMS
4. EPA WASTE CODES F003, F005, D001, D035,
5. DO YOU PRODUCE OR HANDLE PESTICIDES, HERBICIDES, OR INSECTICIDES? NO
6. DO YOU HAVE AN MSDS ON THIS STREAM? _____ IF YES, PLEASE ATTACH.
7. IS SAMPLE REPRESENTATIVE OF WASTE STREAM ☒ YES ☐ NO
   IF NO, EXPLAIN _____
8. ☒ ON GOING BUSINESS ☐ ONE-TIME EVENT
9. ANNUAL QUANTITY: 55 - 100 GALLONS MONTHLY

C. PHYSICAL AND CHEMICAL PROPERTIES

1. PHYSICAL STATE @ 70°F
   ☐ Powder ☐ Solid ☐ Gel ☐ Sludge ☒ Liquid
   ☐ Liquid/Sludge Debris % Type _____
2. COLOR VARIOUS
3. CHARACTERISTIC ODOR? MEK SOLVENT
   ☒ Mild ☐ Strong Describe _____
4. LAYERS: ☒ Homogenous ☐ Bilayered ☐ Multilayered
   If layered describe & quantify each layer
   1. Top _____ %
   2. Middle _____ %
   3. Bottom _____ %
   TOTAL SOLIDS _____ %
   Dissolved _____ % Suspended 100 %
   Will solids pass through 1/4 screen? YES
   VISCOSITY OF LIQUID @ 70°F
   ☐ Low ☒ Medium ☐ High Actual (if known) _____ CPS
7. FLASH POINT ☐ Open Cup ☐ Closed Cup
   ☐ <73°F ☒ 73°-99°F ☐ 100°-139°F ☐ 140°-199°F
   ☐ >200°F Actual (if known) _____
8. ESTIMATED HEAT VALUE (BTU/LB)
   ☐ 5000-7999 ☐ 8000-9999 ☒ 10,000-12,499
   ☐ 12,500-14,999 ☐ >15,000 Actual (if known) _____
9. pH
   ☐ 2.01-5.0 ☒ 5.1-9.0 ☐ 9.1-12.49 Actual (if known) _____
10. SPECIFIC GRAVITY
    ☐ <.85 ☒ .85-1.0 ☐ 1.01-1.1 ☐ >1.1
    Actual (if known) _____
11. HALOGENS
    ☐ 0-2% ☐ 2.1-4% ☐ 4.1-6% ☒ 6.1-8% ☐ 8.1-10% ☐ >10%
    Actual (if known) _____
12. Vapor Pressure @ STP mm/yr _____
13. Is material solualbe in water? _____

HANDLING

Is material pumpable? YES If varies, explain _____

What type of pump & what materials of construction for pump are normally used to handle this material? VACUUM

Do you have the ability to heat material if necessary? NO

Once heated, can this material be thinned with solvents to lower the viscosity at room temperature? _____

List solvents: MEK TOLUENE XYLENE

At what temperature will the material be shipped? ATMOSPHERE

E. HAZARDOUS CHARACTERISTICS

1. HAZARDOUS PROPERTIES:

☐ None ☐ Reactive ☐ Oxidizer
☐ Infectious ☐ Toxic ☐ Corrosive
☐ Poison ☐ Etiological ☒ Flammable
☐ Radioactive ☐ Pathogen
☐ Other _____

2. REACTIVE PROPERTIES:

☒ None ☐ Explosive
☐ Pyrophoric ☐ Shock Sensitive
☐ Water Reactive ☐ Reactive Cyanide
☐ Organic Peroxide ☐ Reactive Sulfide
☐ Other _____

3. Can hazardous polymerization occur? NO If yes, explain _____

Has excess inhibitor been added to deter polymerization? _____

4. How do you clear your lines? VACUUM

5. Explain any other compatability problems or conditions to avoid NONE

F. HEALTH & SAFETY INFORMATION *(Attach MSDS)*

1. Toxicity data *(list as slight, moderate or high)* Inhalation MOD. Ingestion HIGH Skin SLIGHT Eye HIGH
2. Is personal protective equipment required to handle this waste? NO If yes, explain _____
3. Does this material contain any OSHA regulated carcinogens above the exclusion levels? NO If yes, note in section F
4. Does this material contain toxic compounds with an OSHA PEL or ACGIH TLV less than 2ppm or 8mg/m³? NO If yes, note in section F
5. Does this material contain any TOSCA regulated material? NO If yes, list
6. Does this material contain any FIFRA registered substances at or above 1ppm? NO If yes, list
7. Are there any special handling conditions or equipment requirements to be considered in transferring this material? (i.e. dusty, odoferous) NONE

G. CHEMICAL COMPOSITION *(List all components in the waste stream by percentage. Account for 100% in the typical % column)*

Major Components (>1%)	Range	Typical	OSHA* Regulated	TLV/PEL (if available) ACGIH	OSHA
PAINT PIGMENTS	10 - 20%		☐		
SOLVENTS: MEK	10 - 20%		☐		
TOLUENE	10 - 20%		☐		
ZYLENE	5 - 10%		☐		
NAPTHA	10 - 20%		☐		
	-		☐		
	-		☐		
Minor Constituents (<1%)					
TETRACHLOROETHYLENE	1 - 5%		☐		
TRICHLOROETHYLENE	1 - 5%		☐		
	-		☐		
	-		☐		
	-		☐		

* If a component or constituent has been identified as a hazardous chemical subject to the employee hazardous communication standard under OSHA (Ref. 29 CFR 1910.1200), check this box and attach material safety data sheet. If you have attached an MSDS on this waste stream you do not need to attach individual MSDS's.

LONE STAR ALTERNATE FUELS

Greencastle WDF Facility

Limedale Road
P.O. Box 486
Greencastle, IN 46135
(317) 653-8816
FAX (317) 653-3556
1-800-555-3485

EPA WASTE CODES for PROFILE NO. LS - 00507

[Indicate by marking an 'x' beside waste codes to be sent.]

X D001	X D039	___K087	___U108
___D004	X D040	___K093	___U112
___D005	___D041	___K094	___U113
___D006	___D042	___K095	___U117
X D007	___F001	___K096	___U118
X D008	___F002	___U001	___U121
___D009	X F003	___U002	___U124
___D010	___F004	___U003	___U125
___D011	X F005	___U019	___U140
___D018	___F024	___U031	___U154
___D019	___F025	___U037	___U159
___D021	___F037	___U044	___U161
___D022	___F038	___U045	___U162
___D023	___F039	___U051	___U165
___D024	___K015	___U052	___U169
___D025	___K022	___U055	___U171
___D026	___K023	___U056	___U188
___D027	___K024	___U057	___U210
___D028	___K027	___U069	___U211
___D029	___K046	___U070	___U213
___D030	___K048	___U071	___U220
___D032	___K049	___U072	___U221
___D033	___K050	___U075	___U226
___D034	___K051	___U076	___U227
X D035	___K052	___U077	___U228
___D036	___K083	___U078	___U239
___D037	___K085	___U080	___U359
___D038	___K086	___U102	

* WASTE STREAM WITH WASTE CODE(S) OTHER THAN INDICATED ABOVE WILL NOT BE RECEIVED OR DISPOSED OF AT THE GREENCASTLE WDF FACILITY.

GENERATOR CERTIFICATION

NAME : (Please Print) DANIEL E. BOUCHER TITLE : OSHA/MAINTENANCE

SIGNATURE : Daniel E. Boucher DATE : February 14, 1996

LONE STAR ALTERNATE FUELS
Greencastle WDF Facility
Limedale Road
P.O. Box 486
Greencastle, IN 46135

WARRANTIES AND CERTIFICATIONS

POLYCHLORINATED BIPHENYL (PCB) WARRANTY

This disclaimer is to all persons who generate and dispose of chemical waste. The terms PCB and PCB's are used in this disclaimer to refer to any chemical substances and combinations of substances that contain 50 ppm or greater of PCB's as defined in 40 CFR 761.3 (s), including any by-product, in a process which contains less than 50 ppm PCB because of any dilution; again, these latter shall be included as PCB and PCB's. Substances that are regulated by this rule include, but are not limited to, dielectric fluids, contaminated solvents, oils, waste oils, heat transfer fluids, hydraulic fluids, paints, sludges, slurries, dredge spills, soils, materials contaminated as a result of spills, and other chemical substances or combination substances, including impurities and by-products.
It is unlawful for the thermal destruction company to receive PCB's. Any generator and transporter who knowingly or willfully ships PCB's to our facility will be subject to civil penalties or criminal prosecution.

ARVIN NORTH AMERICAN AUTOMOTIVE hereby warrants that material transferred to the
(Company Name)
thermal destruction company for disposal does not contain PCB's at a concentration greater than 40 ppm when measured in each container or vessel; that the material is not contaminated with PCB's from a source containing 50 ppm or greater PCB's and hereby agrees to indemnify and hold the thermal destruction company harmless from any costs, damages or other liability resulting from the breach of this warranty.

By: Dan Boucher Title: OSHA/Maintenance Date: Feb. 14, 1996

HERBICIDE / PESTICIDE WARRANTY

ARVIN NORTH AMERICAN AUTOMOTIVE hereby warrants that material transferred to the
(Company Name)
thermal destruction company for disposal does not contain herbicides or pesticides at a concentration which would render it hazardous as defined in 40 CFR 261 when measured in each container or vessel transferred to the thermal destruction facility and hereby agrees to indemnify and hold the thermal destruction company harmless from any costs, damages or other liability resulting from the breach of this warranty.

By: Dan Boucher Title: Osha/Maintenance Date: Feb. 14, 1996

GENERATOR CERTIFICATION

The generator of the material described in this waste profile sheet, by signature below by its duly authorized representative, hereby represents and warrants that to the best of its knowledge the information contained herein together with all attached documents is true, accurate and complete in all respects, that no admissions of compositions or properties exist and that all known or suspected hazards have been disclosed.

Name: (Please Print) DANIEL E. BOUCHER Title: OSHA/MAINTENANCE
Signature: Dan Boucher Date: FEBRUARY 14, 1996

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. 46131

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTO. (Date) _____ 19 96 FROM 1001 NORTH HURRICANE STREET, FRANKLIN, IN

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

(Mail or street address for purposes of notification only.)

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

_____ County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
† Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
220		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			

*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.
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** _____

_____ Shipper, Per _____

Permanent post-office address of shipper, X _____ 5-20-96

_____ Agent

Per _____

3

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) _____ 19 96 FROM 1001 NORTH HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

(Mail or street address for purposes of notification only.)

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

_____ County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
35		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		P.O # 74524			

*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.
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(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

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Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$_____

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† Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, [illegible] 12-16-96

_____ Agent

Per _____

3

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTO. (Date) _____ 19 96 FROM 1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

(Mail or street address for purposes of notification only.)

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

_____ County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
220		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			

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The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

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Received $ _____ to apply in prepayment of the charges on the property described hereon.

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Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

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$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
† Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, X _____ 5-20-96

_____ Agent

Per _____

3

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ANVIL NORTH AMERICAN AUTOMOTIVE
1001 NORTH HANCOCK STREET, FRANKLIN, IN. 46131

A. State Manifest Document Number: INA 1093901

4. Generator's Phone (317) 736-7111

B. State Generator's ID

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INC.

6. US EPA ID Number: I N D 0 8 5 0 4 6 4 9 9

C. State Transporter's ID

D. Transporter's Phone: 317-881-9754

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
PERMA-FIX OF DAYTON, INCORPORATED
300 SOUTH WEST 2ND AVENUE
DAYTON, OH 45407

10. US EPA ID Number: O H D 0 0 4 2 7 6 0 3 1

G. State Facility's ID

H. Facility's Phone: 800-343-3670

	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	RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PG II (D001, F003, F005)	001	TT	00055	G	D001
b						
c						
d						

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D006, D018 D035, D039, D040

K. Handling Codes for Wastes Listed Above
T-50

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE #26

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

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

GENERATOR

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

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

TRANSPORTER

19. Discrepancy Indication Space

FACILITY

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name | Signature | Date Month Day Year

INA 1093901

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

Copy

GENERATOR NOTIFICATION/CERTIFICATION SHIPMENT OF WASTES SUBJECT TO LAND DISPOSAL RESTRICTIONS (40 CFR PART 268)

GENERATOR: ARVIN NORTH AMERICAN AUTOMOTIVE EPA I.D. NO.: IND 006 414 783

MANIFEST NO.: 93901

This notification/certification is submitted by the generator referenced above to Perma-Fix Environmental Services, Inc. (Check location: ☒ Dayton, OH; ☐ Gainesville, FL; ☐ Memphis, TN; or ☐ Tulsa, OK) in accordance with the Land Disposal Restrictions (effective December 19, 1994) specified under 40 CFR Part 268 Subpart D. The following information (including, where applicable, identification of hazardous constituents on page 2) is required for each shipment of EPA Hazardous Waste (mark and complete as applicable):

☒ I certify that this waste does not exhibit the characteristic of reactivity (D003)
☒ I certify that this waste does not exhibit any pesticide characteristic (D012, D013, D014, D015, D016, D017)

EPA WASTE CODES: D001 F003 F005 D007 D008 D018 D035 D039 D040

☒ For EPA Characteristic Waste Codes: D001, High TOC Ignitable Subcategory.

If applicable, identify EP Toxic metals on Page 2 of this form and check on of the following:

☐ I certify that this waste has been treated in accordance with the applicable technology as specified in 40 CFR 268.40, Treatment Standards for Hazardous Wastes (attach supporting data and check one of the following):
☐ RORGS ☐ CMBST

☒ I notify that this waste has not been treated in accordance with the applicable technology as specified in 40 CFR 268.40, Treatment Standards for Hazardous Wastes and must be treated by the specified technology (check one of the following) prior to land disposal:
☐ RORGS ☒ CMBST

☐ For EPA Characteristic Waste Codes: D001 (except High TOC), D002, D012 through D043.

Underlying hazardous constituents are any constituents in 40 CFR 268.48 which are reasonably expected to be present at levels above the Universal Treatment Standards (UTS) as specified in §268.48, Table UTS at the point of generation. The UTS apply to the underlying hazardous constituents (s) present in ignitable, corrosive, or TC characteristic wastes, as well as the individual constituent responsible for the TC designation. Identify the underlying constituent (s) on Page 2 of this form and check one of the following:

☐ I certify that this waste does not contain any underlying constituent (s) (identified in 40 CFR Part 268.48, Table UTS) at levels +/> than UTS levels at the point of generation. This certification is supported by:

☐ Analytical Data (attach applicable analytical data); or ☐ Generator knowledge.

☒ I certify that this waste contains, at the point of generation, only the underlying UTS constituent(s) indicated on page 2, at levels =/> than UTS levels. This certification is supported by:

☐ Analytical Data (attach applicable analytical data), or ☐ Generator knowledge; and

☐ I certify that this waste meets the Universal Treatment Standards for all underlying constituent(s) (identified on Page 2 of this form) reasonably expected to be present in the waste (attach supporting analytical data); or

☒ I notify that this waste does not meet the UTS for the underlying constituent(s) (identified on Page 2 of this form), and therefore, must be treated to meet applicable UTS prior to land disposal.

☐ For EPA Metal Waste Codes: D004 through D011

Identify EP toxic metals on Page 2 of this form and check one of the following:

☐ I certify that this waste meets the Treatment Standards (TS) for the characteristic constituent(s) (identified on Page 2 of this form) present in the waste (attach supporting analytical data);

☐ I notify that this waste does not meet the TS for the characteristic constituent(s) identified on Page 2 of this form), and therefore, must be treated to meet applicable TS prior to land disposal.

☐ For EPA Waste Codes (mark one):
☒ Spent Solvents (F001, F002, F003, F004, and F005);
☐ Multisource Leachate (F039); or
☐ Other listed waste.

For Multisource Leachate (F039), identify underlying hazardous constituents(s) on Page 2 of this form and/or for all listed wastes check one of the following:

☐ I certify that this waste meets the Treatment Standards for Hazardous Waste (40 CFR 268.40) for all regulated hazardous constituent(s) (identified on Page 2 of this form) in the waste (attach supporting analytical data);

☐ I notify that this waste does not meet the Treatment Standards for Hazardous Waste (40 CFR 268.40) for all regulated hazardous constituent(s) (identified on Page 2 of this form), and therefore, must be treated to meet applicable treatment standards prior to land disposal.

☐ RCRA Section 3004(d) California List Wastes:

List the prohibited constituents(s) (and prohibition levels) on Page 2 of this form and check one of the following:

☐ I certify that this waste contains less than the prohibition levels of California List Constituent(s) (insert information on Page 2 of this form) in the waste (attach supporting analytical data);

☐ I notify that this waste contains more than the prohibition levels of California List Constituent(s) (insert information on Page 2 of this form), and therefore, must be treated to meet applicable treatment standards prior to land disposal.

Check the applicable treatment standard for the regulating constituent(s), TC waste constituent(s), underlying constituent(s), under the applicable waste subcategory (i.e., Treatment Standards for Hazardous Waste or UTS and waste water/non-waste water; or California List).

	Treatment Standards for Hazardous Wastes				Universal Treatment Standards mg\kg unless noted mg/L TCLP			
Waste Constituent(s)	Waste Water		Non-Waste Water		Waste Water		Non-Waste Water	
Acetone						0.28		160
Benzene						0.14	X	10
N-Butyl Alcohol						5.6		2.6
Carbon Disulfide						3.8		4.8 mg/L TCLP
Carbon Tetrachloride						0.057		6.0
Chlorobenzene						0.057		6.0
Cresol Mixed Isomers Cresylic Acid						NA		NA
o-Cresol						0.11		5.6
m-Cresol						0.77		5.6
p-Cresol						0.77		5.6
Cyclohexanone						0.36		0.75 mg/L TCLP
m-Dichlorobenzene						0.036		6.0
Ethyl acetate						0.34		33
Ethyl ether						0.12		160
Ethyl benzene						0.057		10
Isobutyl alcohol						5.6		170
Methanol						5.6		0.75 mg/L TCLP
Methylene chloride						0.089		30
Methyl ethyl ketone						0.28	X	36
Methyl isobutyl ketone						0.14		33
Methyl methacrylate						0.14		160
Nitrobenzene						0.068		14
2-Nitropropane		(WETOX or CHOXD) CAB		INCIN		NA		NA
Pyridine						0.014		16
1,2,4,5-Tetrachlorobenzene						0.055		14
Tetrachloroethylene						0.056	X	6.0
[illegible]ene						0.080	X	10
[illegible]-Trichloroethane						0.054		6.0
1,1,2-Trichloroethane						0.054		6.0
Trichloroethylene						0.054	X	6.0
Trichloromonofluoromethane						0.020		30
1,1,2-Trichloro-1,2,2-trifluoroethane						0.057		30
2-Ethoxyethanol		BIODG; or INCIN		INCIN		NA		NA
Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)						0.32	X	30
Arsenic						1.4		5.0 mg/L TCLP
Barium						1.2		7.6 mg/L TCLP
Cadmium						0.69		0.19 mg/L TCLP
Chromium (Total)						2.77	X	0.86 mg/L TCLP
Lead						0.69	X	0.37 mg/L TCLP
Mercury Non-waste water from Retort						NA		0.20 mg/L TCLP
Mercury All Others						0.15		0.025 mg/L TCLP
Selenium						0.82		0.16 mg/L TCLP
Silver						0.43		0.30 mg/L TCLP

California List Constituent(s) - Treatment Standard	Prohibition	
Cyanides Cyanides Destruction/Stabilize		1.000
Arsemoc Metals Recovery/Solidification		500
Cadmium Metals Recovery/Solidification		100
Chromium VI Metals Recovery/Solidification		500
Lead Metals Recovery/Solidification		500
Mercury Metals Recovery/Solidification		20
Nickel Metals Recovery/Solidification		134
Selenium Metals Recovery/Solidification		100
Thallium Metals Recovery/Solidification		130
Liquids with pH </= 2.0 Neutralize/Stabilize		
Liquids with PCB's Incineration/High Efficiency Boiler		50 ppm
[illegible]es containing HOC's Incineration/carbon Absorption Solvent Extraction		1.000 mg/kg

Perma-Fix Environmental Services, Inc.
December 1994

LDR Notification/Certification

LDR Applicability

1. Does the waste identified on this form meet all applicable treatment standards? Yes _____ NO _X_

   If yes, complete the applicable certification statement below; if no, complete Item 2 below.

2. Is the waste identified above affected by a case by case extension under 40 CFR 268.5 or a nationwide variance under 40 CFR 268 Subpart C or an exemption under §268.6 or an extension under §268.1 (c)? Yes _____ NO _X_

   If yes, complete Item 3 below; if no, complete signature section below.

3. Describe any extension that applies to waste in this shipment including dates and applicable waste codes and complete signature section below.

Certification Statements - Restricted Waste Meeting Treatment Standards

Mark appropriate box and complete signature section below.

Generator Certification

☒ 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 in40 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 a false certification, including the possibility of fine and imprisonment. (§268.7(a)(2)(ii))

Lab Pack Certification

☐ I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes which have not been excluded under appendix IV to 40 CFR part 268 or solid wastes not subject to regulation under 40 CFR part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment. (§268.7(a)(8))

Treatment Process Performance Standards Certification

☐ 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 on 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. (§268.7(b)(f)(i))

Treatment Standards Certification

☐ I certify under penalty of 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. (§268.7(b)(5)(ii))

Combustion (Incineration/Fuels Substitution) Certification

☐ 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 on 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 40 CFR 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. (§268.7(b)(5)(iii))

Decharacterization Certification

☐ I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic. This decharacterized waste contains underlying hazardous constituents that require further treatment to meet universal treatment standards. I am aware that here are significant penalties for submitting a false certification, including the possibility of fine and imprisonment. (§268.7(b)(5)(iv))

Alternative Standards for Debris Certification

☐ I certify under penalty of law that the debris have been treated in accordance with the requirements of 40 CFR 268.45. I am aware that there are significant penalties for making a false certification, including the possibility of fine and imprisonment. (§268.7(d)(3)(iii))

Notification/Certification Signature Section

The undersigned, certify all information included in this LDR Notification/Certification, including (if applicable), the certification indicated above, is true, accurate, and complete.

Name: Don Brunt	Title: OSHA/mgr	Date: 2-24-96

LIQUID WASTE REMOVAL, INC.
P.O. Box 795 • Greenwood, IN 46142
(317) 881-9754 • FAX (317) 889-0383

JOB WORK ORDER

5205

P.O. #	PHONE #	TYPE OF SERVICE	STARTING	TIME
RGN 50479	317-736-7111	☒ TRANSPORTATION ☒ WASTE DISPOSAL ☐ LABORATORY ANALYSIS	DATE 2 12 96	IN : ☐ AM ☐ PM
			TRUCK #	TIME OUT : ☐ AM ☐ PM

WORK ORDERED BY: DAN BOUCHER

BILL TO:
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET
FRANKLIN, IN. 46131

JOB LOCATION:

COMMENTS:
PUMPING, TRANSPORTATION AND DISPOSAL OF
WASTE FLAMMABLE LIQUID.
MANIFEST FEE $10.00

CHARGES

BULK VOLUME: 55		= $
		= $
DRUMS: 1	$75.00/DM	= $
		= $
		= $
LABOR:		
		= $
TRANSPORTATION CHARGE: 5% FUEL SURCHARGE		= $

TOTAL AMOUNT $

I HEREBY ACKNOWLEDGE THE SATISFACTORY COMPLETION OF THE ABOVE DESCRIBED WORK

SIGNATURE X

DATE COMPLETED 2/2/96

CUSTOMER COPY

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: I N D 0 0 6 4 1 4 7 8 3 | Manifest Document No.: 8 5 7 9
2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN. 46131

4. Generator's Phone (317) 736-7111

A. State Manifest Document Number: INA 1158579
B. State Generator's ID:
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-753-5121

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INC.
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: ESSROC MATERIALS, STATE ROAD 25 SOUTH, LOGANSPORT, IN. 46947
10. US EPA ID Number: I N D 0 0 5 0 8 1 5 4 2

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	001	T	00055	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL #: L000081

K. Handling Codes for Wastes Listed Above: T-50

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE #26
LWR #: CP 1335

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

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.

GENERATOR — Printed/Typed Name: DANIEL Boucher | Signature | Date: Month 04 Day 29 Year 96

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Larry R Carr | Signature | Date: Month 04 Day 29 Year 96
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name | Signature | Date: 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 item 19.
Printed/Typed Name: Kyle A Schroeder | Signature | Date: Month 05 Day 01 Year 96

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

In case of a spill call the Indiana Office of Environmental Response at 800/424-8802 or 202/426-2675.
National Response Center at 800/424-8802 or 202/426-2675.

INA 1158579

ESSROC

ESSROC MATERIALS INC.
LOGANSPORT, INDIANA PLANT
EPA ID#: IND005081542

Certificate of Thermal Destruction

EPA ID#: IND006414783
Generator: ARVIN NORTH AMERICAN AUTOMOTIVE
Address: 1001 NORTH HURRICANE STREET

FRANKLIN, IN 46131
Contact: DANIEL BOUCHER

Gentlemen: Essroc Materials Inc. has processed waste from:

ARVIN NORTH AMERICAN AUTOMOTIVE
As Indicated on Manifest

INA1158579

And Hereby Certifies That This Waste Was Thermally Destroyed At

ESSROC's TSD FACILITY (IND 005081542)
LOGANSPORT, INDIANA

Between

05/01/96 - 05/02/96
In the Amount of 471 lbs (59 gallons)

Date Load Received: 05/01/96

CP RECYCLING LOAD RECORD NUMBER: 20-10532

Environmental Manager

05/03/96
Date

OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

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ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN. 46131

4. Generator's Phone (317) 736-7111

A. State Manifest Document Number INA 1158579

B. State Generator's ID

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID	D. Transporter's Phone
LIQUID WASTE REMOVAL, INC.	I·N·D·9·8·5·0·4·6·4·9·9	IN4961000021	317-881-9754

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
ESSROC MATERIALS STATE ROAD 25 SOUTH LOGANSPORT, IN. 46947	I.N.D.0.0.5.0.8.1.5.4.2		219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	0·0·1	T·T	[illegible]	G	D001
b	. .	.	. . . .		
c	. .	.	. . . .		
d	. .	.	. . . .		

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GENERATOR

Printed/Typed Name	Signature	Date Month	Day	Year
[illegible]	[signature]	01	11	96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
[signature]	[signature]	01	11	96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date 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 item 19.

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

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

COPY 8 GENERATOR COPY

INA 1158579

...ional Response Center at 800/424-8802 or 202/426-2675.

OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

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1001 NORTH HURRICANE STREET, FRANKLIN, IN. 46131

4. Generator's Phone (317) 736-7111

A. State Manifest Document Number INA 1093932

B. State Generator's ID

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INC.

6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9

C. State Transporter's ID IN4961000021

D. Transporter's Phone 317-881-9754

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
LONE STAR ALTERNATE FUELS
3301 SOUTH COUNTY ROAD 151
GREENCASTLE, IN. 46135

10. US EPA ID Number: I N D 0 0 6 4 1 9 2 1 1

G. State Facility's ID

H. Facility's Phone 1-800-555-3485

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.
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d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL # 1S00507

K. Handling Codes for Wastes Listed Above
T-50

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE #26

2135

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

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.

GENERATOR

Printed/Typed Name | Signature | Date Month Day Year: 02 07 96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Larry Blair | Signature: Larry Blair | Date Month Day Year: 02 07 96

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date 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 item 19.
Printed/Typed Name: Tim Phillips | Signature: Tim Phillips | Date Month Day Year: 02 13 96

INA 1093932

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

Lone Star Industries, Inc

Greencastle Alternate Fuels

P.O. Box 486, Greencastle, IN 46135

(317) 653-8816

Certificate Of Recycling For Energy Recovery

Generator: ARVIN NORTH AMERICAN AUTOMOTIVE

Address: 1001 NORTH HURRICAN STREET

FRANKILIN, IN 46131

Contact: GARY BUSH

Gentlemen,

We have processed waste received from ARVIN NORTH AMERICAN AUTOMOTIVE as identified in Hazardous Waste Manifest No.

Manifest No:
INA1093932

Reference Load No:
LC2135

at its Greencastle, Indiana facility and hereby certifies that this waste was recycled via thermal destruction on or about February 14, 1996

BY: Tony Bannon

Title: Production/QC Supervisor

Signed: Tony A. Bannon

Date: 2/13/96

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.)) Form approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. I N D 0 0 6 4 5 4 1 3 3 | Manifest Document No. 1 1 1 2
2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN. 46131
4. Generator's Phone (317) 736-7111

A. State Manifest Document Number: INA 1093932
B. State Generator's ID:

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INC.
6. US EPA ID Number: I. N. D. 9. 8. 5. 0. 4. 6. 4. 9. 9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
LONE STAR ALTERNATE FUELS
3301 SOUTH COUNTY ROAD 151
GREENCASTLE, IN. 46135
10. US EPA ID Number: I. N. D. 0. 6. 4. 1. 9. 2. 1. 1
G. State Facility's ID:
H. Facility's Phone: 1-800-555-3485

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	0 0 1	T T	0 0 1 1 0	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL # LSD0507

K. Handling Codes for Wastes Listed Above
T-50

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BOSH 317-881-9754
E.R. GUIDE #26

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

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.

GENERATOR

Printed/Typed Name	Signature	Date Month	Day	Year
		02	26	96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
[illegible]	[signature]	02	26	96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date 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 item 19.

Printed/Typed Name	Signature	Date Month	Day	Year

INA1093932

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

State regulations.

INSTRUCTIONS TO GENERATORS *(Please type or print clearly)*

(1) Enter **generator's** U.S. EPA twelve digit identification number and the unique five digit document number assigned to this Manifest (e.g., 00001) by the generator.
(2) Enter total number of pages comprising this Manifest.
(3) Enter the **generator's** name and mailing address.
(4) Enter telephone number where an authorized agent of the **generator** may be reached in event of an emergency.
(5, 6) Enter company name and U.S. EPA I.D. number of the first **transporter** who will transport the waste.
(7, 8) If applicable, enter company name and U.S. EPA I.D. number of the second **transporter** who will transport the waste. If more than two transporters are used, enter each additional transporter's information on the Continuation Sheet (EPA Form 8700-22A).
(9, 10) Enter company name, **site** address, and U.S. EPA I.D. number of the **facility** designated to receive the waste listed on this Manifest.
(11) Enter U.S. DOT Proper Shipping Name, Hazard Class, and I.D. number (UN/NA) for each waste as identified in 49 CFR 171 through 177. Note: If additional space is needed for waste descriptions, enter in Item 28 on the Continuation Sheet (EPA Form 8700-22A).
(12) Enter number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

Table I - Types of Containers

DM-Metal drums	TT-Tank Trucks	CM-Metal boxes (including roll-offs)
DW-Wooden drums	TC-Tank cars	CW-Wooden boxes
DF-Fiberboard/plastic	DT-Dump truck	CF-Fiber or plastic boxes
TP-Tanks portable	CY-Cylinders	BA-Bags

(13) Enter total quantity of waste described on each line.
(14) Enter appropriate abbreviation from Table II (below) for the unit of measure.

Table II - Units of Measure

P = Pounds	L = Liters (liquids only)
K = Kilograms	G = Gallons (liquids only)
Y = Cubic yards	T = Tons (2,000 lbs.)
N = Cubic meters	M = Metric tons (1,000 kg.)

(16) The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below.

THE FOLLOWING INFORMATION IN THE SHADED AREAS IS REQUIRED BY INDIANA STATE LAW

(D) Enter the phone number of **first transporter.**
(F) Enter the phone number of **second transporter.**
(H) Enter the phone number of the designated facility.
(I) Enter the appropriate EPA waste code.
(K) Enter the handling code which reflects the ultimate disposition of the waste at the facility.

GENERATOR IN STATE Retain **Copy 8** and detach and mail **Copy 2** to Indiana D.E.M.
GENERATOR OUT OF STATE: Retain **Copy 8** and mail **Copy 2** to the Generator State (if applicable) and mail **Copy 3** to Indiana D.E.M.

INSTRUCTIONS TO TRANSPORTERS (Please type or print clearly)

(17, 18) Enter name of person accepting the waste on behalf of the **transporter.** That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

TRANSPORTER(S): Retain **Copy 7 (Copy 6)** and leave remaining copies with **FACILITY OWNER/OPERATOR.**

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES *(Please type or print clearly)*

(19) The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancy between the waste described on the Manifest and the waste actually received at the facility.
(20) Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

OWNER/OPERATOR IN STATE: Retain **Copy 5**, return **Copy 4** to generator and mail **Copy 1** to Indiana D.E.M.
OWNER/OPERATOR OUT OF STATE: Retain **Copy 5,** return **Copy 4** to generator, mail **Copy 1** to the TSD State (if applicable) and mail **Copy 3** to Indiana D.E.M.

Indiana generators and TSD facilities must mail the required manifest copies to the State of Indiana within five (5) working days of shipment or receipt of the waste (IC 13-7-8.5-7).

Address all manifest copies:

Indiana Department of Environmental Management
Office of Solid and Hazardous Waste Management
P.O. Box 7035
Indianapolis, IN 46207-7035
Manifest Tracking Phone Number: (317) 232-7959

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage, and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M. St., SW., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE 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 No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.
I N D 0 6 4 1 4 7 8 3	1 4 7 1 3	1	A. State Manifest Document Number: IN A 1214713

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN
1601 NORTH HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111

B. State Generator's ID

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9
C. State Transporter's ID: 1200000000
D. Transporter's Phone: 317-881-9754

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
ENVIRONMENTAL ENTERPRISES INCORPORATED
4650 SPRING GROVE AVENUE
CINCINNATI, OH 45232
10. US EPA ID Number: O H D 0 8 3 3 7 7 0 1 0
G. State Facility's ID
H. Facility's Phone: 513-541-1823

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 RQ, WASTE CORROSIVE LIQUID, N.O.S., 8, UN1760, PGII (D002) (PHOSPHORIC ACID)	003	D M	0165	G	D002
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
APPROVAL # B9645

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE # 154

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

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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

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

INA 1214713

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R3 / 12-95)

COPY 8. GENERATOR COPY

ENVIRONMENTAL ENTERPRISES INC.
RESTRICTED WASTE NOTIFICATION & CERTIFICATION

Generator: ARVIN NORTH AMERICAN Manifest Document No: 14713 State Manifest No: INA1214713

This ... ment contains waste(s) restricted from land disposal under 40 CFR Part 268 and OAC Chapter 3745-59. MARK ALL APPLICABLE BOXES ... THE FRONT AND BACK OF THIS FORM.

X A. RESTRICTED WASTE REQUIRING TREATMENT

This shipment contains restricted wastes that must be treated to comply with the applicable treatment standards and/or prohibitions prior to land disposal (see reverse side for F001 - F005, & California list waste(s) (Mark all that apply). Also complete Table 1.

___ Solvent bearing waste (F001 - F005) Waste Code(s) _____ ___ California List Waste Waste Code(s) _____

___ Other (complete table below) Waste code(s) _____ ___ Lab packs subject to Alternative Treatment standards (must complete Section F.)

X D001 (other than high TOC) and/or D002, and/or D012-D043 (complete Underlying Hazardous Constituents Form). Waste Code(s) D002

___ Debris subject to the alternate treatment standards of 40 CFR 268.45. Waste Code(s) _____

Contaminants _____

___ B. RESTRICTED WASTE THAT CAN BE LANDFILLED WITHOUT FURTHER TREATMENT (complete the table below) Waste Code(s) _____.

This shipment contains a restricted waste that meets the applicable treatment standards and/or prohibition levels and can be landfilled without further treatment. I have attached all available supporting data.

"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, in Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 268.32, and Rules 3745-59-32 of the Administrative Code or Section 3004(d) of RCRA. 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 a fine and imprisonment".

Evaluation of this waste is based upon: ___ Analysis (attached) ___ Knowledge of waste (Materials used/process employed)

___ C. RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS (complete table below) Waste Code(s) _____.

"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 on 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) in Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 268.32 and in Rule 3745-59-32 of the Administrative Code or Section 3004(d) of RCRA 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".

___ D. RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THAT TECHNOLOGY) (complete the table below) Waste Code(s) _____.

... certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42 and ... 3745-59-42 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment".

___ E. WASTE TREATED TO REMOVE A HAZARDOUS CHARACTERISTIC THAT REQUIRES ADDITIONAL TREATMENT FOR UNDERLYING HAZARDOUS CONSTITUENTS (complete table below and attach Underlying Hazardous Constituent Form.)

Waste Codes: _____ List Constituents _____

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic. This decharacterized waste contains underlying hazardous constituents that require further treatment to meet Universal Treatment Standards. I am aware that there are significant penalties for submitting a false certification including the possibility of fine or imprisonment.

TABLE 1 WASTE CODE, SUBCATEGORY, & TREATABILITY GROUP

Profile Number	Waste Code	SUBCATEGORY LEGEND (if any)	TREATABILITY GROUP Wastewater or Non-Wastewater	Profile Number	Waste Code	SUBCATEGORY LEGEND (if any)	TREATABILITY GROUP Wastewater or Non-Wastewater
B9645	D002	D2A	NWW				

...reverse side for subcategory legends.

___ F. LAB PACK QUALIFYING FOR ALTERNATIVE CERTIFICATION UNDER 40 CFR 268.42C. Waste Code(s) _____

Hazardous waste with the following waste codes may not be placed in lab packs under alternate treatment standards of 268.42 (INCIN) D009, K019, K003, K004, K005, K006, K071, K100, K106, P010, P011, P012, P076, P078, U134 and U151.

"I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes which have not been excluded under Appendix IV to 40 CFR part 268 or solid wastes not subject to ...lation under 40 CFR part 261. I am aware that there are significant penalties for submitting a false certification, ...uding the possibility of fine or imprisonment.

...information provided is true and correct and is based on analysis of a representative sample of the waste in ...cordance with EPA guidelines Document SW-846 and EPA 60012-80018 or on my thorough knowledge of the waste.

Signature _____ Title Safety/Engin Date 8/8/96

01 Rev. 3/95

JAN 10 '96 10:30AM ENVIRONMENTAL ENT

ENVIRONMENTAL ENTERPRISES, INC. RESTRICTED WASTE [illegible]TICATION & CERTIFICATION ADDENDUM FOR

UNDERLYING HAZARDOUS CONSTI[illegible]ENT [illegible]T STANDARDS

Generator: ARVIN NORTH AMERICAN Manifest Document No: 1471[illegible] Manifest No: INA1214713 Waste Code(s): D002

This notice is required for D001 wastes except high TOC >10%; or D002; or D012-D043 wa[illegible] tad in non-CWA/non-CWA equivalent or non-Class I SWDA systems.

Circle all constituents listed on this page that may be present in the waste. If circle[illegible] re above the regulatory limit check the ">" space. If circled constituents are not present above the regulatory limit leave the ">" blank.

Constituents by Chemical Name	">"	WW mg/l	NWW mg/kg
Acenaphthylene		0.059	3.4
Acenaphthene		0.059	3.4
Acetone		0.28	160
Acetonitrile		5.6	1.8
Acetophenone		0.010	9.7
2-Acetylaminofluorene		0.059	160
Acrolein		0.29	NA
Acrylamide		19	23
Acrylonitrile		0.24	84
Aldrin		0.021	0.066
4-Aminabiphenyl		0.13	NA
Aniline		0.81	14
Anthracene		0.059	3.4
Aramite		0.36	NA
alpha-BHC		0.00014	0.066
beta-BHC		0.00014	0.066
delta-BHC		0.023	0.066
gamma-BHC		0.0017	0.066
Benzene		0.14	10
Benz(a)anthracene		0.059	3.4
Benzal chloride		0.055	6.0
Benzo(b)fluoranthene		0.11	6.8
Benzo(k)fluoranthene		0.11	6.8
Benzo(g,h,i)perylene		0.0055	1.8
Benzo(a)pyrene		0.061	3.4
Bromodichloromethane		0.35	15
Methyl Bromide (Bromomethane)		0.11	15
4-Bromophenyl phenyl ether		0.055	15
n-Butyl Alcohol		5.6	2.6
Butyl Benzyl Phthalate		0.017	28
2-sec-Butyl-4,6-dinitrophenol (Dinoseb)		0.066	2.5
Carbon Disulfide		3.8	4.8mg/l*
Carbon Tetrachloride		0.057	6.0
Chlordane (alpha&gamma isomers)		0.0033	0.26
p-Chloroaniline		0.46	16
Chlorobenzene		0.057	6.0
Chlorobenzilate		0.10	NA
2-Chloro-1,3-butadiene		0.057	0.28
Chlorodibromomethane		0.057	15
Chloroethane		0.27	6.0
bis(2-Chloroethoxy)methane		0.036	7.2
bis(2-Chloroethyl)ether		0.033	6.0
Chloroform		0.046	6.0
bis(2-Chloroisopropyl)ether		0.055	7.2
p-Chloro-m-cresol		0.088	14
2-Chloroethyl vinyl ether		0.062	NA
Chloromethane(Methyl Chloride)		0.19	30
2-Chloronaphthalene		0.055	5.6
2-Chlorophenol		0.044	5.7
3-Chloropropylene		0.036	30
Chrysene		0.059	3.4
o-Cresol		0.11	5.6
m-Cresol		0.77	5.6
p-Cresol		0.77	5.6
Cyclohexanone		0.36	0.75mg/l
1,2-Dibromo-3-chloropropane		0.11	15
Ethylene Dibromide		0.020	15
Dibromomethane		0.11	15
2,4-D		0.72	10
o,p'-DDD		0.023	0.087
p,p'-DDD		0.023	0.087
o,p'-DDE		0.031	0.087
p,p'-DDE		0.031	0.087
o,p'-DDT		0.0039	0.087
p,p'-DDT		0.0039	0.087
Dibenz(a,h)anthracene		0.055	8.2
Dibenz(a,e)pyrene		0.061	NA
m-Dichlorobenzene		0.036	6.0
o-Dichlorobenzene		0.088	6.0
p-Dichlorobenzene		0.090	6.0
Dichlorodifluoromethane		0.23	7.2
1,1-Dichloroethane		0.059	6.0

Constituents by Chemical Name	">"	WW mg/l	NWW mg/kg
1-2-Dichloroethane		0.21	6.0
1,1-Dichloroethylene		0.025	6.0
trans-1,2-Dichloroethylene		0.054	30
2,4-Dichlorophenol		0.044	14
2,6-Dichlorophenol		0.044	14
1,2-Dichloropropane		0.85	18
cis-1,3-Dichloropropylene		0.036	18
trans-1,3-Dichloropropylene		0.036	18
Dieldrin		0.017	0.13
Diethyl phthalate		0.20	28
2-4-Dimethyl phenol		0.036	14
Dimethyl phthalate		0.047	28
Di-n-butyl phthalate		0.057	28
1,4-Dinitrobenzene		0.32	2.3
4,6-Dinitro-o-cresol		0.28	160
2,4-Dinitrophenol		0.12	160
2,4-Dinitrotoluene		0.32	140
2,6-Dinitrotoluene		0.55	28
Di-n-octyl phthalate		0.017	28
p-Dimethylaminoazobenzene		0.11	NA
Di-n-propylnitrosamine		0.40	14
1,4-Dioxane		NA	170
Diphenylamine		0.92	13
Diphenylnitrosamine		0.92	13
1,2-Diphenylhydrazine		0.087	NA
Disulfton		0.017	6.2
Endosulfan I		0.023	0.066
Endosulfan II		0.029	0.13
Endosulfan Sulfate		0.029	0.13
Endrin		0.0028	0.13
Endrin Aldehyde		0.025	0.13
Ethyl Acetate		0.34	33
Ethyl cyanide (Propanenitrile)		0.24	360
Ethyl benzene		0.057	10
Ethyl ether		0.12	160
bis(2-Ethylhexyl) phthalate		0.28	28
Ethyl methacrylate		0.14	160
Ethylene oxide		0.12	NA
Famphur		0.017	15
Fluoranthene		0.068	3.4
Fluorene		0.059	3.4
Heptachlor		0.0012	0.066
Heptachlor epoxide		0.016	0.066
Hexachlorobenzene		0.055	10
Hexachlorobutadiene		0.055	5.6
Hexachlorocyclopentadiene		0.057	2.4
All Hexachlorodibenzo-p-dioxins		0.000063	0.001
All Hexachlorodibenzofurans		0.000063	0.001
Hexachloroethane		0.055	30
Hexachloropropylene		0.035	30
Indeno (1,2,3-c,d) pyrene		0.0055	3.4
Iodomethane		0.19	65
Isobutyl alcohol		5.6	170
Isodrin		0.021	0.066
Isosafrole		0.081	2.6
Kepone		0.0011	0.13
Methacrylonitrile		0.24	84
Methanol		5.6	0.75mg/l*
Methapyrilene		0.081	1.5
Methoxychlor		0.25	0.18
3-Methylcholanthrene		0.0055	15
4,4-Methylene bis(2-chloroaniline)		0.50	30
Methylene chloride		0.089	30
Methyl ethyl ketone		0.28	36
Methyl isobutyl ketone		0.14	33
Methyl methacrylate		0.14	160
Methyl methansulfonate		0.018	NA
Methyl parathion		0.014	4.6
Naphthalene		0.059	5.6
2-Naphthylamine		0.52	NA
o-Nitroaniline		0.27	14
p-Nitroaniline		0.028	28
Nitrobenzene		0.068	14
5-Nitro-o-toluidine		0.32	
o-Nitrophenol		0.028	

Constituents by Chemical Name	">"	WW mg/l	NWW mg/kg
p-Nitrophenolnol		0.12	29
N-Nitrosodiethylamine		0.40	28
N-Nitrosodimethylamine		0.40	2.3
N-Nitroso-di-n-butylamine		0.40	17
N-Nitrosomethylethylamine		0.40	2.3
N-Nitrosomorpholine		0.40	2.3
N-Nitrosopiperidine		0.013	35
N-Nitrosopyrrolidine		0.013	35
Parathion		0.014	4.6
Total PCBs (sum of all PCB isomers, or all Arclors)		0.10	10
Pentachlorobenzene		0.055	10
All Pentachlorodibenzo-p-dioxins		0.000063	0.001
All Pentachlorodibenzofurans		0.000035	0.001
Pentachloroethane		0.055	6.0
Pentachloronitrobenzene		0.055	4.8
Pentachlorophenol		0.089	7.4
Phenacetin		0.081	16
Phenanthrene		0.059	5.6
Phenol		0.039	6.2
Phorate		0.021	4.6
Phthalic acid		0.055	28
Phthalic anhydride		0.055	28
Pronamide		0.093	1.5
Pyrene		0.067	8.2
Pyridine		0.014	16
Safrole		0.081	22
Silvex (2,4,5-TP)		0.72	7.9
2,4,5-T		0.72	7.9
1,2,4,5-Tetrachlorobenzene		0.055	14
All Tetrachlorodibenzo-p-dioxins		0.000063	0.001
All Tetrachlorodibenzofurans		0.000063	0.001
1,1,1,2-Tetrachloroethane		0.057	6.0
1,1,2,2-Tetrachloroethane		0.057	6.0
Tetrachloroethylene		0.056	6.0
2,3,4,6-Tetrachlorophenol		0.030	7.4
Toluene		0.080	10
Toxaphene		0.0095	2.6
Bromoform (Tribromomethane)		0.63	15
1,2,4-Trichlorobenzene		0.055	19
1,1,1-Trichloroethane		0.054	6.0
1,1,2-Trichloroethane		0.054	6.0
Trichloroethylene		0.054	6.0
Trichloromonofluoromethane		0.020	30
2,4,5-Trichlorophenol		0.18	7.4
2,4,6-Trichlorophenol		0.035	7.4
1,2,3-Trichloropropane		0.85	30
1,1,2-Trichloro-1,2,2-trifluoroethane		0.057	30
tris-(2,3-Dibromopropyl) phosphate		0.11	0.10
Vinyl chloride		0.27	6.0
Xylenes-mixed isomers (sum of o-,m,&p)		0.32	30
Antimony		1.9	2.1mg/l*
Arsenic		1.4	5.0mg/l*
Barium		1.2	7.6mg/l*
Beryllium		0.82	0.014mg/l*
Cadmium		0.69	0.19mg/l*
Chromium (Total)		2.77	0.86mg/l*
Cyanides (Total)		1.2	590
Cyanides (Amenable)		0.86	30
Fluoride		15	NA
Lead		0.69	0.37mg/l*
Mercury-Nonwastewator from Retort		NA	0.20mg/l*
Mercury - All Others		0.15	0.025mg/l*
Nickel		3.98	5.0mg/l*
Selenium		0.82	0.16mg/l*
Silver		0.43	0.30mg/l*
Sulfide		14	NA
Thallium		1.4	0.078mg/l*
Vanadium		4.3	0.23mg/l*
Zinc		2.61	5.3mg/l*

* Concentrations are based on a TLCP Analysis

Revised 3/95

P.O. Box 7035
Indianapolis, IN 46207-7035

Rec 1-4-97

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.)) Form approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.
I.N.D.0.0.6.4.1.4.7.8.5	0.9.2.4.7		

GENERATOR

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 HURRICANE STREET
FRANKLIN, IN 46131 317-736-7111

4. Generator's Phone ( )

A. State Manifest Document Number: INA1109247

B. State Generator's ID:

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED

6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9

C. State Transporter's ID: IN4961000021

D. Transporter's Phone: 317-881-9754

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
~~ESSEX MATERIALS~~ ENVIRONMENTAL ENTERPRISES INCORPORATED
~~STATE ROAD 15 SOUTH~~ 4650 SPRING GROVE AV
~~LOGANSPORT, IN 46947~~ CINCINNATI, OHIO 45232

10. US EPA ID Number: ~~I.N.9.0.0.5.0.3.1.5.6.2~~ O.H.D.0.8.3.3.7.7.0.1.0

G. State Facility's ID:

H. Facility's Phone: 219-753-5121

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 RQ, WASTE CORROSIVE SOLIDS, N.O.S., 8, UN1759, PGII (ALKALI BATTERIES) (D002)		D M		P	D002
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
APPROVAL #C3758

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH (317) 881-9754
E.R. GUIDE #154
9. WRONG Facility Entered

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

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

TRANSPORTER

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

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

FACIL.

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name | Signature | Date Month Day Year

INA 1109247

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

ENVIRONMENTAL ENTERPRISES INC.

RESTRICTED WASTE NOTIFICATION & CERTIFICATION

Generator: ARVIN NORTH AMERICAN AUTOMOTIVE Manifest Document No: 09247 State Manifest No: INA1109247

This shipment contains waste(s) restricted from land disposal under 40 CFR Part 268 and OAC Chapter 3745-59. MARK ALL APPLICABLE SPACES ON THE FRONT AND BACK OF THIS FORM.

X A. RESTRICTED WASTE REQUIRING TREATMENT

This shipment contains restricted wastes that must be treated to comply with the applicable treatment standards and/or prohibitions prior to land disposal (see reverse side for F001 - F005, & California list waste(s) (Mark all that apply). Also complete Table 1.

___ Solvent bearing waste (F001 - F005) Waste Code(s) _____ ___ California List Waste Waste Code(s) _____

___ Other (complete table below) Waste code(s) _____ ___ Lab packs subject to Alternative Treatment standards (must complete Section F.)

X D001 (other than high TOC) and/or D002, and/or D012-D043 (complete Underlying Hazardous Constituents Form). Waste Code(s) D002

___ Debris subject to the alternate treatment standards of 40 CFR 268.45. Waste Code(s) _____

Contaminants _____

___ B. RESTRICTED WASTE THAT CAN BE LANDFILLED WITHOUT FURTHER TREATMENT (complete the table below) Waste Code(s) _____.

This shipment contains a restricted waste that meets the applicable treatment standards and/or prohibition levels and can be landfilled without further treatment. I have attached all available supporting data.

"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, in Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 268.32, and Rules 3745-59-32 of the Administrative Code or Section 3004(d) of RCRA. 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 a fine and imprisonment".

Evaluation of this waste is based upon: ____ Analysis (attached) ____ Knowledge of waste (Materials used/process employed)

___ C. RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS (complete table below) Waste Code(s) _____.

"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 on 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) in Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 268.32 and in Rule 3745-59-32 of the Administrative Code or Section 3004(d) of RCRA 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".

___ RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THAT TECHNOLOGY) (complete the table below) Waste Code(s) _____.

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42 and rule 3745-59-42 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment".

___ E. WASTE TREATED TO REMOVE A HAZARDOUS CHARACTERISTIC THAT REQUIRES ADDITIONAL TREATMENT FOR UNDERLYING HAZARDOUS CONSTITUENTS (complete table below and attach Underlying Hazardous Constituent Form.)

Waste Codes: _____ List Constituents _____

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic. This decharacterized waste contains underlying hazardous constituents that require further treatment to meet Universal Treatment Standards. I am aware that there are significant penalties for submitting a false certification including the possibility of fine or imprisonment.

TABLE 1 WASTE CODE, SUBCATEGORY, & TREATABILITY GROUP

Profile Number	Waste Code	SUBCATEGORY LEGEND (if any)	TREATABILITY GROUP Wastewater or Non-Wastewater	Profile Number	Waste Code	SUBCATEGORY LEGEND (if any)	TREATABILITY GROUP Wastewater or Non-Wastewater
C3758	D002	D2A	NWW				

a reverse side for subcategory legends.

___ F. LAB PACK QUALIFYING FOR ALTERNATIVE CERTIFICATION UNDER 40 CFR 268.42C. Waste Code(s) _____

Hazardous waste with the following waste codes may not be placed in lab packs under alternate treatment standards of 268.42 (INCIN) D009, K019, K003, K004, K005, K006, K071, K100, K106, P010, P011, P012, P076, P078, U134 and U151.

"I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes which have not been excluded under Appendix IV to 40 CFR part 268 or solid wastes not subject to regulation under 40 CFR part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

The information provided is true and correct and is based on analysis of a representative sample of the waste in accordance with EPA guidelines Document SW-846 and EPA 60012-80018 or on my thorough knowledge of the waste.

Signature _____ Title Safety Date 12-12-86

m 01 Rev. 3/95

ENVIRONMENTAL ENTERPRISES, INC. RESTRICTED WASTE NOTIFICATION & CERTIFICATION ADDENDUN FOR

UNDERLYING HAZARDOUS CONSTITUENT TREATMENT STANDARDS

Generator: ARVIN NORTH AMERICAN AUTOMOTIVE Manifest Document No: 09247 State Manifest No: INA 1109247 Waste Code(s): D002

This notice is required for D001 wastes except high TOC >10%; or D002; or D012-D043 wastes that are treated in non-CWA/non-CWA equivalent or non-Class I SWDA systems.

Circle all constituents listed on this page that may be present in the waste. If circled constituents are above the regulatory limit check the ">" space. If circled constituents are not present above the regulatory limit leave the ">" blank.

Constituents by Chemical Name	">"	WW mg/l	NWW mg/kg
Acenaphthylene		0.059	3.4
Acenaphthene		0.059	3.4
Acetone		0.28	160
Acetonitrile		5.6	1.8
Acetophenone		0.010	9.7
2-Acetylaminofluorene		0.059	140
Acrolein		0.29	NA
Acrylamide		19	23
Acrylonitrile		0.24	84
Aldrin		0.021	0.066
4-Aminobiphenyl		0.13	NA
Aniline		0.81	14
Anthracene		0.059	3.4
Aramite		0.36	NA
alpha-BHC		0.00014	0.066
beta-BHC		0.00014	0.066
delta-BHC		0.023	0.066
gamma-BHC		0.0017	0.066
Benzene		0.14	10
Benz(a)anthracene		0.059	3.4
Benzal chloride		0.055	6.0
Benzo(b)fluoranthene		0.11	6.8
Benzo(k)fluoranthene		0.11	6.8
Benzo(g,h,i)perylene		0.0055	1.8
Benzo(a)pyrene		0.061	3.4
Bromodichloromethane		0.35	15
Methyl Bromide (Bromomethane)		0.11	15
4-Bromophenyl phenyl ether		0.055	15
n-Butyl Alcohol		5.6	2.6
Butyl Benzyl Phthalate		0.017	28
2-sec-Butyl-4,6-dinitrophenol (Dinoseb)		0.066	2.5
Carbon Disulfide		3.8	4.8mg/l*
Carbon Tetrachloride		0.057	6.0
Chlordane (alpha&gamma isomers)		0.0033	0.26
p-Chloroaniline		0.46	16
Chlorobenzene		0.057	6.0
Chlorobenzilate		0.10	NA
2-Chloro-1,3-butadiene		0.057	0.28
Chlorodibromomethane		0.057	15
Chloroethane		0.27	6.0
bis(2-Chloroethxy)methane		0.036	7.2
bis(2-Chloroethyl)ether		0.033	6.0
Chloroform		0.046	6.0
bis(2-Chloroisopropyl)ether		0.055	7.2
p-Chloro-m-cresol		0.018	14
2-Chloroethyl vinyl ether		0.062	NA
Chloromethane(Methyl Chloride)		0.19	30
2-Chloronaphthalene		0.055	5.6
2-Chlorophenol		0.044	5.7
3-Chloropropylene		0.036	30
Chrysene		0.059	3.4
o-Cresol		0.11	5.6
m-Cresol		0.77	5.6
p-Cresol		0.77	5.6
Cyclohexanone		0.36	0.75mg/l
1,2-Dibromo-3-chloropropane		0.11	15
Ethylene Dibromide		0.028	15
Dibromomethane		0.11	15
2,4-D		0.72	10
o,p'-DDD		0.023	0.087
p,p'-DDD		0.023	0.087
o,p'-DDE		0.031	0.087
p,p'-DDE		0.031	0.087
o,p'-DDT		0.0039	0.087
p,p'-DDT		0.0039	0.087
Dibenz(a,h)anthracene		0.055	8.2
Dibenz(a,e)pyrene		0.061	NA
m-Dichlorobenzene		0.036	6.0
o-Dichlorobenzene		0.088	6.0
p-Dichlorobenzene		0.090	6.0
Dichlorodifluoromethane		0.23	7.2
1,1-Dichloroethane		0.059	6.0
1,2-Dichloroethane		0.21	6.0
1,1-Dichloroethylene		0.025	6.0
trans-1,2-Dichloroethylene		0.054	30
2,4-Dichlorophenol		0.044	14
2,6-Dichlorophenol		0.044	14
1,2-Dichloropropane		0.85	18
cis-1,3-Dichloropropylene		0.036	18
trans-1,3-Dichloropropylene		0.036	18
Dieldrin		0.017	0.13
Diethyl phthalate		0.20	28
2-4-Dimethyl phenol		0.036	14
Dimethyl phthalate		0.047	28
Di-n-butyl phthalate		0.057	28
1,4-Dinitrobenzene		0.32	2.3
4,6-Dinitro-o-cresol		0.28	160
2,4-Dinitrophenol		0.12	160
2,4-Dinitrotoluene		0.32	140
2,6-Dinitrotoluene		0.55	28
Di-n-octyl phthalate		0.017	28
p-Dimethylaminoazobenzene		0.11	NA
Di-n-propylnitrosamine		0.40	14
1,4-Dioxane		NA	170
Diphenylamine		0.92	13
Diphenylnitrosamine		0.92	13
1,2-Diphenylhydrazine		0.087	NA
Disulfton		0.017	6.2
Endosulfan I		0.023	0.066
Endosulfan II		0.029	0.13
Endosulfan Sulfate		0.029	0.13
Endrin		0.029	0.13
Endrin Aldehyde		0.0028	0.13
Ethyl Acetate		0.025	0.13
Ethyl cyanide (Propanenitrile)		0.34	33
Ethyl benzene		0.24	360
Ethyl ether		0.057	10
bis(2-Ethylhexyl) phthalate		0.12	160
Ethyl methacrylate		0.28	28
Ethylene oxide		0.14	160
Famphur		0.12	NA
Fluoranthene		0.017	15
Fluorene		0.068	3.4
Heptachlor		0.059	3.4
Heptachlor epoxide		0.0012	0.066
Hexachlorobenzene		0.016	0.066
Hexachlorobutadiene		0.055	10
Hexachlorocyclopentadiene		0.055	5.6
All Hexachlorodibenzo-p-dioxins		0.057	2.4
All Hexachlorodibenzofurans		0.000063	0.001
Hexachloroethane		0.000063	0.001
Hexachloropropylene		0.055	30
Indeno (1,2,3-c,d) pyrene		0.035	30
Iodomethane		0.0055	3.4
Isobutyl alcohol		0.19	65
Isodrin		5.6	170
Isosafrole		0.021	0.066
Kepone		0.081	2.6
Methacrylonitrile		0.0011	0.13
Methanol		0.24	84
Methapyrilene		5.6	0.75mg/l*
Methoxychlor		0.081	1.5
3-Methylcholanthrene		0.25	0.18
4,4-Methylene bis(2-chloroaniline)		0.0055	15
Methylene chloride		0.50	30
Methyl ethyl ketone		0.089	30
Methyl isobutyl ketone		0.28	36
Methyl methacrylate		0.14	33
Methyl methansulfonate		0.14	160
Methyl parathion		0.018	NA
Naphthalene		0.014	4.6
2-Naphthylamine		0.059	5.6
o-Nitroaniline		0.52	NA
p-Nitroaniline		0.27	14
Nitrobenzene		0.028	28
5-Nitro-o-toluidine		0.068	14
o-Nitrophenol		0.32	
p-Nitrophenolnol		0.028	
N-Nitrosodiethylamine		0.40	28
N-Nitrosodimethylamine		0.40	2.3
N-Nitroso-di-n-butylamine		0.40	17
N-Nitrosomethylethylamine		0.40	2.3
N-Nitrosomorpholine		0.40	2.3
N-Nitrosopiperidine		0.013	35
N-Nitrosopyrrolidine		0.013	35
Parathion		0.014	4.6
Total PCBs (sum of all PCB isomers, or all Arclors)		0.10	10
Pentachlorobenzene		0.055	10
All Pentachlorodibenzo-p-dioxins		0.000063	0.001
All Pentachlorodibenzofurans		0.000035	0.001
Pentachloroethane		0.055	6.0
Pentachloronitrobenzene		0.055	4.8
Pentachlorophenol		0.089	7.4
Phenacetin		0.081	16
Phenanthrene		0.059	5.6
Phenol		0.039	6.2
Phorate		0.021	4.6
Phthalic acid		0.055	28
Phthalic anhydride		0.055	28
Pronamide		0.093	1.5
Pyrene		0.067	8.2
Pyridine		0.014	16
Safrole		0.081	22
Silvex (2,4,5-TP)		0.72	7.9
2,4,5-T		0.72	7.9
1,2,4,5-Tetrachlorobenzene		0.055	14
All Tetrachlorodibenzo-p-dioxins		0.000063	0.001
All Tetrachlorodibenzofurans		0.000063	0.001
1,1,1,2-Tetrachloroethane		0.057	6.0
1,1,2,2-Tetrachloroethane		0.057	6.0
Tetrachloroethylene		0.056	6.0
2,3,4,6-Tetrachlorophenol		0.030	7.4
Toluene		0.080	10
Toxaphene		0.0095	2.6
Bromoform (Tribromomethane)		0.63	15
1,2,4-Trichlorobenzene		0.055	19
1,1,1-Trichloroethane		0.054	6.0
1,1,2-Trichloroethane		0.054	6.0
Trichloroethylene		0.054	6.0
Trichloromonofluoromethane		0.020	30
2,4,5-Trichlorophenol		0.18	7.4
2,4,6-Trichlorophenol		0.035	7.4
1,2,3-Trichloropropane		0.85	30
1,1,2-Trichloro-1,2,2-trifluoroethane		0.057	30
tris-(2,3-Dibromopropyl) phosphate		0.11	0.10
Vinyl chloride		0.27	6.0
Xylenes-mixed isomers (sum of o-,m,&p)		0.32	30
Antimony		1.9	2.1mg/l*
Arsenic		1.4	5.0mg/l*
Barium		1.2	7.6mg/l*
Beryllium		0.82	0.014mg/l*
Cadmium		0.69	0.19mg/l*
Chromium (Total)		2.77	0.86mg/l*
Cyanides (Total)		1.2	590
Cyanides (Amenable)		0.86	30
Fluoride		35	NA
Lead		0.69	0.37mg/l*
Mercury-Nonwastewater from Retort		NA	0.20mg/l*
Mercury - All Others		0.15	0.025mg/l*
Nickel		3.98	5.0mg/l*
Selenium		0.82	0.16mg/l*
Silver		0.43	0.30mg/l*
Sulfide		14	NA
Thallium		1.4	0.078mg/l*
Vanadium		4.3	0.23mg/l*
Zinc		2.61	5.3mg/l*

* Concentrations are based on a TLCP Analysis

Revised 3/95

JAN 10 '96 10:30AM ENVIRONMENTAL ENT P.4

P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: I.N.D.0.0.6.4.1.4.7.8.3 | Manifest Document No.: 0.9.2.4.7

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 HURRICANE STREET
FRANKLIN, IN 46131
4. Generator's Phone ( ) 317-736-7111

A. State Manifest Document Number: INA1109247
B. State Generator's ID:

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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: ~~ESSROC MATERIALS~~ ENVIRONMENTAL ENTERPRISES INC.
~~STATE ROAD 25 SOUTH~~ 4650 SPRING GROVE AVE.
~~LOGANSPORT, IN 46947~~ CINCINNATI, OHIO 45232
10. US EPA ID Number: OHD083371010 / I.N.D.0.0.5.0.8.1.5.4.2
G. State Facility's ID:
H. Facility's Phone: 513-541-1823 ~~219-753-5121~~

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 RQ, WASTE CORROSIVE SOLIDS, N.O.S., 8, UN1759, PGII (ALKALI BATTERIES) (D002)	001	D.M	00075	P	D002
b					
c					
d					

J. Additional Descriptions for Materials Listed Above: APPROVAL #C3758
K. Handling Codes for Wastes Listed Above: M141

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH (317) 881-9754
E.R. GUIDE #154

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

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.

GENERATOR

Printed/Typed Name: X DAN Boucher | Signature: X Dan Boucher | Date: Month 12 Day 21 Year 96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert L. Morrick | Signature: Robert L. Morrick | Date: Month 12 Day 21 Year 96

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date: 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 item 19.
Printed/Typed Name: Charlie Newberry | Signature: Charlie Newberry | Date: Month 12 Day 18 Year 96

INA 1109247

National Response Center at (800) 424-8802 or (202) 267-2675

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: I N D 0 0 6 4 1 4 7 8 3
Manifest Document No.: 8 9 5 0 3
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

GENERATOR

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLING, IN 46131

A. State Manifest Document Number: INA 1189503
B. State Generator's ID:

4. Generator's Phone (317) 736-7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INC.
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
ESSROC MATERIALS
STATE ROAD 25 SOUTH
LOGANSPORT, IN. 46947
10. US EPA ID Number: I N D 0 0 5 0 8 1 5 4 2
G. State Facility's ID:
H. Facility's Phone: 219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	0 0 1	T T	00055	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL #: L000081

K. Handling Codes for Wastes Listed Above
T-50

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE #26
LWR #: CP 1335

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

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Printed/Typed Name | Signature | Date (Month / Day / Year): 06/14/96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Larry Rall | Signature | Date (Month / Day / Year): 06/14/96

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date (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 item 19.
Printed/Typed Name: BRIAN S Clower | Signature | Date (Month / Day / Year): 06 / 17 / 96

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

In case of a spill call the Indiana Office of Environmental Response at (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 1189503

v0[illegible]41O1

ESSROC MATERIALS INC.
LOGANSPORT, INDIANA PLANT
EPA ID#: IND005081542

Certificate of Thermal Destruction

EPA ID#: IND006414783
Generator: ARVIN NORTH AMERICAN AUTOMOTIVE
Address: 1001 NORTH HURRICANE STREET

FRANKLIN, IN 46131

Contact:

Gentlemen: Essroc Materials Inc. has processed waste from:

ARVIN NORTH AMERICAN AUTOMOTIVE

As Indicated on Manifest

INA1189503

And Hereby Certifies That This Waste Was Thermally Destroyed At
ESSROC's TSD FACILITY (IND 005081542)
LOGANSPORT, INDIANA

Between
06/19/96 - 06/20/96
In the Amount of 433 lbs (55 gallons)

Date Load Received: 06/19/96

CP RECYCLING LOAD RECORD NUMBER: 20-10976

Environmental Manager
06/21/96
Date

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.)) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.
I N D 0 0 6 4 1 4 7 8 3	5 9 5 0 3		

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLING, IN 46131

4. Generator's Phone (317) 736-7111

A. State Manifest Document Number: INA 1189503
B. State Generator's ID:

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID	TN4961000021
LIQUID WASTE REMOVAL, INC.	I N D 9 9 3 5 0 4 6 4 9	D. Transporter's Phone	317-881-9754
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	
ESSROC MATERIALS STATE ROAD 25 SOUTH LOGANSPORT, IN. 46947	I N D 0 0 5 0 8 1 5 4 2	H. Facility's Phone	219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	0 0 1	T T	1 0 0 0	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL #: L000081

K. Handling Codes for Wastes Listed Above
T-50

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: CARY BUSH 317-881-9754
E.R. GUIDE #26
LWR #: CP 1335

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

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Printed/Typed Name	Signature	Date Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date 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 item 19.

Printed/Typed Name	Signature	Date Month	Day	Year

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

National Response Center at 800/424-8802 or 202/426-2675.

INA 1189503

P.O. Box 7035
Indianapolis, IN 46207-7035

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: I N D 0 0 6 4 1 4 7 8 3
Manifest Document No.: 14912
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number: INA 1214912

B. State Generator's ID

4. Generator's Phone (317) 736-7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
ESSROC MATERIALS
STATE ROAD 25 SOUTH
LOGANSPORT, IN 46947
10. US EPA ID Number: I N D 0 0 5 0 8 1 5 4 2
G. State Facility's ID
H. Facility's Phone: 219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	0 0 1	T T	1000	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL # L000081

K. Handling Codes for Wastes Listed Above
T50

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE #128 127
LWR #: CP1335

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

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Printed/Typed Name	Signature	Date Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

FACILITY

19. Discrepancy Indication Space
Jerry Ross

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

Printed/Typed Name	Signature	Date Month	Day	Year

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R3 / 12-95)

COPY 8. GENERATOR COPY

GENERATOR

In case of a spill call the Indiana Office of Environmental Response at 317/241-4330 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 1214912

ESSROC MATERIALS

LAND DISPOSAL RESTRICTION (LDR) AND NOTIFICATION FORM

A. Generator Name: ARVIN NORTH AMERICAN
Address: 1001 NORTH HURRICANE STREET
FRANKLIN, IN 46131

US EPA ID #: IND 006 414 783
Manifest #: 14912
Profile #(s): L000081

B. ☒ (Check if applicable)

Restricted Waste contained in this shipment and referenced by the above Manifest number that are listed below are subject to the treatment standards set forth in 40 CFR 268.40. For each waste code, list the corresponding Subcategory, if applicable. Record an "X" in the appropriate column below for Treatability Group and each disclosure form attached.

(1) Profile Number	(2) USEPA Hazardous Waste Code	(3) Subcategory (if applicable)	(4) Treatability group*		(5) F001-F005 Disclosure Form Attached	(6) UTS Disclosure Form Attached	(7) Lab Pack 40 CFR 268 App. IV
			NWW	WW			
L000081	D001	IGNITABLE LIQ. HIGH TOC	X				
"	F003	XYLENE	X		X		
"	F005	TOLUENE	X		X		
"	DOO5	BARIUM	X			X	
"	D006	CADIUM	X			X	
"	D007	CHROMIUM	X			X	
"	D008	LEAD	X			X	
"	D018	BENZENE NON CWA	X			X	
"	D035	MEK / NON CWA	X			X	
"	D039	TRICHLOR. / NON CWA	X			X	
"	D040	TRICHLOR. / NON CWA	X			X	

(*) Include drum number if this waste pertains to a lab pack.

C. California List Constituents and their Prohibition Levels

Profile Number	USEPA Hazardous Waste Code		Constituent	Concentration
		☐	Liquid wastes containing Nickel	134 mg/L
		☐	Liquid wastes containing Thallium	130 mg/L
L000081	F003, F005	X	Wastes containing HOC's*	
			(*) HOC's as defined in 40 CFR 268 Appendix III.	

D. LAB PACK CERTIFICATION: If you waste is packaged in lab packs and does not contain any waste codes in Appendix IV (see list below), the following certifications must be completed and the corresponding container numbers must be listed also. If the waste is packaged in lab packs and they include waste codes in Appendix IV, then table B (page 2) must be completed for those containers and the respective waste codes.

APPENDIX IV codes: D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack does not contain any wastes identified at 40 CFR 268.42 (c) (2). I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Generator Signature _____ Date _____

Container Number: _____

E. Notification Statement: This waste must be treated to the applicable treatment standards set forth in 40 CFR 268 Subpart D, Section 268.32, or RCRA Section 3004 (d). Waste analysis is attached where available, otherwise the information herein is based upon my thorough knowledge of the waste(s). I hereby certify that the information provided is complete and accurate based on my knowledge of the materials.

Jerry Nolan
Generator Signature

11-20-96
Date

Treatment Standards for F001 - F005 Spent Solvents Disclosure Form

Underlying constituents for F001 - F005. The waste material referenced in page 2 section B meets the treatment standards for the hazardous constituents 'ked below.

Profile Number: L000081

Hazardous Waste No.		Constituents of concern	Nonwastewater		Wastewater
			Total composition mg/kg	TCLP mg/L	Total composition mg/L
F001-	☐	Carbon tetrachloride	5.6	-	0.06
	☐	Methylene chloride	33	-	0.09
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-Ttrifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F002-	☐	Chlorobenzene	5.7	-	0.06
	☐	o-Dichlorobenzene	6.2	-	0.09
	☐	Methylene chloride	33	-	0.09
	☐	Methylene chloride (Pharmaceutical Industry-Wastewater Subcategory)	-	-	0.44
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	1,1,2-Trichloroethane	7.6	-	0.03
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-trifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F003-	☐	Acetone	160	-	0.28
	☐	n-Butyl alcohol	2.6	-	5.6
	☐	Cyclohexanone*		0.75	0.36*
	☐	Ethyl acetate	33	-	0.34
	☐	Ethyl benzene	6	-	0.06
	☐	Ethyl ether	160	-	0.12
	☐	Methanol*		0.75	5.6*
	☐	Methyl isobutyl keytone	33	-	0.14
	X	Xylenes (total)	28	-	0.32
F004-	☐	Cresol (m- and p- isomers)	3.2	-	0.77
	☐	o-Cresol	5.6	-	0.11
	☐	Nitrobenzene	14	-	0.07
F005-	☐	Benzene	3.7	-	0.07
	☐	Carbon disulfide*		4.8	0.014*
	☐	2-Ethoxyethanol	INCIN	-	BIODG; or INCIN
	☐	Isobutyl alcohol	170	-	5.6
	☐	Methyl ethyl keytone	36	-	0.28
	☐	2-Nitropropane	INCIN	-	(WETOX or CHOXD)
	☐	Pyridine	16	-	0.01
	X	Toluene	28	-	0.08

Note: F005 spent solvent wastes containing 2-Nitropropane and/or 2-Ethoxyethanol have treatment standards outlined in 40 CFR 268.40 and must be referenced in Table B page 2. (*)The treatment standards for Carbon Disulfide, Cyclohexanone, and Methanol nonwastewaters are based on the TCLP and apply only to spent solvents containing one, two, or all three of these constituents. If a waste contains any of these three constituents along with any other constituents found in F001-F005, then only the treatment standards for the other constituents apply (i.e., the standards for Carbon Disulfide, Cyclohexanone, ' Methanol do not apply when other constituents are present).

Universal Treatment Standards Disclosure Form

Underlying constituents for D001**(low TOC, non-CWA), D002 (non-CWA, D012-D017 (nonwastewater), D018-D043 (non-CWA), and F039. The Waste material referenced in Section B exceeds the treatment standards for the hazardous constituents marked below.

☐ Check if none of the underlying hazardous constituents apply

Profile number: L000081

	Constituent	NWW	WW
☐	Acenaphthyisne	3.4	0.059
☐	Acenaphthene	3.4	0.059
☐	Acetone	160	0.28
☐	Acetonitrile	1.8	5.6
☐	Acetophenone	9.7	0.01
☐	2-Acetylaminofluorene	140	0.059
☐	Acrolein	NA	0.29
☐	Acrylamide	23	19
☐	Acrylonitrile	84	0.24
☐	Aldrin	0.066	0.021
☐	4-Aminodiphenyl	NA	0.13
☐	Aniline	14	0.81
☐	Anthracene	3.4	0.059
☐	Aramite	NA	0.36
☐	alpha-BHC	0.066	0.00014
☐	beta-BHC	0.066	0.00014
☐	delta-BHC	0.066	0.023
☐	gamma-BHC	0.066	0.0017
X	Benzene	10	0.14
☐	Benz(a)anthracene	3.4	0.059
☐	Benzal chloride	6	0.055
☐	Benzo(b)fluoanthene	6.8	0.11
☐	Benzo(k)fluoanthene	6.8	0.11
☐	Benzo(g,h,i)perylene	1.8	0.0055
☐	Benzo(a)pyrene	3.4	0.061
☐	Bromodichloromethane	15	0.35
☐	Methyl bromide (Bromomethane)	15	0.11
☐	4-Bromophenyl phenyl ether	15	0.55
☐	n-Butyl alcohol	2.6	5.6
☐	Butyl benzyl phthalate	28	0.017
☐	2-sec-Butyl-4,6-dinitrophenol (Dinoseb)	2.5	0.066
☐	Carbon disulfide	4.0 mg/l TCLP	3.8
☐	Carbon tetrachloride	6	0.057
☐	Chlordane (alpha and gamma isomers)	0.26	0.0033
☐	p-Chloroaniline	16	0.46
☐	Chlorobenzene	6	0.057
☐	Chlorobenzilate	NA	0.1
☐	2-chloro-1,3-butadine	0.28	0.057
☐	Chlorodabromomathane	15	0.057
☐	Chloroethane	6	0.27
☐	bis(2-Chloroethoxy)-methane	7.2	0.036
☐	bis(2-Chloroethyl)ether	6	0.033
☐	Chloroform	6	0.046
☐	bis(2-Chloroisopropyl)-ether	7.2	0.055
☐	p-Chloro-m-cresol	14	0.018
☐	2-Chloroethyl vinyl ether	NA	0.062
☐	Chloxomethane (Methyl chloride)	30	0.19
☐	2-Chloronaphthalene	5.6	0.055
☐	2-Chlorophenol	5.7	0.044
☐	3-Chloropropylene	30	0.036
☐	Chrysene	3.4	0.059
☐	o-Cresol	5.6	0.11
☐	m-Cresol	5.6	0.77
☐	p-Cresol	5.6	0.77
☐	Cyclohexanone	0.75 mg/l TCLP	0.36
☐	1,2-dibromo-3-chloro-propane	15	0.11
☐	Ethylene dibromide (1,2-Dibromoethane)	15	0.028
☐	Dibromomethane	15	0.11
☐	2,4-D (2,4-Dichlorophenoxyacetic acid)	10	0.72
☐	o,p'-DDD	0.087	0.023
☐	p,p'-DDD	0.087	0.023
☐	o,p'-DDE	0.087	0.031
☐	p,p'-DDE	0.087	0.031
☐	c,p'-DDT	0.087	0.0039
☐	p,p'-DDT	0.087	0.0039
☐	Dibenz(a,h)anthracene	0.2	0.055
☐	Dibenz(a,e)pyrene	NA	0.061
☐	m-Dichlorobenzene	6	0.36
☐	o-Dichlorobenzene	6	0.088
☐	p-Dichlorobenzene	6	0.09
☐	Dichlorodifluoromethane	7.2	0.23
☐	1,1-Dichloroethane	6	0.059
☐	1,2-Dichloroethane	6	0.21
☐	1,1-Dichloroethylene	6	0.025
☐	trans-1,2-	30	0.054
☐	2,4-Dichlorophenol	14	0.044
☐	2,6-Dichlorophenol	14	0.044
☐	1,2-Dichloropropane	18	0.85
☐	cis-1,3-	18	0.036
☐	trans-1,3-Dichloropropylene	18	0.036
☐	Dieldrin	0.13	0.017
☐	Diethyl phthalate	28	0.2
☐	2,4-Dimethyl phenol	14	0.036
☐	Dimethyl phthalate	28	0.047
☐	Di-n-butyl phthalate	28	0.057
☐	1,4-Dinitrobenzene	2.3	0.32
☐	4,6-Dinitro-o-cresol	160	0.28
☐	2,4-Dinitrophenol	160	0.12
☐	2,4-Dinitrotoluene	140	0.32
☐	2,6-Dinitrotoluene	28	0.55
☐	Di-n-octyl phthalate	28	0.017
☐	p-Dimethylaminoazobenzene	NA	0.13
☐	Di-n-propylnitrosamine	14	0.4
☐	1,4-Dioxane	170	NA
☐	Diphenylamine	13	0.92
☐	Diphenylnitrosamine	13	0.92
☐	1,2-Diphenylhydrazine	NA	0.087
☐	Disulfoton	6.2	0.017
☐	Endosulfan I	0.866	0.023
☐	Endosulfan II	0.13	0.029
☐	Endosulfan sulfate	0.13	0.029
☐	Endrin	0.13	0.0028
☐	Endrin aldehyde	0.13	0.025
☐	Ethyl acetate	33	0.34
☐	Ethyl cyanide (Propanenitrile)	360	0.24
☐	Ethyl benzene	10	0.057
☐	Ethyl ether	160	0.12
☐	bis(2-Ethylhexyl)	28	0.28
☐	Ethyl methacrylate	160	0.14
☐	Ethylene oxide	NA	0.12
☐	Famphur	15	0.017
☐	Fluoranthene	3.4	0.068
☐	Fluorene	3.4	0.059
☐	Heptachlor	0.066	0.0012
☐	Heptachlor epoxide	0.066	0.016
☐	Hexachlorobenzene	10	0.055
☐	Hexachlorobutadine	5.6	0.055
☐	Hexachlorocyclopentadiene	2.4	0.057
☐	HxCDDs(Al HxCDDs)	0.001	.000063
☐	HxCDFs(Al HxCDFs)	0.001	.000063
☐	Hexachlorethane	36	0.055
☐	Hexachloropropylene	30	0.035
☐	Indeno(1,2,3-c,d)pyrene	3.4	0.0055
☐	Iodomethane	65	0.19
☐	Isobutyl alcohol	170	5.6
☐	Isodrin	0.066	0.021
☐	Isosafrole	2.6	0.081
☐	Kepone	0.13	0.0011
☐	Methacrylonitrile	84	0.24
☐	Methanol .75 mg/l	TCLP	5.06
☐	Methapyrilene	1.5	0.081
☐	Methoxychlor	0.18	0.25
☐	3-Methylcholarathrene	15	0.0055
☐	4,4-Methylene bis (2-chloroaraline)	30	0.5
☐	Methylene chloride	30	0.089
☐	Methyl ethyl ketone	36	0.28
☐	Methyl isobutyl ketone	33	0.14
☐	Methyl methacrylate	160	0.14
☐	Methyl	NA	0.018
☐	Methyl parathion	4.6	0.014
☐	Naphthalene	5.6	0.059
☐	2-Naphthylamine	NA	0.52
☐	o-Nitroaniline	14	0.27
☐	p-Nitroaniline	28	0.028
☐	Nitrobenzene	14	0.068
☐	5-Nitro-o-toludine	28	0.32
☐	o-Nitrophenol	13	0.028
☐	p-Nitrophenol	29	0.12
☐	N-Nitrosodiethylamine	28	0.4
☐	N-Nitrosodimethylamine	2.3	0.4
☐	N-Nitroso-di-n-butylamine	17	0.4
☐	N-Nitrosomethylethylamine	2.3	0.4
☐	N-Nitrosomorpholine	2.3	0.4
☐	N-Nitrosopiperidine	35	0.13
☐	N-Nitrosopyrrolidine	35	0.013
☐	Parathion	4.6	0.014
☐	Total PCBs(All Arocolors)	10	0.1
☐	Pentachlorobenzene	10	0.055
☐	PeCDDs(Al PeCdDs)	0.001	.0000
☐	PeCDFs(Al PeCdFs)	0.001	.0000
☐	Pentachloroethane	6	0.055
☐	Pentachloronitrobenzene	4.8	0.055
☐	Pentachlorophenol	7.4	0.089
☐	Phenacetin	16	0.081
☐	Phenanthrene	5.6	0.059
☐	Phenol	6.2	0.039
☐	Phorate	4.6	0.021
☐	Phthalic acid	28	0.055
☐	Phthalic anhydride	28	0.055
☐	Pronamide	1.5	0.093
☐	Pyrene	0.2	0.067
☐	Pyridine	1.6	0.014
☐	Safrole	22	0.081
☐	Silvex(2,4,5-TP)	7.9	0.72
☐	2,4,5-T(2,4,5-Trichlorophen-oxyacetic acid)	7.9	0.72
☐	1,2,4,5-Tetrachlorobenzene	14	0.055
☐	TCDDs(Al TCDDs)	0.001	.0000
☐	TCDFs(Al TCDFs)	0.001	.0000
☐	1,1,1,2-Tetrachloroethane	6	0.057
☐	1,1,2,2-Tetrachloroethane	6	0.057
X	Tetrachloroethylene	6	0.056
☐	2,3,4,6-Tetrachlorophenol	7.4	0.03
X	Toluene	10	0.08
☐	Toxaphene	2.6	0.009
☐	Bromoform(Tribromomethane)	15	0.63
☐	1,2,4-Trichlorobenzene	19	0.055
☐	1,1,1-Trichloroethane	6	0.054
☐	1,1,2-Trichloroethane	6	0.054
X	Trichloroethylene	6	0.054
☐	Trichloromonofluoromethane	30	0.82
☐	2,4,5-Trichlorophenol	7.4	0.18
☐	2,4,6-Trichlorophenol	7.4	0.035
☐	1,2,3-Trichloropropane	38	0.85
☐	1,1,2-Trichloro-1,2,2-trifluoroethane	38	0.057
☐	tris-(2,3-dibromopropyl) phosphate	0.1	0.11
☐	Vinyl chloride	6	0.27
X	Xylenes-all mixed isomers	30	0.22
☐	Antimony		1.9
X	Arsenic	5.0 mg/l TCLP	1.4
☐	Barium	7.6 mg/l TCLP	1.2
X	Berylium	.014 mg/l TCLP	0.82
X	Cadmium	0.19 mg/l TCLP	0.69
☐	Chromium (Total)	0.86 mg/l TCLP	2.77
☐	Cyanides (Total)*	590	1.2
☐	Cyanides (Amenable)*	30	0.06
☐	Fluoride	NA	35
X	Lead	0.37 mg/l TCLP	0.69
☐	Mercury-non wastewater from Retort	0.20 mg/l TCLP	NA
☐	Mercury-All Others	.025 mg/l TCLP	0.15
☐	Nickel	5.0 mg/l TCLP	3.98
☐	Selenium	0.16 mg/l TCLP	0.82
☐	Silver	0.30 mg/l TCLP	0.43
☐	Sulfide	NA	14
☐	Thallium	0.70 mg/l TCLP	1.4
☐	Vanadium	0.23 mg/l TCLP	4.3
☐	Zinc	5.3 mg/l TCLP	2.61

(*) Both Cyanides (Total) and Cyanides (Amenable) for nonwastewaters are to be analyzed using SW-846 Method 9010 or 9012 with a sample sid 10grams and a distill action time of one hour and 15 minutes.

(**) The selection of D001 constituents is only required for low TOC ignitable liquids managed in non-CWA facilities.

OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE 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 No.: I.N.D.0.0.6.4.1.4.7.8.3 | Manifest Document No.: 1.4.9.1.2
2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number: INA 1214912

4. Generator's Phone (317) 736-7111

B. State Generator's ID:

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
ESSROC MATERIALS
STATE ROAD 25 SOUTH
LOGANSPORT, IN 46947
10. US EPA ID Number: I.N.D.0.0.5.0.8.1.5.4.2
G. State Facility's ID:
H. Facility's Phone: 219-753-5121

	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	RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	001	TT	00055	G	D001
b						
c						
d						

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL # L000081

K. Handling Codes for Wastes Listed Above
T-50

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE #~~XX~~ 127
LWR #: CP1335

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

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.

GENERATOR

Printed/Typed Name	Signature	Date (Month / Day / Year)
X JERRY KEAN	X Jerry Kean	11 20 96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month / Day / Year)
THOMAS A Dutton	Thomas A Dutton	11 20 96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (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 item 19.

Printed/Typed Name	Signature	Date (Month / Day / Year)
BRIAN CAMPBELL		

INA 1214912

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R3 / 12-95)

(day or night) and the
tional Response Center at

v0[illegible]41O1

ESSROC

ESSRO MATERIALS INC.
LOGANSPORT, INDIANA PLANT
EPA ID#: IND005081542

Certificate of Thermal Destruction

EPA ID#: IND006414783
Generator: ARVIN NORTH AMERICAN AUTOMOTIVE
Address: 1001 NORTH HURRICANE STREET

FRANKLIN, IN 46131
Contact: JERRY KEAN

Gentlemen:

Essroc Materials Inc. has processed waste from:

ARVIN NORTH AMERICAN AUTOMOTIVE

As Indicated on Manifest

INA1214912

And Hereby Certifies That This Waste Was Thermally Destroyed At
ESSROC's TSD FACILITY (IND 005081542)
LOGANSPORT, INDIANA

Between
11/25/96 - 11/26/96
In the Amount of 415 lbs (56 gallons)

Date Load Received: 11/25/96

CP RECYCLING LOAD RECORD NUMBER: 20-12427

Brian K. Gray ST
Environmental Manager
11/27/96
Date

P.O. Box 7035
Indianapolis, IN 46207-7035

10-14-97

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.)) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: I.N.D.0.0.6.4.1.4.7.8.3 | Manifest Document No.: 9.7.5.1.6 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIBE
1001 HURRICANE STREET FRANKLIN, IN 46131

4. Generator's Phone (317)736-7111

A. State Manifest Document Number: INA 1197516

B. State Generator's ID

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED | 6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9

C. State Transporter's ID: IN4961000021

D. Transporter's Phone: 317-881-9754

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
ENVIRONMENTAL ENTERPRISES, INCORPORATED
4650 SPRING GROVE AVENUE
CINCINNATI, OH 45232 | 10. US EPA ID Number: O.H.D.0.8.3.3.7.7.0.1.0

G. State Facility's ID

H. Facility's Phone: 513-541-1823

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 RQ, WASTE CORROSIVE SOLIDS, N.O.S., 8, UN1759, PGII (ALKALI BATTERIES) (D002)	001	D M	00060	P	D002
b RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	001	D M	00055	G	D001
c					
d					

J. Additional Descriptions for Materials Listed Above
APPROVAL # 03758 (A) X10079 (B)
LINE ITEM B ALSO CARRIES: F003, F005, D035

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE # 154 (A) 127 (B)

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

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 .

GENERATOR

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

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

TRANSPORTER

19. Discrepancy Indication Space

FACILITY

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name | Signature | Date Month . Day . Year .

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

COPY NOT GENERATOR COPY

National Response Center at 800/424-8802 or 202/426-2675

INA 1197516

ENVIRONMENTAL ENTERPRISES INC.

RESTRICTED WASTE NOTIFICATION & CERTIFICATION

1 A

Generator: ARVIN NORTH AMERICAN AUTOMOTIVE Manifest Document No: 97516 State Manifest No: INA1197516
E.I. Profile No: C3758 Treatability Group: (check one) _____ Wastewater X Non-Wastewater
This shipment contains waste(s) restricted from land disposal under 40 CFR Part 268 and OAC Chapter 3745-59. Mark ALL APPLICABLE SPACES ON THE FRONT AND BACK OF THIS FORM.

X A. RESTRICTED WASTE REQUIRING TREATMENT
This shipment contains restricted wastes that must be treated to comply with the applicable treatment standards and/or prohibitions prior to land disposal (see reverse side for F001 - F005, & California list waste(s) (Mark all that apply).
____ Solvent bearing waste (F001 - F005) Waste Code(s) _____ ____ California List Waste Code(s) _____
X Other (complete table below) Waste code(s) D002 ____ Appendix IV or V Lab Pack (must complete Section F)

____ B. RESTRICTED WASTE SUBJECT TO VARIANCE (complete table below) Waste Code(s) _____.
This shipment contains a restricted waste subject to a nationwide variance that expires on _____.

____ C. RESTRICTED WASTE THAT CAN BE LANDFILLED WITHOUT FURTHER TREATMENT (complete the table below)
Waste code(s) _____.
This shipment contains a restricted waste that meets the applicable treatment standards and/or prohibition levels and can be landfilled without further treatment. I have attached all available supporting data.
"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, Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 268.32, and Rule 3745-59-32 of the Administrative code or RCRA Section 300(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 a fine and imprisonment".
Evaluation of this waste is based upon: ____ Analysis (attached) ____ Knowledge of waste (materials used/process employed)

____ D. RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS (complete table below) Waste code(s) _____.
"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 on 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) in Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 40 268.32 and in Rule 3745-59-32 of the Administrative Code 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".

____ E. RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THAT TECHNOLOGY)
(complete the table below) Waste code(s) _____.
"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42 and rule 3745-59-42 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment".

US EPA Waste Code	SUBCATEGORY (if any)	PERFORMANCE BASED TREATMENT STD. (check one) 268.41(a)	268.43(a)	SPECIFIED TECHNOLOGY 268.42 (SPECIFY)	TREATABILITY GROUP Wastewater or Non-Wastewater
D002					NWW

____ F. LAB PACK CERTIFICATIONS (check applicable certification below) Waste code(s) _____

APPENDIX IV CERTIFICATION

____ a) I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV part 268 and in Appendix I to rule 3745-59-42 of the Administrative Code or wastes not subject to regulation under Chapter 3745-51 of the Administrative Code or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

APPENDIX V CERTIFICATION

____ b) 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 and that the lab pack contains only organic wastes specified in appendix V part 268 and in Appendix II Rule 3745-49-42 of the Administrative Code or solid wastes not subject to regulation under 40 CFR part 261 or wastes not subject to regulation under Chapter 3745-51 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Signature X _____ Title _____ Date 10/14/87

Environmental Enterprises Incorporated

TREATMENT FACILITY
4650 Spring Grove Ave.
Cincinnati, Ohio 45232
(513) 541 - 1823

OFFICE / LABORATORY
10163 Cincinnati - Dayton Rd.
Cincinnati, Ohio 45241
(513) 772 - 2818

EPA ID # : OHD 083377010

ENVIRONMENTAL ENTERPRISES, INC. UNDERLYING HAZARDOUS CONSTITUENT DETERMINATION AND CERTIFICATION

Hazardous wastes that exhibit the characteristics of ignitability (D001), corrosivity (D002), and toxity characteristics for organics (D018-D043) and, are not being managed in Clean Water Act systems or Class I injection wells must be treated to remove the hazardous characteristic, and treated to the treatment standards in 40 CFR 268.48 Table UTS - Universal Treatment Standards for all underlying hazardous constituents reasonably expected to be present in the waste at the point of generation.

Please complete this form for all D001, D002, and D018-D043 waste. This determination may be made based on generator knowledge or analysis.

Generator: ARVIN NORTH AMERICAN Broker: LIQUID WASTE REMOVAL Profile #: C3758

Waste Name: (Batteries) Corrosive Process Generating Waste _____

Waste Codes: D002 Treatability Group: _____ Wastewater ___X___ Non-Wastewater

D001 indicate subcategory: [ ] ignitable liquid high TOC >10% [ ] ignitable liquid low TOC <10% [ ] ignitable reactive [ ] oxidizer

002 indicate subcategory: [X] Alkaline Aqueous Liquid pH >12.5 [ ] Acid Aqueous Liquid ph <2

018-D043 (Specify) _____

1. Does this waste contain any of the underlying hazardous constituents listed in Table UTS 40 CFR 268.48? _____ Yes ___X___ No
   If yes, please complete Questions 2 & 3 and sign certification.
   If no, please complete Question 3 and sign certification.

2. List all underlying constituents applicable to this waste at the point of generation. Refer to 40 CFR 268.40 Table UTS listed on the back of this form.

   _____

   2a. [ ] This waste meets the Universal Treatment Standards for all "underlying constituents" listed above. (Please provide supporting analytical data).
   2b. [ ] This waste does not meet the Universal Treatment Standards for the "underlying constituents" listed above and must be treated before this waste can be land disposed.

3. This information above was determined by: [X] Generator's knowledge of the waste
   [ ] Laboratory analysis (attached)

CERTIFICATION

The above information is true and accurate and is based on an analysis of a representative sample of the waste in cordance with EPA guidelines document SW-846-190 and EPA 60012-80-018, or on my thorough knowledge of the waste.

By: X _____ Company: Arvin Eshaust Date: 10/14/97

Printed On Recycled and Recyclable Paper

ENVIRONMENTAL ENTERPRISES INC.

RESTRICTED WASTE NOTIFICATION & CERTIFICATION

B

Generator: ARVIN NORTH AMERICAN AUTOMOTIVE Manifest Document No: 97516 State Manifest No: INA1197516
E.E.I. Profile No: X10079 Treatability Group: (check one) _____ Wastewater X Non-Wastewat
is shipment contains waste(s) restricted from land disposal under 40 CFR Part 268 and OAC Chapter 3745-59. Mark ALL APPLICABL
ACES ON THE FRONT AND BACK OF THIS FORM.

X A. RESTRICTED WASTE REQUIRING TREATMENT
This shipment contains restricted wastes that must be treated to comply with the applicable treatment standards and/or prohibition prior to land disposal (see reverse side for F001 - F005, & California list waste(s) (Mark all that apply).
X Solvent bearing waste (F001 - F005) Waste Code(s) F003, F005 ___ California List Waste Code(s) _____
X Other (complete table below) Waste code(s) D001, D035 Appendix IV or V Lab Pack (must complete Section F

___ B. RESTRICTED WASTE SUBJECT TO VARIANCE (complete table below) Waste Code(s) _____
This shipment contains a restricted waste subject to a nationwide variance that expires on _____

___ C. RESTRICTED WASTE THAT CAN BE LANDFILLED WITHOUT FURTHER TREATMENT (complete the table below
Waste code(s) _____.
This shipment contains a restricted waste that meets the applicable treatment standards and/or prohibition levels and can be landfilled without further treatment. I have attached all available supporting data.
"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, Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 268.32, and Rule 3745-59-32 of the Administrative code or RCRA Section 300(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 a fine and imprisonment".
Evaluation of this waste is based upon: ____ Analysis (attached) ____ Knowledge of waste (materials used/process employed)

___ D. RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS (complete table below) Waste code(s) _____.
"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 on 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) in Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 40 268.32 and in Rule 3745-59-32 of the Administrative Code 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".

___ E. RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THAT TECHNOLOGY)
(complete the table below) Waste code(s) _____.
"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42 and rule 3745-59-42 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment".

US EPA Waste Code	SUBCATEGORY (if any)	PERFORMANCE BASED TREATMENT STD. (check one) 268.41(a)	268.43(a)	SPECIFIED TECHNOLOGY 268.42 (SPECIFY)	TREATABILITY GROUP Wastewater or Non-Wastewater
D001					NWW
F003					"
F005					"
D035					"

___ F. LAB PACK CERTIFICATIONS (check applicable certification below) Waste code(s) _____

APPENDIX IV CERTIFICATION

___ a) I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV part 268 and in Appendix I to rule 3745-59-42 of the Administrative Code or wastes not subject to regulation under Chapter 3745-51 of the Administrative Code or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

APPENDIX V CERTIFICATION

___ b) 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 and that the lab pack contains only organic wastes specified in appendix V part 268 and in Appendix II Rule 3745-49-42 of the Administrative Code or solid wastes not subject to regulation under 40 CFR part 261 or wastes not subject to regulation under Chapter 3745-51 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Signature X _____ Title Safety Date 10/14/87

Environmental Enterprises Incorporated

TREATMENT FACILITY
4650 Spring Grove Ave.
Cincinnati, Ohio 45232
(513) 541 - 1823

OFFICE / LABORATORY
10163 Cincinnati - Dayton Rd.
Cincinnati, Ohio 45241
(513) 772 - 2818

EPA ID # : OHD 083377010

ENVIRONMENTAL ENTERPRISES, INC. UNDERLYING HAZARDOUS CONSTITUENT DETERMINATION AND CERTIFICATION

Hazardous wastes that exhibit the characteristics of ignitability (D001), corrosivity (D002), and toxity characteristics for organics (D018-D043) and, are not being managed in Clean Water Act systems or Class I injection wells must be treated to remove the hazardous characteristic, and treated to the treatment standards in 40 CFR 268.48 Table UTS - Universal Treatment Standards for all underlying hazardous constituents reasonably expected to be present in the waste at the point of generation.

Please complete this form for all D001, D002, and D018-D043 waste. This determination may be made based on generator knowledge or analysis.

Generator: ARVIN NORTH AMERICAN Broker: LIQUID WASTE REMOVAL Profile #: X10079

Waste Name: Process Generating Waste Waste Paint Related Material

Waste Codes: D001, F003, F005, D035 Treatability Group: _____ Wastewater X Non-Wastewater

D001 indicate subcategory: [X] ignitable liquid high TOC >10% [ ] ignitable liquid low TOC <10% [ ] ignitable reactive [ ] oxidizer

D002 indicate subcategory: [ ] Alkaline Aqueous Liquid pH >12.5 [ ] Acid Aqueous Liquid ph <2

D018-D043 (Specify) _____

1. Does this waste contain any of the underlying hazardous constituents listed in Table UTS 40 CFR 268.48? _____ Yes X No
   If yes, please complete Questions 2 & 3 and sign certification.
   If no, please complete Question 3 and sign certification.

2. List all underlying constituents applicable to this waste at the point of generation. Refer to 40 CFR 268.40 Table UTS listed on the back of this form.

2a. [ ] This waste meets the Universal Treatment Standards for all "underlying constituents" listed above. (Please provide supporting analytical data).

2b. [ ] This waste does not meet the Universal Treatment Standards for the "underlying constituents" listed above and must be treated before this waste can be land disposed.

3. This information above was determined by: [X] Generator's knowledge of the waste
   [ ] Laboratory analysis (attached)

CERTIFICATION

The above information is true and accurate and is based on an analysis of a representative sample of the waste in accordance with EPA guidelines document SW-846-190 and EPA 60012-80-018, or on my thorough knowledge of the waste.

By: X [signature] Company: Arvin Eshaust Date: 10/14/97

Printed On Recycled and Recyclable Paper

Received 11-7-97

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.)) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: I.N.D.0.0.6.4.1.4.7.8.3 | Manifest Document No.: 9.7.5.1.6

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 HURRICANE STREET FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111

A. State Manifest Document Number: INA 1197516

B. State Generator's ID:

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED

6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9

C. State Transporter's ID: IN4961000021

D. Transporter's Phone: 317-881-9754

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
ENVIRONMENTAL ENTERPRISES, INCORPORATED
4650 SPRING GROVE AVENUE
CINCINNATI, OH 45232

10. US EPA ID Number: O.H.D.0.8.3.3.7.7.0.1.0

G. State Facility's ID:

H. Facility's Phone: 513-541-1823

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 RQ, WASTE CORROSIVE SOLIDS, N.O.S., 8, UN1759, PGII (ALKALI BATTERIES) (D002)	001	D M	00060	P	D002
b RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	001	D M	00055	G	D001
c					
d					

J. Additional Descriptions for Materials Listed Above
APPROVAL # C3758 (A) X10079 (B)
LINE ITEM B ALSO CARRIES: F003, F005, D035
A-97-51414 B-97-51415

K. Handling Codes for Wastes Listed Above
M111
M141

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE # 154 (A) 127 (B)

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

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.

GENERATOR — Printed/Typed Name: DAN Boucher | Signature | Date: Month 10 Day 14 Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard G Burton | Signature | Date: Month 10 Day 14 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: 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 item 19.
Printed/Typed Name: Charlie Newberry | Signature | Date: Month 10 Day 22 Year 97

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

COPY 4. TSD MAIL TO GENERATOR

In case of a spill call the Indiana Office of Environmental Response 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 1197516

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

4-076-02

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039/Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. I N D 0 0 6 4 1 4 7 8 3	Manifest Document No. 3 3 2 1 7	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN N AMERICAN AUTOMOTIVE
PO BOX 577
FRANKLIN IN 46131
1001 HURRICANE ST

4. Generator's Phone (317 736-7111

A. State Manifest Document Number: INA 1057014
B. State Generator's ID:

5. Transporter 1 Company Name: SAFETY-KLEEN CORP.
6. US EPA ID Number: I L D 9 8 4 9 0 8 2 0 2
C. State Transporter's ID:
D. Transporter's Phone: 317 888-0570

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 000642
SAFETY-KLEEN CORP.
591 MILLIKEN DR SE
HEBRON, OH 43025
10. US EPA ID Number: O H D 9 8 0 5 8 7 3 6 4
G. State Facility's ID:
H. Facility's Phone: 614 929-3532

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. RQ WASTE COMBUSTIBLE LIQUID,N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (D006,D008,D018,D035,D039,D040)(ERG#27)	04	DM	053	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
(A) MULTI-CODED
DRUMMED(DM) WASTE TRANSFERRED TO TANK TRUCK(TT) AT TRANSFER SITE.

K. Handling Codes for Wastes Listed Above
(A) T63

15. Special Handling Instructions and Additional Information
9605 90974346 033217 4-076-02-6113.02
SKCORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY.
EMERGENCY RESP#800-468-1760 24HR
IF UNDELIVERABLE, RETURN TO GENERATOR.
SKDOT# A: 585 B: C: 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 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.

GENERATOR — Printed/Typed Name: John McBeath — Signature: John McBeath — Date: Month 01 Day 29 Year 96

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: JAMES ADAMS — Signature: James Adams — Date: Month 01 Day 29 Year 96
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: — Signature: — Date: 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 item 19.
Printed/Typed Name: David Wymer — Signature: — Date: Month Day Year

INA 1057014

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

...ase of a spill call the Indiana Office of Environmental Response ...
...ational Response Center at 800/424-8802 or 202/426-2675.

When using the uniform waste manifest for rail or water (bulk shipments) or international shipments, refer to the applicable State regulations.

INSTRUCTIONS TO GENERATORS *(Please type or print clearly)*

(1) Enter **generator's** U.S. EPA twelve digit identification number and the unique five digit document number assigned to this Manifest (e.g., 00001) by the generator.
(2) Enter total number of pages comprising this Manifest.
(3) Enter the **generator's** name and mailing address.
(4) Enter telephone number where an authorized agent of the **generator** may be reached in event of an emergency.
(5, 6) Enter company name and U.S. EPA I.D. number of the first **transporter** who will transport the waste.
(7, 8) If applicable, enter company name and U.S. EPA I.D. number of the second **transporter** who will transport the waste. If more than two transporters are used, enter each additional transporter's information on the Continuation Sheet (EPA Form 8700-22A).
(9, 10) Enter company name, **site** address, and U.S. EPA I.D. number of the **facility** designated to receive the waste listed on this Manifest.
(11) Enter U.S. DOT Proper Shipping Name, Hazard Class, and I.D. number (UN/NA) for each waste as identified in 49 CFR 171 through 177. Note: If additional space is needed for waste descriptions, enter in Item 28 on the Continuation Sheet (EPA Form 8700-22A).
(12) Enter number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

Table I - Types of Containers

DM-Metal drums	TT-Tank Trucks	CM-Metal boxes (including roll-offs)
DW-Wooden drums	TC-Tank cars	CW-Wooden boxes
DF-Fiberboard/plastic	DT-Dump truck	CF-Fiber or plastic boxes
TP-Tanks portable	CY-Cylinders	BA-Bags

(13) Enter total quantity of waste described on each line.
(14) Enter appropriate abbreviation from Table II (below) for the unit of measure.

Table II - Units of Measure

P = Pounds	L = Liters (liquids only)
K = Kilograms	G = Gallons (liquids only)
Y = Cubic yards	T = Tons (2,000 lbs.)
N = Cubic meters	M = Metric tons (1,000 kg.)

(16) The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below.

HE FOLLOWING INFORMATION IN THE SHADED AREAS IS REQUIRED BY INDIANA STATE LAW

(D) Enter the phone number of **first transporter.**
(F) Enter the phone number of **second transporter.**
(H) Enter the phone number of the designated facility.
(I) Enter the appropriate EPA waste code.
(K) Enter the handling code which reflects the ultimate disposition of the waste at the facility.

GENERATOR IN STATE Retain **Copy 8** and detach and mail **Copy 2** to Indiana D.E.M.
GENERATOR OUT OF STATE: Retain **Copy 8** and mail **Copy 2** to the Generator State (if applicable) and mail **Copy 3** to Indiana D.E.M.

INSTRUCTIONS TO TRANSPORTERS (Please type or print clearly)

(17, 18) Enter name of person accepting the waste on behalf of the **transporter.** That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

TRANSPORTER(S): Retain **Copy 7 (Copy 6)** and leave remaining copies with **FACILITY OWNER/OPERATOR.**

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES *(Please type or print clearly)*

(19) The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancy between the waste described on the Manifest and the waste actually received at the facility.
(20) Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

OWNER/OPERATOR IN STATE: Retain **Copy 5**, return **Copy 4** to generator and mail **Copy 1** to Indiana D.E.M.
OWNER/OPERATOR OUT OF STATE: Retain **Copy 5,** return **Copy 4** to generator, mail **Copy 1** to the TSD State (if applicable) and mail **Copy 3** to Indiana D.E.M.

Indiana generators and TSD facilities must mail the required manifest copies to the State of Indiana within five (5) working days of shipment or receipt of the waste (IC 13-7-8.5-7).

Address all manifest copies:

Indiana Department of Environmental Management
Office of Solid and Hazardous Waste Management
P.O. Box 7035
Indianapolis, IN 46207-7035
Manifest Tracking Phone Number: (317) 232-7959

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage, and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223; U.S. Environmental Protection Agency, 401 M. St., SW., Washington, D.C. 20460; and to the Office of Information and Re... Affairs, Office of Mana...

Elgin, Illinois 60123-7857

TRANSPORTER
317-888-0570 KEITH MILLER

SERVICE WEEK	TERRITORY	NUMBER
96-21	02	130016

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS
B	1825.50	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
09	NO	NO	624	109

TAX EXEMPTION NUMBER: EXEMPT IS

GENERATOR
4-076-02-6113-6
ARVIN NORTH AMERICAN AUTOM
1001 N HURRICANE RD
PO BOX 577
FRANKLIN IN 46131

BILL TO
4-076-02-0166
ARVIN
ACCNTS/PAY
PO BOX 3002
COLUMBUS IN 47202

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5-22-96	GR25		317-736-7111	15-205-2737				.05	.05	.05

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WM DISCOUNT	SOLVENT CLEAN	SOLVENT SPENT	SOLVENT # OF CONT.	SOLVENT SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.	M G
	34000	34003321		1	148.50	0.00	148.50	0.00	26	26	2	585		4							
TOTAL-SERVICE/PRODUCTS					148.50	0.00	148.50	0.00													

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
JNA116497	ILD984908202	IND006414783	

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

RQ WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)
NA1993 PG III ~~(Bulk)~~ ~~(D001, D002, D018, D035, D039, D040) (ERG#127)~~
Wash on Invoice 12993

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
	DM		G	585

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.
- 0 TO 220 LBS./MONTH — INITIALS
- 220 LBS. TO 2,200 LBS./MONTH — INITIALS
- GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS
581 MILLIKEN DR SE
SAFETY-KLEEN CORP.
HEBRON, OH 43025

USA EPA ID NO. OHD980587364
STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐ | CHECK NUMBER | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE # | AMOUNT $ | INVOICE # | AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE INFORMATION

LDR MESSAGE: LDR REQ'D

MANIFEST CODE	SEQ #
IN	219

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

Dan Boucher
Print Customer Name

By: Dan Boucher
Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	
WM DISCOUNT (FROM ABOVE)	
TOTAL DUE	148.50

SERVICE AND SALES ACKNOWLEDGMENT

GENERATOR
4-076-02-6113-6
ARVIN NORTH AMERICAN AUTOM
1001 N HURRICANE RD
PO BOX 577
FRANKLIN IN 46131

TRANSPORTER
317-888-0570 KEITH MILLER

BILL TO
4-076-02-0166
ARVIN
ACCNTS/PAY
PO BOX 3002
COLUMBUS IN 47202

SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
96-21	02	129931

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS
B	1825.50	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
09	NO	NO	624	109

TAX EXEMPTION NUMBER
EXEMPT IS

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5-22-96	625		317-736-7111	15-205-2737			.05	.05	.05

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WM DISCOUNT	SOLVENT CLEAN	SOLVENT SPENT	SOLVENT # OF CONT.	SOLVENT SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.
	340003401862O			1	178.25	0.00	178.25	0.00	2	25	2	557		8					
TOTAL-SERVICE/PRODUCTS					178.25	0.00	178.25	0.00											

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
BC0191	ILD984908202	IND005414783	

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)
NA1993 PG III (NOT USEPA HAZARDOUS WASTE) (ERG#27)

12. CONTAINERS NO.	12. CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	5	1	6	3	0	5	5
2	DM	51	G	557				2			

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.
0 TO 220 LBS./MONTH — INITIALS
220 LBS. TO 2,200 LBS./MONTH — DB — INITIALS
GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS
581 MILLIKEN DR SE
SAFETY-KLEEN CORP.
HEBRON, OH 43025

USA EPA ID NO. OHD980587364
STATE ID NO.

PAYMENT RECEIVED SECTION
CASH ☐ | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS
CHECK NUMBER
INVOICE # | AMOUNT $ | INVOICE # | AMOUNT $
PREVIOUS CREDIT CARD NO →
CREDIT CARD NO. | AMEX VISA MC | EXP. DATE
CUSTOMER REFERENCE INFORMATION

LDR MESSAGE
LDR NOT REQ'D

MANIFEST CODE	SEQ #
IN	218

IN THE EVENT OF AN EMERGENCY CALL
1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

Dan Boucher
Print Customer Name

Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WM DISCOUNT (FROM ABOVE)	
TOTAL DUE	178.25

SERVICE AND SALES ACKNOWLEDGMENT
PART 1366 (Rev. 2/93)

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable)	Document No.	2. Page 1 of 1	01791
I N D 0 0 5 4 1 4 7 9 3	2 0 9 3 1		

3. Shipper's Name and Mailing Address
ASTEC FOREIGN AMERICAN MFG
1001 W HURRICANE RD PO BOX 577
FRANKLIN, IN 46131

4. Shipper's Phone (317) 736-7111

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CHEMICAL-ALLIED CORP.	I L D 0 9 3 4 0 0 3 2 1 2	317-[illegible]-3570
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CHEMICAL-ALLIED CORP. 521 VENTURA DR NE DELPHOS, OH 45833	O H D 9 8 0 5 8 7 3 6 4	614-920-3532

11. Shipping Name and Description

	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	X	CHLORINATED LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PG III (NOT USEPA HAZARDOUS WASTE) (ERG #27)	2	DM	51	G
b.						
c.						
d.						
e.						

15. Special Handling Instruction and Additional Information
DRUMMED (DM) WASTE TRANSFERRED TO TANK TRUCK (TT) 353
AT TRANSFER SITE.

4-076-02- 6113 129931

EMERGENCY RESPONSE 8709-388-4660 (24 HR.) -- IF UNDELIVERABLE RETURN TO GENERATOR
SECTION A: 557 B: C: D:

SHIPPER

16a. US DOT HAZARDOUS MATERIALS 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.

Printed/Typed Name: DAN Boucher
Signature required here if US DOT regulated
Month Day Year: 05 22 96

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name:
Sign here if material is not DOT regulated
Month Day Year:

USE 16A OR 16B

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAMES ADAMS
Signature:
Month Day Year: 05 22 96

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 materials covered by this form except as noted in Item 19.

Printed/Typed Name:
Signature:
Month Day Year:

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

GENERATOR CERTIFICATION

Generator warrants and represents that the materials provided Safety-Kleen Corp. hereunder have not been used in such a way or mixed, combined, or otherwise blended in any quantity with materials containing polychlorinated biphenyls (PCB) or any other material which would render it as hazardous under applicable laws, including but not limited to 40 CFR Part 261, or which would lower the flash point of the material. Generator further warrants that all personnel involved in direct use of parts cleaning equipment have viewed and understand the ***Waste Minimization Program*** video tape produced by Safety-Kleen that demonstrates possible sources of contamination from, but not limited to: brake sprays, gasoline, cold parts cleaner, carburetor sprays, brake fluid, paint thinner and corrosives. Generator agrees to indemnify and hold Safety-Kleen Corp. harmless for any damages, assessments, penalties, costs, attorney's fees, etc., arising out of, or in any way related to a breach of the above warranty by the Generator.

Account Name: ARVIN NORTH AMERICAN AUTOM

Customer No.: 4-076-02-6113

Customer Signature

5-22-96

Date

©1993 Rev. 7/93 Printed in U.S.A. on recycled paper.

CUSTOMER

Form 91656

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.N.D.0.0.6.4.1.4.7.8.3
Manifest Document No.: 2 1 3 0 4
2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone ( )

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9

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

9. Designated Facility Name and Site Address
AMERICAN RESOURCE RECOVERY, LTD.
11698 FARM ROAD 608
MARYNEAL, TEXAS 79535
10. US EPA ID Number

A. Transporter's Phone 317-881-9754
B. Transporter's Phone
C. Facility's Phone 1-800-841-6900

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WASTE OIL FILTERS FOR RECYCLING	001	D M	00300	P
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Printed/Typed Name: DAN Boucher
Signature:
Month Day Year: 06/14/96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICHARD A Burton
Signature:
Month Day Year: 06/14/96

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 waste materials covered by this manifest except as noted in Item 19.
Printed/Typed Name
Signature
Month Day Year

12-RIS [illegible] Rev. 4/94

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I N D 0 0 6 4 1 4 7 8 3
Manifest Document No.: 2 1 3 0 4
2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone ( )

5. Transporter 1 Company Name
LIQUID WASTE REMOVAL, INCORPORATED

6. US EPA ID Number
I N D 9 8 5 0 4 6 4 9 9

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
AMERICAN RESOURCE RECOVERY, LTD.
11698 FARM ROAD 608
MARYNEAL, TEXAS 79535

10. US EPA ID Number

A. Transporter's Phone 317-881-9754
B. Transporter's Phone
C. Facility's Phone 1-800-841-6900

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WASTE OIL FILTERS FOR RECYCLING	001	D M	00300	P
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Printed/Typed Name: DAN Boucher
Signature:
Month Day Year: 06/14/96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICHARD A BUCHANAN
Signature:
Month Day Year: 06/14/96

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 waste materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: JA Stroswik
Signature:
Month Day Year: 07/14/96

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND006414783
Manifest Document No. 21540
2. Page 1 of 1

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111 EXT. 2851

5. Transporter 1 Company Name
LIQUID WASTE REMOVAL, INCORPORATED

6. US EPA ID Number
IND985046499

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
AMERICAN RESOURCE RECOVERY, LTD.
11698 FARM ROAD 608
HARYNEAL, TEXAS 79535

10. US EPA ID Number

A. Transporter's Phone 317-881-9754
B. Transporter's Phone
C. Facility's Phone 1-800-841-6900

11. Waste Shipping Name and Description

	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WASTE OIL FILTERS FOR RECYCLING	001	DM	00075	P
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Printed/Typed Name Dan Boucher Signature Month 11 Day 13 Year 96

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Daryl Fennell Signature Month 11 Day 13 Year 96

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 waste materials covered by this manifest except as noted in Item 19.
Printed/Typed Name Signature Month Day Year

GENERATOR

TRANSPORTER

FACILITY

GENERATOR'S COPY

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I N D 0 0 6 4 1 4 7 8 3
Manifest Document No.: 2 1 5 4 0
2. Page 1 of 1

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111 EXT. 2851

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9

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

9. Designated Facility Name and Site Address
AMERICAN RESOURCE RECOVERY, LTD.
11698 FARM ROAD 608
MARYNEAL, TEXAS 79535

10. US EPA ID Number

A. Transporter's Phone
B. Transporter's Phone 317-881-9754
C. Facility's Phone 1-800-841-6900

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WASTE OIL FILTERS FOR RECYCLING	001	D M	00075	P
b.				
c.				
d.				

GENERATOR

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

EMERGENCY RESPONSE: GARY BUSH 317-881-9754

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: Dan Boucher
Signature:
Month 11 Day 13 Year 96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Daryl Fennell
Signature:
Month 11 Day 13 Year 96

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 waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: JA STROSNIK
Signature: J A Strosnik (SAW)
Month 12 Day 03 Year 96

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable)	Document No.	2. Page 1 of 1	
IND 006414783	78303		13160

3. Shipper's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOM
1001 N HURRICANE RD
PO BOX 577
FRANKLIN IN 46131

4. Shipper's Phone (317)736-7111

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN CORP.	ILD 984908202	317 888-0570
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 000642 581 MILLIKEN DR SE HEBRON, OH 43025	10. US EPA ID Number OHD 980587364	C. Facility's Phone 614 929-3532

11. Shipping Name and Description

	HM		12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a.	X	COMBUSTIBLE LIQUID,N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (NOT USEPA HAZARDOUS WASTE)(ERG#128)	4	DM	50	G
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

PP# 878303 MFST R/T# 93259312 4-076-02-6113
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
DRUMMED (DM) WASTE TRANSFERRED TO
TANK TRUCK (TT) AT TRANSFER SITE.
SKDOT# A: 557 B: C: D:

SHIPPER

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS 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.

Printed/Typed Name: Dan Boucher
Signature required here if US DOT regulated
Month Day Year: 03 19 97

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name:
Sign here if material is not DOT regulated
Month Day Year:

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAMES ADAMS
Signature:
Month Day Year: 03 19 97

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 materials covered by this form except as noted in Item 19.

Printed/Typed Name:
Signature:
Month Day Year:

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

GENERATOR'S COPY

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1
I.N.D.0.0.6.4.1.4.7.8.3	2 18 2 7	

GENERATOR

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111 EXT. 2851

TRANSPORTER

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9

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

FACILITY

9. Designated Facility Name and Site Address
AMERICAN RESOURCE RECOVERY, INCORPORATED
11698 FARM ROAD 608
MARYNEAL, TEXAS 79535

10. US EPA ID Number:

A. Transporter's Phone 317-881-9754
B. Transporter's Phone
C. Facility's Phone 1-800-841-6900

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WASTE OIL FILTERS FOR RECYCLING	001	DM	00250	P
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
DAN Boucher		05	30	97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Robert L. Warwick		05	30	97

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 waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

12-BLS-C6 Rev. 4/94

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): IND 006414783
Document No.: 77007
2. Page 1 of 1
50741

3. Shipper's Name and Mailing Address: ARVIN NORTH AMERICAN AUTOM
1001 N HURRICANE RD
PO BOX 577
FRANKLIN IN 46131

4. Shipper's Phone (317 736-7111

5. Transporter 1 Company Name: SAFETY-KLEEN CORP
6. US EPA ID Number: IND 984908202
A. Transporter's Phone: 317 888-0570

7. Transporter 2 Company Name:
8. US EPA ID Number:
B. Transporter's Phone:

9. Designated Facility Name and Site Address: 000642
SAFETY-KLEEN CORP.
581 MILLIKEN DR SE
HEBRON, OH 43025
10. US EPA ID Number: OHD 980587364
C. Facility's Phone: 614 929-3532

	HM	11. Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	X	COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (NOT USEPA HAZARDOUS WASTE)(ERG#128)	1	DM	124	G
b.						
c.						
d.						

SHIPPER

15. Special Handling Instruction and Additional Information

PP# 677007 MFST R/T# 93767303 4-076-02-6113
EMERGENCY RESP SGC-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
DRUMMED (DM) WASTE TRANSFERRED TO
TANK TRUCK (TT) AT TRANSFER SITE.
SKDOT# A 557 B: C: D:

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS 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.

Printed/Typed Name: Dan Boudloe
Signature required here if US DOT regulated
Month Day Year: 07 11 97

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name:
Sign here if material is not DOT regulated
Month Day Year:

USE 16A OR 16B

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: James Adams
Signature:
Month Day Year: 07 11 97

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 materials covered by this form except as noted in Item 19.

Printed/Typed Name:
Signature:
Month Day Year:

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

GENERATOR'S COPY

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable)	Document No.	2. Page 1 of 1	
IND 006414703	938727		91554

SHIPPER

3. Shipper's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOM
1001 N HURRICANE RD
PO BOX 577
FRANKLIN IN 46131

4. Shipper's Phone (317 736-7111

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN CORP.	ILD 984909202	317 886-0570
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 000642 561 HILLIKEN DR SE HEBRON, OH 43025	10. US EPA ID Number OHD 980587364	C. Facility's Phone 614 929-3532

	11. Shipping Name and Description	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a.	COMBUSTIBLE LIQUID,N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (NOT USEPA HAZARDOUS WASTE)(ERG#128)	X	4	DM	178	G
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

PP# 938727 MFST R/T# 94062603 4-076-02-6113
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
DRUMMED (DM) WASTE TRANSFERRED TO
TANK TRUCK (TT) AT TRANSFER SITE.
SKDOT# A: 557 B: C: D:

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS 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.

Printed/Typed Name: Dist. Elliott
Signature required here if US DOT regulated: Dist Elliott
Month Day Year: 06 26 97

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name:
Sign here if material is not DOT regulated:
Month Day Year:

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: James Adams
Signature:
Month Day Year: 06 26 97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name:
Signature:
Month Day Year:

FACIL

19. Discrepancy Indication Space

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

Printed/Typed Name:
Signature:
Month Day Year:

IN EVENT OF EMERGENCY CALL 1-800-468-1760 (24 hours)

GENERATOR'S COPY

FORM NO. 90291 (11/96)

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable)	Document No.	2. Page 1 of 1	
IND 006414783	50782		97787

3. Shipper's Name and Mailing Address: ARVIN NORTH AMERICAN AUTOM
1001 N HURRICANE RD
PO BOX 577
FRANKLIN IN 46131

4. Shipper's Phone (317 736-7111

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN CORP.	ILD 984908202	317 888-0570
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
SAFETY-KLEEN CORP. 000642 581 MILLIKEN DR SE HEBRON, OH 43025	OHD 980587364	614 929-3532

	11. Shipping Name and Description	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a.	COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (NOT USEPA HAZARDOUS WASTE)(ERG#128)	X	1	DM	25	G
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

PP# 850782 MFST R/T# 94196040 4-076-02-6113
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
DRUMMED (DM) WASTE TRANSFERRED TO
TANK TRUCK (TT) AT TRANSFER SITE.
SKDOT# A: 557 B: C: D:

SHIPPER

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS 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.

Printed/Typed Name: DAN Roucher — Signature required here if US DOT regulated — Month 09 Day 30 Year 97

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name — Sign here if material is not DOT regulated — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Jim ADAMS — Signature — Month 09 Day 30 Year 97

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 materials covered by this form except as noted in Item 19.

Printed/Typed Name — Signature — Month Day Year

IN EVENT OF EMERGENCY CALL 1-800-468-1760 (24 hours)

GENERATOR'S COPY

FORM NO. 00291 (11/96)

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.N.D.0.0.6.4.1.4.7.8.3
Manifest Document No.: 2.2.0.6.4
2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131
4. Generator's Phone (317) 736-7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9

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

9. Designated Facility Name and Site Address
ENVIRONMENTAL ENTERPRISES, INCORPORATED
4650 SPRING GROVE AVENUE
CINCINNATI, OH 45232
10. US EPA ID Number: O.H.D.0.8.3.3.7.7.0.1.0

A. Transporter's Phone 317-881-9754
B. Transporter's Phone
C. Facility's Phone 513-541-1023

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS NON-REGULATED ABSORBENTS	001	CY	00500	P
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above
APPROVAL #

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Printed/Typed Name: Dan Boucher
Signature:
Month 10 Day 24 Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard A Burton
Signature:
Month 10 Day 24 Year 97

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 waste materials covered by this manifest except as noted in Item 19.
Printed/Typed Name:
Signature:
Month . Day . Year .

12-BLS-C6 Rev. 4/94

GENERATOR'S COPY

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable)	Document No.	2. Page 1 of 1	68610
IND 006414783	71333		

3. Shipper's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOM
1001 N HURRICANE RD
PO BOX 577
FRANKLIN IN 46131

Shipper's Phone (317 736-7111

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
~~SAFETY-KLEEN CORP.~~	ILD 984908202	317 888-0570
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
SAFETY-KLEEN CORP. 000642 581 MILLIKEN DR SE HEBRON, OH 43025	OHD 980587364	614 929-3532

	11. Shipping Name and Description	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a.	COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (NOT USEPA HAZARDOUS WASTE)(ERG#128)	X	9	DM	206	G
b.						
c.						
d.						

SHIPPER

15. Special Handling Instruction and Additional Information

MFST R/T# 94343695 4-076-02-6113
EMERGENCY RESP 800-466-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
DRUMMED (DM) WASTE TRANSFERRED TO
TANK TRUCK (TT) AT TRANSFER SITE.
SKDOT# A: 557 B: C: D:

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS 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.

Printed/Typed Name	Signature required here if US DOT regulated	Month	Day	Year
DAN BOUCHER		10	31	97

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name	Sign here if material is not DOT regulated	Month	Day	Year

USE 16A OR 16B

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Tim ADAMS		10	31	97

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 materials covered by this form except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

IN EVENT OF EMERGENCY CALL 1-800-468-1760 (24 hours)

GENERATOR'S COPY

FORM NO. 90291 (11/96)

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): IND 006414783 | Document No.: 22046 | 2. Page 1 of 1 | 52315

3. Shipper's Name and Mailing Address: ARVIN NORTH AMERICAN AUTOM
1001 N HURRICANE RD
PO BOX 577
FRANKLIN IN 46131

4. Shipper's Phone: 317 736-7111

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN CORP.	ILD 984908202	317 888-0570
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
SAFETY-KLEEN CORP. 000642 581 MILLIKEN DR SE HEBRON, OH 43025	OHD 980587364	614 929-3532

	11. Shipping Name and Description	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a.	COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (NOT USEPA HAZARDOUS WASTE)(ERG#128)	X	8	DM	182	G
b.						
c.						
d.						

SHIPPER

15. Special Handling Instruction and Additional Information

PP# 622046 MFST R/T# 94668228 4-076-02-6113
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
DRUMMED (DM) WASTE TRANSFERRED TO
TANK TRUCK (TT) AT TRANSFER SITE.
SKDOT# A: 557 B: C: D:

USE 16A OR 16B

16a. US DOT HAZARDOUS MATERIALS 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.

Printed/Typed Name: DAN Boucher | Signature required here if US DOT regulated | Month 12 Day 19 Year 97

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name | Sign here if material is not DOT regulated | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Jim ADAMS | Signature | Month 12 Day 19 Year 97

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 materials covered by this form except as noted in Item 19.

Printed/Typed Name | Signature | Month Day Year

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

GENERATOR'S COPY

CHEM - MET SERVICES, INC.
18550 Allen Rd. - Wyandotte, MI 48192
(313) 282-9250 Fax: (313)-282-1655
(800) 282-9251
MID 096 963 194

CHEMICAL CONSERVATION CORPORATION
10100 Rocket Blvd. - Orlando, FL 32824
(407) 859-4441 Fax: (407)855-2812
(800) 345-6393
FLD 980 559 728

CHEMICAL CONSERVATION OF GEORGIA
1612 James P. Rodgers Circle - Valdosta, GA 31601
(912) 244-0474 Fax: (912) 333-0328
GAD 093 380 814

WASTE PROFILE RENEWAL

Wastestream TSDF:	For Generator:	Broker:
MID096963194 CHEM-MET SERVICES 18550 ALLEN ROAD P O BOX 2169 WYANDOTTE MI 48192	IND006414783 ARVIN AUTO 1001 NORTH HURRICANE FRANKLIN IN 46131	LIQ WAST- 3 ATTN:MATT MORRIS LIQUID WASTE REMOVAL 500 S POLK ST GREENWOOD IN 46143

Dear Generator /Customer:

This notification is required by 40 CFR 264.13 / 265.13 and the Waste Analysis Plan of the above named TSDF and must be repeated annually for each waste stream managed by the named TSDF.

Please check the appropriate box below.

☒ **RENEW WITHOUT CHANGE.** Sign and return. If documentation is more than 2 years old complete the reverse side.

☐ **RENEW WITH CHANGE.** Complete reverse side. Indicate changes in waste generating process and / or waste stream that is different from information last submitted. Sign and return.

☐ **CANCEL** this wastestream approval. Sign and return.

Questions? Please call your broker or Sales Representative.

Sign, date and return this original to :

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Dan Bauchan — Environmental Coordinator — 1-2-97

Certified by — Title — Date

Wastestream Identification:

Analysis Number	:ARV78301
Description	:Non Hazardous, Non Regulated Material
	:
	:
	:OIL SEPERATOR SLUDGE
Waste Code(s)	:021L
UN/NA ID.	:NA
Expiration Date	: 970223

TSDF Management:(TSDF LAB USE ONLY)
Notes:

APPROVED ☐ REJECTED ☐ AUTHORIZED BY: Date: 2nd Auth: Date:

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date), 1997 FROM 1001 NORTH HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

(Mail or street address for purposes of notification only.)

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

_____ County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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**

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
† Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____ _____ Agent

Permanent post-office address of shipper, _____ 6-20-97 Per _____

3

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at NORTH AMERICAN AUTOMOTIVE (Date) _____ 19 97 FROM 1001 NORTH HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

(Mail or street address for purposes of notification only.)

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

_____ County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
550	9	GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		X 4-6-97			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at NORTH AMERICAN AUTOMOTIVE (Date) _____ 19 97 FROM 1001 NORTH HURRICANE, FRANKLIN, IN46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

(Mail or street address for purposes of notification only.)

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
440	X	GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		4-14-97			
		† Don Bach			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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** _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper.

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's No. _____

Carrier's Name: LIQUID WASTE ~~KNX~~ REMOVAL, INCORPORATED

Carrier's No. 46131

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) 19 97 FROM 1001 K HURRICANE STREET, FRANKLIN, IN

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO ERD RESOURCE RECOVERY, INC. (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 615 FOREST AVE. Street WACO City

County TX State 46143 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. bb

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
1 DRMS		WASTE ABSORBENTS			
		NON-HAZARDOUS NON-REGULATED			
		4/29/97			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
† Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

_____ Agent

Per _____

3

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at NORTH AMERICAN AUTOMOTIVE (Date) _____ 19 97 FROM 1001 NORTH HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED
(Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

_____ County OHIO State 45427 Zip

Route _____ Delivery Address ★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
220		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____ 3-26-97

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) _____ 19 97 FROM 1001 HURRICANE STREET, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED
(Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

_____ County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
495		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		3-25-97	RQ# 7453		

*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.
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** _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED Carrier's No.

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN (Date) 19 97 FROM 1001 NORTH HURRICANE ST., FRANKLIN,

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

(Mail or street address for purposes of notification only.)

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

County OHIO State 45427 Zip

Route Delivery Address★

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier Car or Vehicle Initials and No.

Collect on Delivery $ And Remit to

Street City State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
605	X	GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		3-5-97			

*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.
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

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 lawful charges.

(Signature of consignor.)

C. O. D. Charges to be Paid by ☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
† Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

Shipper, Per

Permanent post-office address of shipper,

Agent

Per

3

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) 19 97 FROM 1001 NORTH HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

(Mail or street address for purposes of notification only.)

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
990	X	GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		4/15/97			
		[signature] 1-15-97			

*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.
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** _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by ☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name LIQUID WASTE REMOVAL

Carrier's No.

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN (Date) _____ 19 97 FROM 1001 HURRICANE STREET, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO ERD RESOURCE RECOVERY, INC. (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 615 FORREST AVENUE Street WACO City

County TX State 60473 Zip

Route _____ Delivery Address ★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier TRI-S INCORPORATED Car or Vehicle Initials and No. 66

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
3 DRUMS		NON-HAZARDOUS, NON-REGULATED			
		ABSORBENTS			
		11/7/97			
		RGN# 74525			
		★ Bonnie Cummings			

*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.
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

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN (Date) _____ 19 97 FROM 1001 NORTH HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

(Mail or street address for purposes of notification only.)

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

_____ County OHIO State 45427 Zip

Route _____ Delivery Address ★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
165		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		2/4/97			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No.

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) _____ 19____ FROM 1001 NORTH X HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED
(Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

_____ County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
440	GL	GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		6-30-95			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No.

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) 19 97 FROM 1001 NORTH HURRICANE FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED
(Mail or street address for purposes of notification only.)
On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

County OHIO State 45427 Zip

Route _____ Delivery Address★ _____
(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
165		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		9-9-97			
		X Jerry Bush			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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** _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper,

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN (Date) _____ 19 97 FROM 1001 NORTH HURRICANE FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED

(Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
500	gl	GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		9-15-97			
		† D Bush			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No.

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN (Date) _____ 1997 FROM 1001 N. HURRICANE ST. FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO ERD RESOURCE RECOVERY, INC
(Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 615 FOREST AVENUE Street WACO City

County TX State 46143 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
3	X	DM S WASTE ABSORBENTS			
		NON-HAZARDOUS, NON-REGULATED			
		9/24/97			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN (Date) _____ 19 97 FROM 1001 NORTH HURRICANE FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED
(Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

_____ County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. 59

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
550		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		9/30/97			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) _____ 19____ FROM 1001 N. HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

(Mail or street address for purposes of notification only.)

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

_____ County OHIO State 45427 Zip

Route _____ Delivery Address ★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
440		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		X Linda Colburn 7-22-97			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by ☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."

Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper,

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) 19 97 FROM 1001 NORTH HURRICANE FRANKLINK, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

OHIO County 45427 State Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
605		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		10-13-97			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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 _____

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

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 lawful charges.

_____ (Signature of consignor.)

C. O. D. Charges to be Paid by ☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____ Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) _____ 19____ FROM 1001 NORTH HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination _____ Street 300 SOUTH WEST END AVENUE City DAYTON

County _____ State OHIO Zip 45427

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State _____

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
550		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		X [signature] 7-3-97			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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** _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by ☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."

Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper.

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN (Date) _____ 19____ FROM 1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO ENVIRONMENTAL SERVICES OF AMERICA (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 604 SOUTH SCOTT Street SOUTH BEND City

County INDIANA State 46601 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. 66

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
2 DMS		WASTE ABSORBENTS			
		NON-HAZARDOUS NON-REGULATED			
		10/24/97			

*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.
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** _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$_____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
† Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper,

_____ Agent

Per

3

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN (Date) _____ 19____ FROM 1001 NORTH HURRICANE KFRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
550	✓	GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		10-31-97			
		† Dan Bowden			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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** _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN (Date) _____ 19____ FROM 1001 NORTH HURRICANE FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO CHEM-MET SERVICES, INC (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 18550 ALLEN ROAD Street WYANDOTTE City

County MI State 48192 Zip

Route _____ Delivery Address ★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
2	X	NON-HAAZARDOUS, NON-REGULATED			
		ABSORBENTS			
		11-11-97			
		x [signature]			

*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.
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** _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$_____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN (Date) _____ 19____ FROM 1001 NORTH HURRICANE FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO LIGHTING RESOURCE, INCORPORATED (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 498 PARK 800 DRIVE Street GREENWOOD City

County INDIANA State 46143 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
1		CRUSHED GLASS DRUMS			
		NON-HAZARDOUS, NON-REGUALTED			
		11-11-97			
		X [signature]			

*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.
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** _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN (Date) _____ 19____ FROM 1001 NORTH HURRICANE FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED
(Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
550	G1	GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		11-11-97			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN (Date) _____ 19____ FROM 1001 NORTH HURRICANE FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

County OHIO State 45427 Zip

Route _____ Delivery Address ★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State _____

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
2		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		11-26-97			
		X Jerry Hea			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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 _____

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

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 lawful charges.

_____ (Signature of consignor.)

C. O. D. Charges to be Paid by ☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____ Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."

Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN (Date) _____ 19____ FROM 1001 HURRICANE STREET, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO CHEM-MET SERVICES, INCORPORATED (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 18550 ALLEN ROAD Street BROWNSTOWN City

County MI State 48192 Zip

Route _____ Delivery Address ★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State _____

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
5-Drums		PAINT FILTERS			
(550 LBS)		NON-HAZARDOUS NON-REGULATED			
		X [signature]			
		12/18/97			

*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.
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 _____

Shipper, Per _____

Permanent post-office address of shipper, _____

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 lawful charges.

_____ (Signature of consignor.)

C. O. D. Charges to be Paid by ☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____ Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."

Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) _____ 19____ FROM 1001 NORTH HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED
(Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

County OHIO State 45427 Zip

Route _____ Delivery Address ★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
440		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		12-10-97			
		X D—B			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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** _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) 19 97 FROM 1001 NORTH HURRICAN, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO CHEM-MET SERVICES, INCORPORATED (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 18550 ALLEN ROAD Street BROWNSTOWN City

County MI State 48192 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
2		E WASTE ABSORBENTS			
		NON-HAZARDOUS NON-REGULATED			
		1-5-98			
		X [signature]			

*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.
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 _____

Shipper, Per _____

Permanent post-office address of shipper, _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER

must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) 1998 FROM 1001 NORTH HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
805		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		1-6-98			
		X [signature]			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."

Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER

must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: AHD WASTE Removal INC.

Carrier's No. _____

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of lading,

at AKRON (Date) 1-23 19 98 FROM _____

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 conditions not prohibited by law, whether printed or written, herein contained, including the conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned TO PERMA-FIX OF DAYTON INCORPORATED

(Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 S WEST END AVE. Street DAYTON City

County OHIO State 45402 Zip

Route _____ Delivery Address ★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State _____

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
10 TO		GALLONS OF WASTE OIL			
		COOLANTS			
		NON-HAZARDOUS			
		NON-REGULATED			
		1-23-98			
		[illegible]			

*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 shippers weight.
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** _____

Shipper, Per _____

Permanent post-office address of shipper, _____

1-23-98 2

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 lawful charges.

(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
† Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) _____ 19____ FROM 1001 NORTH HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination _____ Street 300 SOUTH WEST END AVENUE City DAYTON

County _____ State OHIO Zip 45427

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State _____

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
605	X	GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		2-9-95			
		[signature]			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) _____ 19____ FROM 1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO CHEM-MET SERVICES, INCORPORATED (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 18550 ALLEN ROAD Street BROWNSTOWN City

County MI State 48192 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
2		RX NONHAZARDOUS NON-REGULATED			
		WASTE ABSORBENTS			
		2-4-98			
		X			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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** _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: QUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) _____ 19____ FROM 1001 NORTH HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

OHIO County 45427 State Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
385		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		X			
		2-17-98			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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 _____

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

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 lawful charges.

_____ (Signature of consignor.)

C. O. D. Charges to be Paid by ☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____ Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."

Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) _____ 19____ FROM 1001 N. HURRICANE ST., FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination _____ Street 300 SOUTH WEST END AVENUE City DAYTON

County _____ State OHIO Zip 45427

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

Street _____ City _____ State _____

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
55		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		3-23-98			
		X [signature]			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

Elgin, Illin 123-7857

WE CARE.

SCHEDULED SERVICE WEEK	SCHEDULED TERRITO	REFERENCE NUMBER
4-1-[illegible]	02	[illegible]

CUSTOMER

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS
	[illegible]	347.10

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
[illegible]	[illegible]	NO	[illegible]	002

TAX EXEMPTION NUMBER

[illegible]

BILL TO
[illegible]
ACCTS/PAY
PO BOX 3002
[illegible]

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
3-31-97	5815		847-730-7111	[illegible]				.05	.05	.10

EPT	SERVICE/ PRODUCT	MATERIAL NUMBER	MATERIAL	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WM DISCOUNT	SOLVENT CLEAN	SOLVENT SPENT	SOLVENT # OF CONT.	SOLVENT SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS/INITIAL)	CHANGE SCH. DATE (or WK)	INV. CODE	PROMO NO.	[illegible]	MSDS GIVEN
	[illegible]	[illegible]	[illegible]	1	[illegible]	0.00	[illegible]	0.00	26	27	2	997		3						☐
	[illegible]	[illegible]	[illegible]	1	[illegible]	0.00	[illegible]	0.00	26	27	2	997		3						☐
	[illegible]	[illegible]	[illegible]	1	[illegible]	0.00	241.00	0.00	34	40	2	997		3						☐
																				☐
																				☐
																				☐
																				☐
																				☐
																				☐
																				☐
																				☐
																				☐

P.O.#

TOTAL-SERVICE/PRODUCTS		[illegible]	0.00	520.50	0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
	[illegible]	[illegible]	

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

[illegible]

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	[illegible]	[illegible]	[illegible]	[illegible]
4	DM	50	G	997		2	2	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH
INITIALS

220 LBS. TO 2,200 LBS./MONTH
INITIALS

GREATER THAN 2,200 LBS./MONTH
INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

[illegible]

USA EPA ID NO. [illegible]

STATE ID NO.

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS EDIT → RD NO

CREDIT CARD NO.

AMEX VISA MC

EXP. DATE

CUSTOMER REFERENCE INFORMATION

LDR MESSAGE

LDR NOT REQ'D

MANIFEST CODE	SEQ #
[illegible]	000

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

X DAN Boucher
Print Customer Name

By: [illegible]
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WM DISCOUNT (FROM ABOVE)	
TOTAL DUE	520.50

SERVICE AND SALES ACKNOWLEDGMENT
PART 1366 (Rev. 6/96)

Safety-Kleen

Elgin, Illi 0123-7857

WE CARE.

317-569-0570 KEITH MILLER

DOC EXP 05/24/97

SCHEDULED SERVICE WEEK	SCHEDULED TERRITO	REFERENCE NUMBER
97-13	02	365633

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS
B	1526.75	347.75

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
22	NO	NO	294	001

TAX EXEMPTION NUMBER

EXEMPT /3

CUSTOMER

4-076-02-0113-5
NORTH NORTH AMERICAN AUTOM
1611 N HURRICANE RD
P O BOX 277
FRANKLIN IN 46131

BILL TO
4-076-02-0100
ARVIN
ACCNTS/PAY
PO BOX 3002
COLUMBUS IN 47202

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5-27-97	6875		317-730-7111	15-205-2737			.05	.05	.05

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WM DISCOUNT	SOLVENT CLEAN	SOLVENT SPENT	SOLVENT # OF CONT	SOLVENT SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCH. DATE (IF WK)	INV. CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
22	34000	340033621		1	138.00	0.00	138.00	0.00	26	24	2	557		4							
22	55003	00055003/GRAYMILL		1	145.25	0.00	145.25	0.00	26	26	2	557		8							
22	55002	00055002/GRAYMILL		1	240.25	0.00	240.25	0.00	21	21	4	557		8							
TOTAL-SERVICE/PRODUCTS					552.50	0.00	552.50	0.00													

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
0 CT 50 5 0	TED984208202	IND006414783	

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

NON HAZARDOUS LIQUID, NOS. (PETROLEUM NAPHTHA) NA1993 PGIII

Reportable Quantity (RQ) (Contains)

12. CONTAINERS NO.	12. CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
5	DM	105	G	557

$16305

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

501 MILLIKEN DR SE (MERRIMAN) SAFETY-KLEEN CORP. OH 43025

USA EPA ID NO. OHD980537504

STATE ID NO.

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. AMEX VISA MC EXP. DATE

CUSTOMER REFERENCE INFORMATION

LDR MESSAGE

LDR NOT REQ'D

MANIFEST CODE	SEQ #
IN	

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

John W. Zeiher
Print Customer Name

By: _____
Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	
WM DISCOUNT (FROM ABOVE)	
TOTAL DUE	552.50

365633

4-076-02-0113-5

SERVICE AND SALES ACKNOWLEDGMENT
PART 1366 (Rev. 6/96)

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No.

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) _____ 19____ FROM 1001 W HURRICANE STREET, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO LIGHTING RESOURCE, INCORPORATED (Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 498 PARK 800 DRIVE Street GREENWOOD City

_____ County INDIANA State 46143 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
✓		CRUSHED GLASS DRUMS			
		NON-HAZARDOUS NON-REGULATED			
		5-20-97			

*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.
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 _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No.

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) 19 97 FROM 1001 N. HURRICANE FRANKLINE, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED
(Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

OHIO County 45427 State Zip

Route Delivery Address★

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

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 lawful charges.

(Signature of consignor.)

C. O. D. Charges to be Paid by ☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
† Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
495		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		7-31-97			
		7-31-97			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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**

_____ Shipper, Per _____

Permanent post-office address of shipper,

_____ Agent

Per

3

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No.

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ☒ ARVIN NORTH AMERICAN AUTO (Date) _____ 19____ FROM 1001 NORTH HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

(Mail or street address for purposes of notification only.)

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
715		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		8-12-97			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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

_____ Shipper, Per _____

Permanent post-office address of shipper,

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 lawful charges.

_____ (Signature of consignor.)

C. O. D. Charges to be Paid by ☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____ Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No.

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTO. (Date) _____ 19____ FROM 1001 NORTH HURRICANE, FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED
(Mail or street address for purposes of notification only.)

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
4-10		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		X Jerry Idea 8-20-97			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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** _____

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 lawful charges.

_____
(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____
Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Carrier's Name: LIQUID WASTE REMOVAL, INCORPORATED

Carrier's No.

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading,

at ARVIN NORTH AMERICAN AUTOMOTIVE (Date) 19 97 FROM 1001 NORTH HURRICANE FRANKLIN, IN 46131

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 the Uniform Freight Classification in effect on the date hereof, if this is a rail or 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, including those on the back thereof, 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.

(Mail or street address for purposes of notification only.)

Consigned TO PERMA-FIX OF DAYTON, INCORPORATED

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 300 SOUTH WEST END AVENUE Street DAYTON City

_____ County OHIO State 45427 Zip

Route _____ Delivery Address★ _____

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. 77

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
550		GALLONS OF WASTE OIL/COOLANTS			
		NON-HAZARDOUS NON-REGULATED			
		8/29/97			
		EMERGENCY RESPONSE: GARY BUSH 317-881-9754			

*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.
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**

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 lawful charges.

(Signature of consignor.)

C. O. D. Charges to be Paid by ☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."
Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

_____ Shipper, Per _____

Permanent post-office address of shipper, _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

Safety-Kleen

1000 North Randall Road
Elgin, Illinois 60123-7857
CUSTOMER NO.

WE CARE

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

FOR SERVICE CALL	TRANSPORTER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
317-888-0570	KEITH MILLER	11/01/97	97-24	02	938727

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS
0	1179.00	1179.00

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
	NS	NA	4581	4581

TAX EXEMPTION NUMBER
EXEMPT

CUSTOMER COPY

GENERATOR
4-076-02-6213
ARVIN NORTH AMERICAN AUTOM
1000 N HURRICANE RD
PO BOX 577
FRANKLIN IN 46131

BILL TO
4-076-02-0166
ARVIN
ACCNTS/PAY
PO BOX 3566
COLUMBUS IN 47202

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
9-4-97	6875	282455	317-786-7111	15-205-2737			.05	.05	.05

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN/CONT	SOLVENT/DRUMS # OF CONT.	SOLVENT/DRUMS SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)	CHANGE SCH. DATE (MM/DD)	INV. CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
00	345000	340C332102		1	158.00	0.00	158.00	0.00	26 25	3	557		Q						
00	346000	341013780	1	1	184.75	0.00	184.75	0.00	26 25	2	557		B						
00	346000	341026500	1	1	184.75	0.00	184.75	0.00	26 25	2	557		C						
00	440000	444253620	1	1	247.00	0.00	247.00	0.00	34 30	3	557		H						
00	530000	CCC8566C3	/GRAYMILL 34	1	144.25	0.00	144.25	0.00	26 25	2	557		A						
00	560000	CCC85C92	/GRAYMILL 00	1	246.25	0.00	246.25	0.00	52 48	4	557		E						
TOTAL-SERVICE/PRODUCTS					1179.00	0.00	1179.00	0.00											

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
BL91554	ILD984908202	IND006419783	

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
COMBUSTIBLE LIQUID,N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII
(NOT USEPA HAZARDOUS WASTE)(ERG#128)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
8	DM	176	G	17

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.
0 TO 220 LBS./MONTH ____ INITIALS
220 LBS. TO 2,200 LBS./MONTH X ____ INITIALS
GREATER THAN 2,200 LBS./MONTH ____ INITIALS

DESIGNATED FACILITY NAME AND ADDRESS
SAFETY-KLEEN CORP.
581 MILLIKEN DR SE HEBRON, OH 43025
USA EPA ID NO. OHD980557358
STATE ID NO.

PAYMENT RECEIVED SECTION
CASH ☐ CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAY'S SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS
INVOICE # | AMOUNT $ | INVOICE # | AMOUNT $
PREVIOUS CREDIT CARD NO →
CREDIT CARD NO.
AMEX VISA MC
EXP. DATE
CUSTOMER REFERENCE

LDR MESSAGE
LDR NOT REQ'D

MANIFEST CODE	SEQ #
IN	353

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.
"This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."
X ROBT ELLIOTT
Print Customer Name
By: Robt Elliott
Customer - Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	1179.00

938727
4-076-02-0166 1179.00

SERVICE AND SALES ACKNOWLEDGMENT
PART 1366 (Rev. 5/97)

OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

Returned 1-5-98

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.)) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: I N D 0 0 6 4 1 4 7 8 3 | Manifest Document No.: 9 7 8 2 9

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTO
1001 HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number: INA 1197829

B. State Generator's ID:

4. Generator's Phone (317) 736-7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED

6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9

C. State Transporter's ID: IN4961000021

D. Transporter's Phone: 317-881-9754

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
ENVIRONMENTAL ENTERPRISES, INCORPORATED
4650 SPRING GROVE AVENUE
CINCINNATI, OH 45232

10. US EPA ID Number: O H D 0 8 3 3 7 7 0 1 0

G. State Facility's ID:

H. Facility's Phone: 513-541-1823

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 RQ, WASTE SODIUM HYDROXIDE SOLUTION, X 8, UN1824, PGII (D002)	003 ~~001~~	D M	00165	G	D002
b RQ, WASTE HYDROCHLORIC ACID, SOLUTION, 8, UN1789, PGII (D002)		D M		G	D002
c					
d					

J. Additional Descriptions for Materials Listed Above
APPROVAL #: A. X13061 B. X13060

K. Handling Codes for Wastes Listed Above
M121

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE # A. 154 B. 157

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

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.

GENERATOR — Printed/Typed Name: Dan Boucher | Signature | Date: Month 12 Day 08 Year 97

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: MARLEN L MORRIS | Signature | Date: Month 12 Day 08 Year 97
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name | Signature | Date: 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 item 19.
Printed/Typed Name: Charlie Newberry | Signature | Date: Month 12 Day 15 Year 97

INA 1197829

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

National Response Center at 800/424-8802 or 202/426-2675.

COPY 4 TO MAIL TO GENERATOR

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

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1001 HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number: INA 1197829

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5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
ENVIRONMENTAL ENTERPRISES, INCORPORATED
4650 SPRING GROVE AVENUE
CINCINNATI, OH 45232
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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 RQ, WASTE SODIUM HYDROXIDE SOLUTION, 8, UN1824, PGII (D002)	003	D M	00165	G	D002
b RQ, WASTE HYDROCHLORIC ACID, SOLUTION, 8, UN1789, PGII (D002)		D M		G	D002
c					
d					

J. Additional Descriptions for Materials Listed Above
APPROVALS: A. X13061 B. X13060

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.S. GUIDE # A. 154 B. 157

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GENERATOR

Printed/Typed Name | Signature | Date: Month 7 Day 28 Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MATTHEW L MORAN | Signature | Date: Month 7 Day 28 Year 97

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

FACIL

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name | Signature | Date: Month . Day . Year .

INA 1197829

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

National Response Center at 800/424-8802 or 202/426-2675.

ENVIRONMENTAL ENTERPRISES INC.

RESTRICTED WASTE NOTIFICATION & CERTIFICATION

A

Generator: ARVIN NORTH AMERICAN AUTO Manifest Document No: 97829 State Manifest No: INA1197829

E.E.I. Profile No: X130161 Treatability Group: (check one) _____ Wastewater __X__ Non-Wastewater

This shipment contains waste(s) restricted from land disposal under 40 CFR Part 268 and OAC Chapter 3745-59. Mark ALL APPLICABLE BOXES ON THE FRONT AND BACK OF THIS FORM.

__X__ A. RESTRICTED WASTE REQUIRING TREATMENT

This shipment contains restricted wastes that must be treated to comply with the applicable treatment standards and/or prohibitions prior to land disposal (see reverse side for F001 - F005, & California list waste(s) (Mark all that apply).

____ Solvent bearing waste (F001 - F005) Waste Code(s) _____ ____ California List Waste Code(s) _____

__X__ Other (complete table below) Waste code(s) D002 ____ Appendix IV or V Lab Pack (must complete Section F)

____ B. RESTRICTED WASTE SUBJECT TO VARIANCE (complete table below) Waste Code(s) _____.

This shipment contains a restricted waste subject to a nationwide variance that expires on _____.

____ C. RESTRICTED WASTE THAT CAN BE LANDFILLED WITHOUT FURTHER TREATMENT (complete the table below) Waste code(s) _____.

This shipment contains a restricted waste that meets the applicable treatment standards and/or prohibition levels and can be landfilled without further treatment. I have attached all available supporting data.

"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, Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 268.32, and Rule 3745-59-32 of the Administrative code or RCRA Section 300(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 a fine and imprisonment".

Evaluation of this waste is based upon: ____ Analysis (attached) ____ Knowledge of waste (materials used/process employed)

____ D. RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS (complete table below) Waste code(s) _____.

"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 on 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) in Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 40 268.32 and in Rule 3745-59-32 of the Administrative Code 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".

____ E. RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THAT TECHNOLOGY) (complete the table below) Waste code(s) _____.

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42 and rule 3745-59-42 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment".

US EPA Waste Code	SUBCATEGORY (if any)	PERFORMANCE BASED TREATMENT STD. (check one) 268.41(a)	268.43(a)	SPECIFIED TECHNOLOGY 268.42 (SPECIFY)	TREATABILITY GROUP Wastewater or Non-Wastewater
D002					
					NWW

_ F. LAB PACK CERTIFICATIONS (check applicable certification below) Waste code(s) _____.

APPENDIX IV CERTIFICATION

____ a) I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV part 268 and in Appendix I to rule 3745-59-42 of the Administrative Code or wastes not subject to regulation under Chapter 3745-51 of the Administrative Code or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

APPENDIX V CERTIFICATION

____ b) 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 and that the lab pack contains only organic wastes specified in appendix V part 268 and in Appendix II Rule 3745-49-42 of the Administrative Code or solid wastes not subject to regulation under 40 CFR part 261 or wastes not subject to regulation under Chapter 3745-51 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

F001-F005 Spent Solvent Treatment Standards (mark all that apply).

Constituent	Nonwastewater Treatment Standards: TCLP mg/l 40 CFR 268.41 (a)	Nonwastewater Treatment Standards: Specified Technology 40 CFR 268.42	Nonwastewater Treatment Standards: Total mg/kg 40 CFR 268.43 (a)	Wastewaster Treatment Standards: Specified Technology 40 CFR 268.42	Wastewaster Treatment Standards: Total mg/l 40 CFR 268.43 (a)
____ Acetone (F003)			160		0.28
____ Benzene (F005)			3.7		0.07
____ N Butyl Alcohol (F003)			2.6		5.6
____ Carbon Disulfide (F005)	4.8				0.014
____ Carbon Tetrachloride (F001)			5.6		0.057
____ Chlorobenzene (F002)			5.7		0.057
____ Cresols (m & p isomers) (F004)			3.2		0.77
____ O Cresols (F004)			5.6		0.11
____ Cyclohexanone (F003)	0.75				0.36
____ 1,2 Dichlorobenzene (F002)			6.2		0.088
____ Ethyl Acetate (F003)			33		0.34
____ Ethyl Benzene (F003)			6.0		0.057
____ Ethyl Ether (F003)			160		0.12
____ 2 Ethoxyethanol (F005)		INCIN		BIOG or INCIN	
____ Isobutanol (F005)			170		5.6
____ Methanol (F003)	0.75				5.6
____ Methylene Chloride (F001 F002)			33		0.089
____ Methyl Ethyl Ketone (F005)			36		0.28
____ Methyl Isobutyl Ketone (F003)			33		0.14
____ Nitrobenzene (F004)			14		0.068
____ 2, Nitropropane (F005)		INCIN		(WETOX or CHOXD) fb CARBN or INCIN	
____ Pyridine (F005)			16		0.014
____ Tetrachloroethylene (F001 F002)			5.6		0.056
____ Toluene (F005)			28		0.08
____ 1,1,1 Trichloroethane (F001 F002)			5.6		0.054
____ 1,1,2 Trichloroethane (F002)			7.6		0.030
____ 1,1,2 Trichoro-1,2,2 Trifluoroethane (F001 F002)			28		0.057
____ Trichloroethylene (F001 F002)			5.6		0.054
____ Trichlorofluoromethane (F002)			33		0.02
____ Xylenes (Total) (F003)			28		0.32

alifornia List Treatment Standards (mark all that apply)

onstituent	Prohibition Level	Treatment Standard
___ Liquid or Solid Hazardous Waste Containing HOC's listed in 40 CFR 268 Appendix III	Liquid ≥ 1000 mg/l Solid ≥ 1000 mg/kg	INCIN 40 CFR 268.42 (a) (2)
___ Liquid Hazardous Waste containing PCB's	≥ 50 ppm	INCIN or FSUBS 268.42 (a) (1)
___ Liquid Hazardous Waste containing Cyanides	≥ 1000 mg/l Free Cyanides	RCRA Section 3004 (d)
___ Liquid Hazardous Waste containing Arsenics	≥ 500 mg/l	RCRA Section 3004 (d)
___ Liquid Hazardous Waste containing Cadmium	≥ 100 mg/l	RCRA Section 3004 (d)
___ Liquid Hazardous Waste containing Chromium	≥ 500 mg/l	RCRA Section 3004 (d)
___ Liquid Hazardous Waste containing Lead	≥ 500 mg/l	RCRA Section 3004 (d)
___ Liquid Hazardous Waste containing Mercury	≥ 20 mg/l	RCRA Section 3004 (d)
___ Liquid Hazardous Waste containing Nickel	≥ 134 mg/l	RCRA Section 3004 (d)
___ Liquid Hazardous Waste containing Selenium	≥ 100 mg/l	RCRA Section 3004 (d)
___ Liquid Hazardous Waste containing Thallium	≥ 130 mg/l	RCRA Section 3004 (d)
___ Liquid Hazardous Waste Acid	pH ≤ 2.0	40 CFR 268.32 (a)

Environmental Enterprises Incorporated

TREATMENT FACILITY
4650 Spring Grove Ave.
Cincinnati, Ohio 45232
(513) 541 - 1823

EPA ID # : OHD 083377010

OFFICE / LABORATORY
10163 Cincinnati - Dayton Rd.
Cincinnati, Ohio 45241
(513) 772 - 2818

ENVIRONMENTAL ENTERPRISES, INC. UNDERLYING HAZARDOUS CONSTITUENT DETERMINATION AND CERTIFICATION

Hazardous wastes that exhibit the characteristics of ignitability (D001), corrosivity (D002), and toxity characteristics for organics (D018-D043) and, are not being managed in Clean Water Act systems or Class I injection wells must be treated to remove the hazardous characteristic, and treated to the treatment standards in 40 CFR 268.48 Table UTS - Universal Treatment Standards for all underlying hazardous constituents reasonably expected to be present in the waste at the point of generation.

Please complete this form for all D001, D002, and D018-D043 waste. This determination may be made based on generator knowledge or analysis.

Generator: ARVIN NORTH AMERICAN AUTO Broker: LIQUID WASTE REMOVAL, INC Profile #: X13061

Waste Name: SODIUM HYDROXIDE Process Generating Waste _____

Waste Codes: D002 Treatability Group: _____ Wastewater X Non-Wastewater

D001 indicate subcategory: [ ] ignitable liquid high TOC >10% [ ] ignitable liquid low TOC <10% [ ] ignitable reactive [ ] oxidizer

002 indicate subcategory: [ ] Alkaline Aqueous Liquid pH >12.5 [X] Acid Aqueous Liquid ph <2

018-D043 (Specify) _____

1. Does this waste contain any of the underlying hazardous constituents listed in Table UTS 40 CFR 268.48? _____ Yes X No
   If yes, please complete Questions 2 & 3 and sign certification.
   If no, please complete Question 3 and sign certification.

2. List all underlying constituents applicable to this waste at the point of generation. Refer to 40 CFR 268.40 Table UTS listed on the back of this form.

   _____

   _____

   2a. [ ] This waste meets the Universal Treatment Standards for all "underlying constituents" listed above. (Please provide supporting analytical data).
   2b. [ ] This waste does not meet the Universal Treatment Standards for the "underlying constituents" listed above and must be treated before this waste can be land disposed.

3. This information above was determined by: [X] Generator's knowledge of the waste
   [ ] Laboratory analysis (attached)

CERTIFICATION

The above information is true and accurate and is based on an analysis of a representative sample of the waste in accordance with EPA guidelines document SW-846-190 and EPA 60012-80-018 or on my thorough knowledge of the waste.

By: X [signature] Company: Arvin Exhaust Date: 12/8/94

Printed On Recycled and Recyclable Paper

ENVIRONMENTAL ENTERPRISES, INC. RESTRICTED W E NOTIFICATION & CERTIFICATION ADDENDUM FOR

UNDERLYING HAZARDOUS CONSTITUENT TREATMENT STANDARDS

Generator: ARVIN NORTH AMERICAN AUTO Manifest Document No: 97829 State Manifest No: INA1197829 Waste Code(s): D002

This notice is required for D001 wastes except high TOC >10%; or D002; or D012-D043 wastes that are treated in non-CWA/non-CWA equivalent or non-Class I SWDA systems.

Circle all constituents listed on this page that may be present in the waste. If circled constituents are above the regulatory limit check the ">" space. If circled constituents are not present above the regulatory limit leave the ">" blank.

Constituents by Chemical Name	">"	WW mg/l	NWW mg/kg
Acenaphthylene		0.059	3.4
Acenaphthene		0.059	3.4
Acetone		0.28	160
Acetonitrile		5.6	1.8
Acetophenone		0.010	9.7
2-Acetylaminofluorene		0.059	140
Acrolein		0.29	NA
Acrylamide		19	23
Acrylonitrile		0.24	84
Aldrin		0.021	0.066
4-Aminabiphenyl		0.13	NA
Aniline		0.81	14
Anthracene		0.059	3.4
Aramite		0.36	NA
alpha-BHC		0.00014	0.066
beta-BHC		0.00014	0.066
delta-BHC		0.023	0.066
gamma-BHC		0.0017	0.066
Benzene		0.14	10
Benz(a)anthracene		0.059	3.4
Benzal chloride		0.055	6.0
Benzo(b)fluoranthene		0.11	6.8
Benzo(k)fluoranthene		0.11	6.8
Benzo(g,h,i)perylene		0.0055	1.8
Benzo(a)pyrene		0.061	3.4
Bromodichloromethane		0.35	15
Methyl Bromide (Bromomethane)		0.11	15
4-Bromophenyl phenyl ether		0.055	15
n-Butyl Alcohol		5.6	2.6
Butyl Benzyl Phthalate		0.017	28
2-sec-Butyl-4,6-dinitrophenol (Dinoseb)		0.066	2.5
Carbon Disulfide		3.8	4.8mg/l*
Carbon Tetrachloride		0.057	6.0
Chlordane (alpha&gamma isomers)		0.0033	0.26
p-Chloroaniline		0.46	16
Chlorobenzene		0.057	6.0
Chlorobenzilate		0.10	NA
2-Chloro-1,3-butadiene		0.057	0.28
Chlorodibromomethane		0.057	15
Chloroethane		0.27	6.0
bis(2-Chloroethxy)methane		0.036	7.2
bis(2-Chloroethyl)ether		0.033	6.0
Chloroform		0.046	6.0
bis(2-Chloroisopropyl)ether		0.055	7.2
p-Chloro-m-cresol		0.018	14
2-Chloroethyl vinyl ether		0.062	NA
Chloromethane(Methyl Chloride)		0.19	30
2-Chloronaphthalene		0.055	5.6
2-Chlorophenol		0.044	5.7
1-Chloropropylene		0.036	30
Chrysene		0.059	3.4
o-Cresol		0.11	5.6
m-Cresol		0.77	5.6
p-Cresol		0.77	5.6
Cyclohexanone		0.36	0.75mg/l
1,2-Dibromo-3-chloropropane		0.11	15
Ethylene Dibromide		0.028	15
Dibromomethane		0.11	15
2,4-D		0.72	10
o,p'-DDD		0.023	0.087
p,p'-DDD		0.023	0.087
o,p'-DDE		0.031	0.087
p,p'-DDE		0.031	0.087
o,p'-DDT		0.0039	0.087
p,p'-DDT		0.0039	0.087
Dibenz(a,h)anthracene		0.055	8.2
Dibenz(a,e)pyrene		0.061	NA
m-Dichlorobenzene		0.036	6.0
o-Dichlorobenzene		0.088	6.0
p-Dichlorobenzene		0.090	6.0
Dichlorodifluoromethane		0.23	7.2
1,1-Dichloroethane		0.059	6.0
1-2-Dichloroethane		0.21	6.0
1,1-Dichloroethylene		0.025	6.0
trans-1,2-Dichloroethylene		0.054	30
2,4-Dichlorophenol		0.044	14
2,6-Dichlorophenol		0.044	14
1,2-Dichloropropane		0.85	18
cis-1,3-Dichloropropylene		0.036	18
trans-1,3-Dichloropropylene		0.036	18
Dieldrin		0.017	0.13
Diethyl phthalate		0.20	28
2-4-Dimethyl phenol		0.036	14
Dimethyl phthalate		0.047	28
Di-n-butyl phthalate		0.057	28
1,4-Dinitrobenzene		0.32	2.3
4,6-Dinitro-o-cresol		0.28	160
2,4-Dinitrophenol		0.12	160
2,4-Dinitrotoluene		0.32	140
2,6-Dinitrotoluene		0.55	28
Di-n-octyl phthalate		0.017	28
p-Dimethylaminoazobenzene		0.13	NA
Di-n-propylnitrosamine		0.40	14
1,4-Dioxane		NA	170
Diphenylamine		0.92	13
Diphenylnitrosamine		0.92	13
1,2-Diphenylhydrazine		0.087	NA
Disulfton		0.017	6.2
Endosulfan I		0.023	0.066
Endosulfan II		0.029	0.13
Endosulfan Sulfate		0.029	0.13
Endrin		0.0028	0.13
Endrin Aldehyde		0.025	0.13
Ethyl Acetate		0.34	33
Ethyl cyanide (Propanenitrile)		0.24	360
Ethyl benzene		0.057	10
Ethyl ether		0.12	160
bis(2-Ethylhexyl) phthalate		0.28	28
Ethyl methacrylate		0.14	160
Ethylene oxide		0.12	NA
Famphur		0.017	15
Fluoranthene		0.068	3.4
Fluorene		0.059	3.4
Heptachlor		0.0012	0.066
Heptachlor epoxide		0.016	0.066
Hexachlorobenzene		0.055	10
Hexachlorobutadiene		0.055	5.6
Hexachlorocyclopentadiene		0.057	2.4
All Hexachlorodibenzo-p-dioxins		0.000063	0.001
All Hexachlorodibenzofurans		0.000063	0.001
Hexachloroethane		0.055	30
Hexachloropropylene		0.035	30
Indeno (1,2,3-c,d) pyrene		0.0055	3.4
Iodomethane		0.19	65
Isobutyl alcohol		5.6	170
Isodrin		0.021	0.066
Isosafrole		0.081	2.6
Kepone		0.0011	0.13
Methacrylonitrile		0.24	84
Methanol		5.6	0.75mg/l*
Methapyrilene		0.081	1.5
Methoxychlor		0.25	0.18
3-Methylcholanthrene		0.0055	15
4,4-Methylene bis)2-chloroaniline)		0.50	30
Methylene chloride		0.089	30
Methyl ethyl ketone		0.28	36
Methyl isobutyl ketone		0.14	33
Methyl methacrylate		0.14	160
Methyl methansulfonate		0.018	NA
Methyl parathion		0.014	4.6
Naphthalene		0.059	5.6
2-Naphthylamine		0.52	NA
o-Nitroaniline		0.27	14
p-Nitroaniline		0.028	28
Nitrobenzene		0.068	14
5-Nitro-o-toluidine		0.32	
o-Nitrophenol		0.028	
p-Nitrophenolnol		0.12	29
N-Nitrosodiethylamine		0.40	28
N-Nitrosodimethylamine		0.40	2.3
N-Nitroso-di-n-butylamine		0.40	17
N-Nitrosomethylethylamine		0.40	2.3
N-Nitrosomorpholine		0.40	2.3
N-Nitrosopiperidine		0.013	35
N-Nitrosopyrrolidine		0.013	35
Parathion		0.014	4.6
Total PCBs (sum of all PCB isomers, or all Arclors)		0.10	10
Pentachlorobenzene		0.055	10
All Pentachlorodibenzo-p-dioxins		0.000063	0.001
All Pentachlorodibenzofurans		0.000035	0.001
Pentachloroethane		0.055	6.0
Pentachloronitrobenzene		0.055	4.8
Pentachlorophenol		0.089	7.4
Phenacetin		0.081	16
Phenanthrene		0.059	5.6
Phenol		0.039	6.2
Phorate		0.021	4.6
Phthalic acid		0.055	28
Phthalic anhydride		0.055	28
Pronamide		0.093	1.5
Pyrene		0.067	8.2
Pyridine		0.014	16
Safrole		0.081	22
Silvex (2,4,5-TP)		0.72	7.9
2,4,5-T		0.72	7.9
1,2,4,5-Tetrachlorobenzene		0.055	14
All Tetrachlorodibenzo-p-dioxins		0.000063	0.001
All Tetrachlorodibenzofurans		0.000063	0.001
1,1,1,2-Tetrachloroethane		0.057	6.0
1,1,2,2-Tetrachloroethane		0.057	6.0
Tetrachloroethylene		0.056	6.0
2,3,4,6-Tetrachlorophenol		0.030	7.4
Toluene		0.080	10
Toxaphene		0.0095	2.6
Bromoform (Tribromomethane)		0.63	15
1,2,4-Trichlorobenzene		0.055	19
1,1,1-Trichloroethane		0.054	6.0
1,1,2-Trichloroethane		0.054	6.0
Trichloroethylene		0.054	6.0
Trichloromonofluoromethane		0.020	30
2,4,5-Trichlorophenol		0.18	7.4
2,4,6-Trichlorophenol		0.035	7.4
1,2,3-Trichloropropane		0.85	30
1,1,2-Trichloro-1,2,2-trifluoroethane		0.057	30
tris-(2,3-Dibromopropyl) phosphate		0.11	0.10
Vinyl chloride		0.27	6.0
Xylenes-mixed isomers (sum of o-,m,&p)		0.32	30
Antimony		1.9	2.1mg/l*
Arsenic		1.4	5.0mg/l*
Barium		1.2	7.6mg/l*
Beryllium		0.82	0.014mg/l*
Cadmium		0.69	0.19mg/l*
Chromium (Total)		2.77	0.86mg/l*
Cyanides (Total)		1.2	590
Cyanides (Amenable)		0.86	30
Fluoride		35	NA
Lead		0.69	0.37mg/l*
Mercury-Nonwastewater from Retort		NA	0.20mg/l*
Mercury - All Others		0.15	0.025mg/l*
Nickel		3.98	5.0mg/l*
Selenium		0.82	0.16mg/l*
Silver		0.43	0.30mg/l*
Sulfide		14	NA
Thallium		1.4	0.078mg/l*
Vanadium		4.3	0.23mg/l*
Zinc		2.61	5.3mg/l*

* Concentrations are based on a TLCP Analysis

Revised 3/95

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

Returned 1-5-98

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.
I·N·D·0·0·6·4·1·4·7·8·3	9·7·8·2·2		

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111

A. State Manifest Document Number: INA 1197822
B. State Generator's ID:

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID	D. Transporter's Phone
LIQUID WASTE REMOVAL, INCORPORATED	I N D 9 8 5 0 4 6 4 9 9	IN4961000021	317-881-9754
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
ESSROC MATERIALS
3084 WEST COUNTY ROAD 225 SOUTH
LOGANSPORT, IN 46947

10. US EPA ID Number: I N D 0 0 5 0 8 1 5 4 2

G. State Facility's ID:
H. Facility's Phone: 219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	001	TT	00055	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL#L000081

K. Handling Codes for Wastes Listed Above
T50/T16

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH @ 317-881-9754
E.R. GUIDE #127
LWR#: CP1335

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

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.

GENERATOR

Printed/Typed Name	Signature	Date (Month / Day / Year)
Dan Boucher		12 / 01 / 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month / Day / Year)
Richard A Burton		12 / 01 / 97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (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 item 19.

Printed/Typed Name	Signature	Date (Month / Day / Year)
GREG SPENCER		12 / 3 / 97

INA 1197822

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

...(day or night) and the
...National Response Center at 800/424-8802 or 202/426-2675.

ESSROC

ESSROC MATERIALS INC.
LOGANSPORT, INDIANA PLANT
EPA ID#: IND005081542

Certificate of Thermal Destruction

EPA ID#: IND006414783
Generator: ARVIN NORTH AMERICAN AUTOMOTIVE
Address: 1001 NORTH HURRICANE STRE

FRANKLIN, IN, USA 46131
Contact: DAN BOUCHER

Gentlemen:

Essroc Materials Inc. has processed waste from:

ARVIN NORTH AMERICAN AUTOMOTIVE

As Indicated on Manifest
INA1197822

And Hereby Certifies That This Waste Was Thermally Destroyed At
ESSROC's TSD Facility (IND 005 081 542)
Logansport, Indiana

Between
12/3/97 and 12/4/97
In the Amount of 416 lbs (55 gallons)

Date Load Received: 12/3/97

CP Recycling Load Record Number: 20-16277

Brian K. Sage
Environmental Manager
12/5/97
Date

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.)) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

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Manifest Document No.: 9·7·8·2·2
2. Page 1 of 1
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GENERATOR

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ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number: INA 1197822

4. Generator's Phone (317) 736-7111

B. State Generator's ID

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I·N·D·9·8·5·0·4·6·4·9·9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
ESSEX MATERIALS
3084 WEST COUNTY ROAD 225 SOUTH
LOGANSPORT, IN 46947
10. US EPA ID Number: I·N·D·0·0·5·0·8·1·5·4·3
G. State Facility's ID
H. Facility's Phone: 219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	021	D H	02055	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL #L000081

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EMERGENCY RESPONSE: GARY BUSH # 317-881-9754
E.R. GUIDE #127
LWR#: CP1335

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Printed/Typed Name | Signature | Date Month 12 Day 07 Year 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date Month 12 Day 07 Year 93

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

FACIL.

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name | Signature | Date Month · Day · Year ·

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

National Response Center at 800/424-8802 or 202/426-2675.

INA 1197822

ESSROC MATERIALS

LAND DISPOSAL RESTRICTION (LDR) AND NOTIFICATION FORM

A. Generator Name: ARVIN NORTH AMERICAN AUTO. | US EPA ID #: IND 006 414 783
Address: 1001 NORTH HURRICANE STREET | Manifest #: 97822
FRANKLIN, IN 46131 | Profile #(s): L000081

B. ☒ (Check if applicable)

Restricted Waste contained in this shipment and referenced by the above Manifest number that are listed below are subject to the treatment standards set forth in 40 CFR 268.40. For each waste code, list the corresponding Subcategory, if applicable. Record an "X" in the appropriate column below for Treatability Group and each disclosure form attached.

(1) Profile Number	(2) USEPA Hazardous Waste Code	(3) Subcategory (if applicable)	(4) Treatability group*		(5) F001-F005 Disclosure Form Attached	(6) UTS Disclosure Form Attached	(7) Lab Pack 40 CFR 268 App. IV
			NWW	WW			
L000081	D001	IGNITABLE LIQ. HIGH TOC	X				
"	F003	XYLENE	X		X		
"	F005	TOLUENE	X		X		
"	DOO5	BARIUM	X			X	
"	D006	CADIUM	X			X	
"	D007	CHROMIUM	X			X	
"	D008	LEAD	X			X	
"	D018	BENZENE NON CWA	X			X	
"	D035	MEK / NON CWA	X			X	
"	D039	TRICHLOR. / NON CWA	X			X	
"	D040	TRICHLOR. / NON CWA	X			X	

(*) Include drum number if this waste pertains to a lab pack.

C. California List Constituents and their Prohibition Levels

Profile Number	USEPA Hazardous Waste Code		Constituent	Concentration
		☐	Liquid wastes containing Nickel	134 mg/L
		☐	Liquid wastes containing Thallium	130 mg/L
L000081	F003, F005	X	Wastes containing HOC's*	
			(*) HOC's as defined in 40 CFR 268 Appendix III.	

D. LAB PACK CERTIFICATION: If you waste is packaged in lab packs and does not contain any waste codes in Appendix IV (see list below), the following certifications must be completed and the corresponding container numbers must be listed also. If the waste is packaged in lab packs and they include waste codes in Appendix IV, then table B (page 2) must be completed for those containers and the respective waste codes.

APPENDIX IV codes: D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack does not contain any wastes identified at 40 CFR 268.42 (c) (2). I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Generator Signature _____ Date _____

Container Number: _____

E. Notification Statement: This waste must be treated to the applicable treatment standards set forth in 40 CFR 268 Subpart D, Section 268.32, or RCRA Section 3004 (d). Waste analysis is attached where available, otherwise the information herein is based upon my thorough knowledge of the waste(s). I hereby certify that the information provided is complete and accurate based on my knowledge of the materials.

Generator Signature _____ Date 12/1/97

ESSROC MATERIALS (LDR Continued)

Treatment Standards for F001 - F005 Spent Solvents Disclosure Form

l' rlying constituents for F001 - F005. The waste material referenced in page 2 section B meets the treatment standards for the hazardous constituents
t ɔd below.

Profile Number: L000081

Hazardous Waste No.		Constituents of concern	Nonwastewater		Wastewater
			Total composition mg/kg	TCLP mg/L	Total composition mg/L
F001-	☐	Carbon tetrachloride	5.6	-	0.06
	☐	Methylene chloride	33	-	0.09
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-Ttrifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F002-	☐	Chlorobenzene	5.7	-	0.06
	☐	o-Dichlorobenzene	6.2	-	0.09
	☐	Methylene chloride	33	-	0.09
	☐	Methylene chloride (Pharmaceutical Industry-Wastewater Subcategory)	-	-	0.44
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	1,1,2-Trichloroethane	7.6	-	0.03
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-trifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F003-	☐	Acetone	160	-	0.28
	☐	n-Butyl alcohol	2.6	-	5.6
	☐	Cyclohexanone*		0.75	0.36*
	☐	Ethyl acetate	33	-	0.34
	☐	Ethyl benzene	6	-	0.06
	☐	Ethyl ether	160	-	0.12
	☐	Methanol*		0.75	5.6*
	☐	Methyl isobutyl keytone	33	-	0.14
	X	Xylenes (total)	28	-	0.32
F004-	☐	Cresol (m- and p- isomers)	3.2	-	0.77
	☐	o-Cresol	5.6	-	0.11
	☐	Nitrobenzene	14	-	0.07
F005-	☐	Benzene	3.7	-	0.07
	☐	Carbon disulfide*		4.8	0.014*
	☐	2-Ethoxyethanol	INCIN	-	BIODG; or INCIN
	☐	Isobutyl alcohol	170	-	5.6
	☐	Methyl ethyl keytone	36	-	0.28
	☐	2-Nitropropane	INCIN	-	(WETOX or CHOXD)
	☐	Pyridine	16	-	0.01
	X	Toluene	28	-	0.08

Note: F005 spent solvent wastes containing 2-Nitropropane and/or 2-Ethoxyethanol have treatment standards outlined in 40 CFR 268.40 and must be referenced in Table B page 2. (*)The treatment standards for Carbon Disulfide, Cyclohexanone, and Methanol nonwastewaters are based on the TCLP and apply only to spent solvents containing one, two, or all three of these constituents. If a waste contains any of these three constituents along with any other constituents found in F001-F005, then only the treatment standards for the other constituents apply (i.e., the standards for Carbon Disulfide, Cyclohexanone, and Methanol do not apply when other constituents are present).

ESSROC MATERIALS (LDR Continued)
Universal Treatment Standards Disclosure Form

Underlying constituents for D001**(low TOC, non-CWA), D002 (non-CWA, D012-D017 (nonwastewater), D018-D043 (non-CWA), and F039. The Waste material referenced in Section B exceeds the treatment standards for the hazardous constituents marked below.

☐ Check if none of the underlying hazardous constituents apply

Profile number: L000081

	Constituent	NWW	WW
	Acenaphthyisne	3.4	0.059
	Acenaphthene	3.4	0.059
	Acetone	160	0.28
	Acetonitrile	1.8	5.6
	Acetophenone	9.7	0.01
	2-Acetylaminofluorene	140	0.059
	Acrolein	NA	0.29
	Acrylamide	23	19
	Acrylonitrile	84	0.24
	Aldrin	0.066	0.021
	4-Aminodiphenyl	NA	0.13
	Aniline	14	0.81
	Anthracene	3.4	0.059
	Aramite	NA	0.36
	alpha-BHC	0.066	0.00014
	beta-BHC	0.066	0.00014
	delta-BHC	0.066	0.023
	gamma-BHC	0.066	0.0017
X	Benzene	10	0.14
	Benz(a)anthracene	3.4	0.059
	Benzal chloride	6	0.055
	Benzo(b)fluoanthene	6.8	0.11
	Benzo(k)fluoanthene	6.8	0.11
	Benzo(g,h,i)perylene	1.8	0.0055
	Benzo(a)pyrene	3.4	0.061
	Bromodichloromethane	15	0.35
	Methyl bromide (Bromomethane)	15	0.11
	4-Bromophenyl phenyl ether	15	0.55
	n-Butyl alcohol	2.6	5.6
	Butyl benzyl phthalate	28	0.017
	2-sec-Butyl-4,6-dinitrophenol (Dinoseb)	2.5	0.066
	Carbon disulfide	4.0 mg/l TCLP	3.8
	Carbon tetrachloride	6	0.057
	Chlordane (alpha and gamma isomers)	0.26	0.0033
	p-Chloroaniline	16	0.46
	Chlorobenzene	6	0.057
	Chlorobenzilate	NA	0.1
	2-chloro-1,3-butadine	0.28	0.057
	Chlorodabromomathane	15	0.057
	Chloroethane	6	0.27
	bis(2-Chloroethoxy)-methane	7.2	0.036
	bis(2-Chloroethyl)ether	6	0.033
	Chloroform	6	0.046
	bis(2-Chloroisopropyl)-ether	7.2	0.055
	p-Chloro-m-cresol	14	0.018
	2-Chloroethyl vinyl ether	NA	0.062
	Chloxomethane (Methyl chloride)	30	0.19
	2-Chloronaphthalene	5.6	0.055
	2-Chlorophenol	5.7	0.044
	3-Chloropropylene	30	0.036
	Chrysene	3.4	0.059
	o-Cresol	5.6	0.11
	m-Cresol	5.6	0.77
	p-Cresol	5.6	0.77
	Cyclohexanone	0.75 mg/l TCLP	0.36
	1,2-dibromo-3-chloro-propane	15	0.11
	Ethylene dibromide (1,2-Dibromoethane)	15	0.028
	Dibromomethane	15	0.11
	2,4-D (2,4-Dichloroph-enoxyacetic acid)	10	0.72
	o,p'-DDD	0.087	0.023
	p,p'-DDD	0.087	0.023
	o,p'-DDE	0.087	0.031
	p,p'-DDE	0.087	0.031
	c,p'-DDT	0.087	0.0039
	p,p'-DDT	0.087	0.0039
	Dibenz(a,h)anthracene	0.2	0.055
	Dibenz(a,e)pyrene	NA	0.061
	m-Dichlorobenzene	6	0.36
	o-Dichlorobenzene	6	0.088
	p-Dichlorobenzene	6	0.09

	Constituent	NWW	WW
	Dichlorodifluoromethane	7.2	0.23
	1,1-Dichloroethane	6	0.059
	1,2-Dichloroethane	6	0.21
	1,1-Dichloroethylene	6	0.025
	trans-1,2-	30	0.054
	2,4-Dichlorophenol	14	0.044
	2,6-Dichlorophenol	14	0.044
	1,2-Dichloropropane	18	0.85
	cis-1,3-	18	0.036
	trans-1,3-Dichloropropy-lene	18	0.036
	Dieldrin	0.13	0.017
	Diethyl phthalate	28	0.2
	2,4-Dimethyl phenol	14	0.036
	Dimethyl phthalate	28	0.047
	Di-n-butyl phthalate	28	0.057
	1,4-Dinitrobenzene	2.3	0.32
	4,6-Dinitro-o-cresol	160	0.28
	2,4-Dinitrophenol	160	0.12
	2,4-Dinitrotoluene	140	0.32
	2,6-Dinitrotoluene	28	0.55
	Di-n-octyl phthalate	28	0.017
	p-Dimethylaminoazo-benzene	NA	0.13
	Di-n-propylnitrosamine	14	0.4
	1,4-Dioxane	170	NA
	Diphenylamine	13	0.92
	Diphenylnitrosamine	13	0.92
	1,2-Diphenylhydrazine	NA	0.087
	Disulfoton	6.2	0.017
	Endosulfan I	0.866	0.023
	Endosulfan II	0.13	0.029
	Endosulfan sulfate	0.13	0.029
	Endrin	0.13	0.0028
	Endrin aldehyde	0.13	0.025
	Ethyl acetate	33	0.34
	Ethyl cyanide (Propane-nitrile)	360	0.24
	Ethyl benzene	10	0.057
	Ethyl ether	160	0.12
	bis(2-Ethylhexyl)	28	0.28
	Ethyl methacrylate	160	0.14
	Ethylene oxide	NA	0.12
	Famphur	15	0.017
	Fluoranthene	3.4	0.068
	Fluorene	3.4	0.059
	Heptachlor	0.066	0.0012
	Heptachlor epoxide	0.066	0.016
	Hexachlorobenzene	10	0.055
	Hexachlorobutadine	5.6	0.055
	Hexachlorocyclopenta-diene	2.4	0.057
	HxCDDs(Al HxCDDs)	0.001	.000063
	HxCDFs(Al HxCDFs)	0.001	.000063
	Hexachlorethane	36	0.055
	Hexachloropropylene	30	0.035
	Indeno(1,2,3-c,d)pyrene	3.4	0.0055
	Iodomethane	65	0.19
	Isobutyl alcohol	170	5.6
	Isodrin	0.066	0.021
	Isosafrole	2.6	0.081
	Kepone	0.13	0.0011
	Methacrylonitrile	84	0.24
	Methanol .75 mg/l	TCLP	5.06
	Methapyrilene	1.5	0.081
	Methoxychlor	0.18	0.25
	3-Methylcholarathrene	15	0.0055
	4,4-Methylene bis (2-chloroaraline)	30	0.5
	Methylene chloride	30	0.089
	Methyl ethyl ketone	36	0.28
	Methyl isobutyl ketone	33	0.14
	Methyl methacrylate	160	0.14
	Methyl	NA	0.018
	Methyl parathion	4.6	0.014
	Naphthalene	5.6	0.059
	2-Naphthylamine	NA	0.52
	o-Nitroaniline	14	0.27
	p-Nitroaniline	28	0.028
	Nitrobenzene	14	0.068

	Constituent	NWW	WW
	5-Nitro-o-toludine	28	0.32
	o-Nitrophenol	13	0.028
	p-Nitrophenol	29	0.12
	N-Nitrosodiethylamine	28	0.4
	N-Nitrosodimethylamine	2.3	0.4
	N-Nitroso-di-n-butylamine	17	0.4
	N-Nitrosomethylethylamine	2.3	0.4
	N-Nitrosomorpholine	2.3	0.4
	N-Nitrosopiperidine	35	0.13
	N-Nitrosopyrrolidine	35	0.013
	Parathion	4.6	0.014
	Total PCBs(All Arocolors)	10	0.1
	Pentachlorobenzene	10	0.055
	PeCDDs(Al PeCdDs)	0.001	.0000
	PeCDFs(Al PeCdFs)	0.001	.0000
	Pentachloroethane	6	0.055
	Pentachloronitrobenzene	4.8	0.055
	Pentachlorophenol	7.4	0.089
	Phenacetin	16	0.081
	Phenanthrene	5.6	0.059
	Phenol	6.2	0.039
	Phorate	4.6	0.021
	Phthalic acid	28	0.055
	Phthalic anhydride	28	0.055
	Pronamide	1.5	0.093
	Pyrene	0.2	0.067
	Pyridine	1.6	0.014
	Safrole	22	0.081
	Silvex(2,4,5-TP)	7.9	0.72
	2,4,5-T(2,4,5-Trichlorophen-oxyacetic acid)	7.9	0.72
	1,2,4,5-Tetrachlorobenzene	14	0.055
	TCDDs(Al TCDDs)	0.001	.0000
	TCDFs(Al TCDFs)	0.001	.0000
	1,1,1,2-Tetrachloroethane	6	0.057
	1,1,2,2-Tetrachloroethane	6	0.057
X	Tetrachloroethylene	6	0.056
	2,3,4,6-Tetrachlorophenol	7.4	0.03
X	Toluene	10	0.08
	Toxaphene	2.6	0.009
	Bromoform(Tribromome-thane)	15	0.63
	1,2,4-Trichlorobenzene	19	0.055
	1,1,1-Trichloroethane	6	0.054
	1,1,2-Trichloroethane	6	0.054
X	Trichloroethylene	6	0.054
	Trichloromonofluoro-methane	30	0.82
	2,4,5-Trichlorophenol	7.4	0.18
	2,4,6-Trichlorophenol	7.4	0.035
	1,2,3-Trichloropropane	38	0.85
	1,1,2-Trichloro-1,2,2-tri-fluoroethane	38	0.057
	tris-(2,3-dibromopropyl) phosphate	0.1	0.11
	Vinyl chloride	6	0.27
X	Xylenes-all mixed isomers	30	0.22
	Antimony		1.9
X	Arsenic	5.0 mg/l TCLP	1.4
	Barium	7.6 mg/l TCLP	1.2
X	Berylium	.014 mg/l TCLP	0.82
X	Cadmium	0.19 mg/l TCLP	0.69
	Chromium (Total)	0.86 mg/l TCLP	2.77
	Cyanides (Total)*	590	1.2
	Cyanides (Amenable)*	30	0.06
	Fluoride	NA	35
X	Lead	0.37 mg/l TCLP	0.69
	Mercury-non wastewater from Retort	0.20 mg/l TCLP	NA
	Mercury-All Others	.025 mg/l TCLP	0.15
	Nickel	5.0 mg/l TCLP	3.98
	Selenium	0.16 mg/l TCLP	0.82
	Silver	0.30 mg/l TCLP	0.43
	Sulfide	NA	14
	Thallium	0.70 mg/l TCLP	1.4
	Vanadium	0.23 mg/l TCLP	4.3
	Zinc	5.3 mg/l TCLP	2.61

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

Rec 3-3-97

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. I N A 0 0 6 4 1 4 7 8 3 | Manifest Document No. 0 0 8 8 5

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
AKWIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number INA1109885

B. State Generator's ID

4. Generator's Phone (317) 736-7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED | 6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.5.9

C. State Transporter's ID IN4961000021

D. Transporter's Phone 317-881-9754

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
ESSROC MATERIALS
STATE ROAD 25 SOUTH
LOGANSPORT, IN 46947

10. US EPA ID Number: I N D 0 0 5 0 9 1 5 4 2

G. State Facility's ID

H. Facility's Phone 219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	002	DM	000110	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL # LD000681

K. Handling Codes for Wastes Listed Above 1-SOLVENT 1-10

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH (317) 881-9754
E.R. GUIDE #127
LWR #CP1335

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

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.

GENERATOR

Printed/Typed Name: DAN Boucher | Signature | Date: Month 02 Day 11 Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert E. Wakwick | Signature | Date: Month 02 Day 11 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: 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 item 19.
Printed/Typed Name | Signature | Date: Month . Day . Year .

INA 1109885

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

National Response Center at 800/424-8802 or 202/426-2675.

COPY 2 - GENERATOR COPY

ESSROC MATERIALS
LAND DISPOSAL RESTRICTION (LDR) AND NOTIFICATION FORM

A. Generator Name: ARVIN NORTH AMERICAN AUTOMOTIVE
Address: 1001 NORTH HURRICANE STREET
FRANKLIN, IN 46131

US EPA ID #: IND 006 414 783
Manifest #: 09885
Profile #(s): L000081

B. ☒ (Check if applicable)

Restricted Waste contained in this shipment and referenced by the above Manifest number that are listed below are subject to the treatment standards set forth in 40 CFR 268.40. For each waste code, list the corresponding Subcategory, if applicable. Record an "X" in the appropriate column below for Treatability Group and each disclosure form attached.

(1) Profile Number	(2) USEPA Hazardous Waste Code	(3) Subcategory (if applicable)	(4) Treatability group*		(5) F001-F005 Disclosure Form Attached	(6) UTS Disclosure Form Attached	(7) Lab Pack 40 CFR 268 App. IV
			NWW	WW			
L000081	D001	IGNITABLE LIQ. HIGH TOC	X				
"	F003	XYLENE	X		X		
"	F005	TOLUENE	X		X		
"	DOO5	BARIUM	X			X	
"	D006	CADIUM	X			X	
"	D007	CHROMIUM	X			X	
"	D008	LEAD	X			X	
"	D018	BENZENE NON CWA	X			X	
"	D035	MEK / NON CWA	X			X	
"	D039	TRICHLOR. / NON CWA	X			X	
"	D040	TRICHLOR. / NON CWA	X			X	

(*) Include drum number if this waste pertains to a lab pack.

C. California List Constituents and their Prohibition Levels

Profile Number	USEPA Hazardous Waste Code		Constituent	Concentration
		☐	Liquid wastes containing Nickel	134 mg/L
		☐	Liquid wastes containing Thallium	130 mg/L
L000081	F003, F005	X	Wastes containing HOC's*	
			(*) HOC's as defined in 40 CFR 268 Appendix III.	

D. LAB PACK CERTIFICATION: If you waste is packaged in lab packs and does not contain any waste codes in Appendix IV (see list below), the following certifications must be completed and the corresponding container numbers must be listed also. If the waste is packaged in lab packs and they include waste codes in Appendix IV, then table B (page 2) must be completed for those containers and the respective waste codes.

APPENDIX IV codes: D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack does not contain any wastes identified at 40 CFR 268.42 (c) (2). I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Generator Signature _____ Date _____

Container Number: _____

E. Notification Statement: This waste must be treated to the applicable treatment standards set forth in 40 CFR 268 Subpart D, Section 268.32, or RCRA Section 3004 (d). Waste analysis is attached where available, otherwise the information herein is based upon my thorough knowledge of the waste(s). I hereby certify that the information provided is complete and accurate based on my knowledge of the materials.

Generator Signature _____ Date 2-11-97

ESSROC MATERIALS (LDR Continued)

Treatment Standards for F001 - F005 Spent Solvents Disclosure Form

rlying constituents for F001 - F005. The waste material referenced in page 2 section B meets the treatment standards for the hazardous constituents ked below.

Profile Number: L000081

Hazardous Waste No.		Constituents of concern	Nonwastewater		Wastewater
			Total composition mg/kg	TCLP mg/L	Total composition mg/L
F001-	☐	Carbon tetrachloride	5.6	-	0.06
	☐	Methylene chloride	33	-	0.09
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-Ttrifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F002-	☐	Chlorobenzene	5.7	-	0.06
	☐	o-Dichlorobenzene	6.2	-	0.09
	☐	Methylene chloride	33	-	0.09
	☐	Methylene chloride (Pharmaceutical Industry-Wastewater Subcategory)	-	-	0.44
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	1,1,2-Trichloroethane	7.6	-	0.03
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-trifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F003-	☐	Acetone	160	-	0.28
	☐	n-Butyl alcohol	2.6	-	5.6
	☐	Cyclohexanone*		0.75	0.36*
	☐	Ethyl acetate	33	-	0.34
	☐	Ethyl benzene	6	-	0.06
	☐	Ethyl ether	160	-	0.12
	☐	Methanol*		0.75	5.6*
	☐	Methyl isobutyl keytone	33	-	0.14
	X	Xylenes (total)	28	-	0.32
F004-	☐	Cresol (m- and p- isomers)	3.2	-	0.77
	☐	o-Cresol	5.6	-	0.11
	☐	Nitrobenzene	14	-	0.07
F005-	☐	Benzene	3.7	-	0.07
	☐	Carbon disulfide*		4.8	0.014*
	☐	2-Ethoxyethanol	INCIN	-	BIODG; or INCIN
	☐	Isobutyl alcohol	170	-	5.6
	☐	Methyl ethyl keytone	36	-	0.28
	☐	2-Nitropropane	INCIN	-	(WETOX or CHOXD)
	☐	Pyridine	16	-	0.01
	X	Toluene	28	-	0.08

Note: F005 spent solvent wastes containing 2-Nitropropane and/or 2-Ethoxyethanol have treatment standards outlined in 40 CFR 268.40 and must be referenced in Table B page 2. (*)The treatment standards for Carbon Disulfide, Cyclohexanone, and Methanol nonwastewaters are based on the TCLP and apply only to spent solvents containing one, two, or all three of these constituents. If a waste contains any of these three constituents along with any other constituents found in F001-F005, then only the treatment standards for the other constituents apply (i.e., the standards for Carbon Disulfide, Cyclohexanone, and Methanol do not apply when other constituents are present).

ESSROC MATERIALS (LDR Continued)
Universal Treatment Standards Disclosure Form

Underlying constituents for D001**(low TOC, non-CWA), D002 (non-CWA, D012-D017 (nonwastewater), D018-D043 (non-CWA), and F039. The Waste material referenced in Section B exceeds the treatment standards for the hazardous constituents marked below.

☐ Check if none of the underlying hazardous constituents apply

Profile number: L000081

	Constituent	NWW	WW
	Acenaphthyisne	3.4	0.059
	Acenaphthene	3.4	0.059
	Acetone	160	0.28
	Acetonitrile	1.8	5.6
	Acetophenone	9.7	0.01
	2-Acetylaminofluorene	140	0.059
	Acrolein	NA	0.29
	Acrylamide	23	19
	Acrylonitrile	84	0.24
	Aldrin	0.066	0.021
	4-Aminodiphenyl	NA	0.13
	Aniline	14	0.81
	Anthracene	3.4	0.059
	Aramite	NA	0.36
	alpha-BHC	0.066	0.00014
	beta-BHC	0.066	0.00014
	delta-BHC	0.066	0.023
	gamma-BHC	0.066	0.0017
X	Benzene	10	0.14
	Benz(a)anthracene	3.4	0.059
	Benzal chloride	6	0.055
	Benzo(b)fluoanthene	6.8	0.11
	Benzo(k)fluoanthene	6.8	0.11
	Benzo(g,h,i)perylene	1.8	0.0055
	Benzo(a)pyrene	3.4	0.061
	Bromodichloromethane	15	0.35
	Methyl bromide (Bromomethane)	15	0.11
	4-Bromophenyl phenyl ether	15	0.55
	n-Butyl alcohol	2.6	5.6
	Butyl benzyl phthalate	28	0.017
	2-sec-Butyl-4,6-dinitrophenol (Dinoseb)	2.5	0.066
	Carbon disulfide	4.0 mg/l TCLP	3.8
	Carbon tetrachloride	6	0.057
	Chlordane (alpha and gamma isomers)	0.26	0.0033
	p-Chloroaniline	16	0.46
	Chlorobenzene	6	0.057
	Chlorobenzilate	NA	0.1
	2-chloro-1,3-butadine	0.28	0.057
	Chlorodabromomathane	15	0.057
	Chloroethane	6	0.27
	bis(2-Chloroethoxy)-methane	7.2	0.036
	bis(2-Chloroethyl)ether	6	0.033
	Chloroform	6	0.046
	bis(2-Chloroisopropyl)-ether	7.2	0.055
	p-Chloro-m-cresol	14	0.018
	2-Chloroethyl vinyl ether	NA	0.062
	Chloxomethane (Methyl chloride)	30	0.19
	2-Chloronaphthalene	5.6	0.055
	2-Chlorophenol	5.7	0.044
	3-Chloropropylene	30	0.036
	Chrysene	3.4	0.059
	o-Cresol	5.6	0.11
	m-Cresol	5.6	0.77
	p-Cresol	5.6	0.77
	Cyclohexanone	0.75 mg/l TCLP	0.36
	1,2-dibromo-3-chloro-propane	15	0.11
	Ethylene dibromide (1,2-Dibromoethane)	15	0.028
	Dibromomethane	15	0.11
	2,4-D (2,4-Dichlorophenoxyacetic acid)	10	0.72
	o,p'-DDD	0.087	0.023
	p,p'-DDD	0.087	0.023
	o,p'-DDE	0.087	0.031
	p,p'-DDE	0.087	0.031
	c,p'-DDT	0.087	0.0039
	p,p'-DDT	0.087	0.0039
	Dibenz(a,h)anthracene	0.2	0.055
	Dibenz(a,e)pyrene	NA	0.061
	m-Dichlorobenzene	6	0.36
	o-Dichlorobenzene	6	0.088
	p-Dichlorobenzene	6	0.09

	Constituent	NWW	WW
	Dichlorodifluoromethane	7.2	0.23
	1,1-Dichloroethane	6	0.059
	1,2-Dichloroethane	6	0.21
	1,1-Dichloroethylene	6	0.025
	trans-1,2-	30	0.054
	2,4-Dichlorophenol	14	0.044
	2,6-Dichlorophenol	14	0.044
	1,2-Dichloropropane	18	0.85
	cis-1,3-	18	0.036
	trans-1,3-Dichloropropylene	18	0.036
	Dieldrin	0.13	0.017
	Diethyl phthalate	28	0.2
	2,4-Dimethyl phenol	14	0.036
	Dimethyl phthalate	28	0.047
	Di-n-butyl phthalate	28	0.057
	1,4-Dinitrobenzene	2.3	0.32
	4,6-Dinitro-o-cresol	160	0.28
	2,4-Dinitrophenol	160	0.12
	2,4-Dinitrotoluene	140	0.32
	2,6-Dinitrotoluene	28	0.55
	Di-n-octyl phthalate	28	0.017
	p-Dimethylaminoazo-benzene	NA	0.13
	Di-n-propylnitrosamine	14	0.4
	1,4-Dioxane	170	NA
	Diphenylamine	13	0.92
	Diphenylnitrosamine	13	0.92
	1,2-Diphenylhydrazine	NA	0.087
	Disulfoton	6.2	0.017
	Endosulfan I	0.866	0.023
	Endosulfan II	0.13	0.029
	Endosulfan sulfate	0.13	0.029
	Endrin	0.13	0.0028
	Endrin aldehyde	0.13	0.025
	Ethyl acetate	33	0.34
	Ethyl cyanide (Propanenitrile)	360	0.24
	Ethyl benzene	10	0.057
	Ethyl ether	160	0.12
	bis(2-Ethylhexyl)	28	0.28
	Ethyl methacrylate	160	0.14
	Ethylene oxide	NA	0.12
	Famphur	15	0.017
	Fluoranthene	3.4	0.068
	Fluorene	3.4	0.059
	Heptachlor	0.066	0.0012
	Heptachlor epoxide	0.066	0.016
	Hexachlorobenzene	10	0.055
	Hexachlorobutadine	5.6	0.055
	Hexachlorocyclopentadiene	2.4	0.057
	HxCDDs(Al HxCDDs)	0.001	.000063
	HxCDFs(Al HxCDFs)	0.001	.000063
	Hexachlorethane	36	0.055
	Hexachloropropylene	30	0.035
	Indeno(1,2,3-c,d)pyrene	3.4	0.0055
	Iodomethane	65	0.19
	Isobutyl alcohol	170	5.6
	Isodrin	0.066	0.021
	Isosafrole	2.6	0.081
	Kepone	0.13	0.0011
	Methacrylonitrile	84	0.24
	Methanol .75 mg/l	TCLP	5.06
	Methapyrilene	1.5	0.081
	Methoxychlor	0.18	0.25
	3-Methylcholarathrene	15	0.0055
	4,4-Methylene bis (2-chloroaraline)	30	0.5
	Methylene chloride	30	0.089
	Methyl ethyl ketone	36	0.28
	Methyl isobutyl ketone	33	0.14
	Methyl methacrylate	160	0.14
	Methyl	NA	0.018
	Methyl parathion	4.6	0.014
	Naphthalene	5.6	0.059
	2-Naphthylamine	NA	0.52
	o-Nitroaniline	14	0.27
	p-Nitroaniline	28	0.028
	Nitrobenzene	14	0.068

	Constituent	NWW	WW
	5-Nitro-o-toludine	28	0.32
	o-Nitrophenol	13	0.028
	p-Nitrophenol	29	0.12
	N-Nitrosodiethylamine	28	0.4
	N-Nitrosodimethylamine	2.3	0.4
	N-Nitroso-di-n-butylamine	17	0.4
	N-Nitrosomethylethylamine	2.3	0.4
	N-Nitrosomorpholine	2.3	0.4
	N-Nitrosopiperidine	35	0.13
	N-Nitrosopyrrolidine	35	0.013
	Parathion	4.6	0.014
	Total PCBs(All Arocolors)	10	0.1
	Pentachlorobenzene	10	0.055
	PeCDDs(Al PeCdDs)	0.001	.0000
	PeCDFs(Al PeCdFs)	0.001	.0000
	Pentachloroethane	6	0.055
	Pentachloronitrobenzene	4.8	0.055
	Pentachlorophenol	7.4	0.089
	Phenacetin	16	0.081
	Phenanthrene	5.6	0.059
	Phenol	6.2	0.039
	Phorate	4.6	0.021
	Phthalic acid	28	0.055
	Phthalic anhydride	28	0.055
	Pronamide	1.5	0.093
	Pyrene	0.2	0.067
	Pyridine	1.6	0.014
	Safrole	22	0.081
	Silvex(2,4,5-TP)	7.9	0.72
	2,4,5-T(2,4,5-Trichlorophen-oxyacetic acid)	7.9	0.72
	1,2,4,5-Tetrachlorobenzene	14	0.055
	TCDDs(Al TCDDs)	0.001	.0000
	TCDFs(Al TCDFs)	0.001	.0000
	1,1,1,2-Tetrachloroethane	6	0.057
	1,1,2,2-Tetrachloroethane	6	0.057
X	Tetrachloroethylene	6	0.056
	2,3,4,6-Tetrachlorophenol	7.4	0.03
X	Toluene	10	0.08
	Toxaphene	2.6	0.009
	Bromoform(Tribromomethane)	15	0.63
	1,2,4-Trichlorobenzene	19	0.055
	1,1,1-Trichloroethane	6	0.054
	1,1,2-Trichloroethane	6	0.054
X	Trichloroethylene	6	0.054
	Trichloromonofluoromethane	30	0.82
	2,4,5-Trichlorophenol	7.4	0.18
	2,4,6-Trichlorophenol	7.4	0.035
	1,2,3-Trichloropropane	38	0.85
	1,1,2-Trichloro-1,2,2-trifluoroethane	38	0.057
	tris-(2,3-dibromopropyl) phosphate	0.1	0.11
	Vinyl chloride	6	0.27
X	Xylenes-all mixed isomers	30	0.22
	Antimony		1.9
X	Arsenic	5.0 mg/l TCLP	1.4
	Barium	7.6 mg/l TCLP	1.2
X	Berylium	.014 mg/l TCLP	0.82
X	Cadmium	0.19 mg/l TCLP	0.69
	Chromium (Total)	0.86 mg/l TCLP	2.77
	Cyanides (Total)*	590	1.2
	Cyanides (Amenable)*	30	0.06
	Fluoride	NA	35
X	Lead	0.37 mg/l TCLP	0.69
	Mercury-non wastewater from Retort	0.20 mg/l TCLP	NA
	Mercury-All Others	.025 mg/l TCLP	0.15
	Nickel	5.0 mg/l TCLP	3.98
	Selenium	0.16 mg/l TCLP	0.82
	Silver	0.30 mg/l TCLP	0.43
	Sulfide	NA	14
	Thallium	0.70 mg/l TCLP	1.4
	Vanadium	0.23 mg/l TCLP	4.3
	Zinc	5.3 mg/l TCLP	2.61

(*) Both Cyanides (Total) and Cyanides (Amenable) for nonwastewaters are to be analyzed using SW-846 Method 9010 or 9012 with a sample sid 10grams and a distill action time of one hour and 15 minutes.

(**) The selection of D001 constituents is only required for low TOC ignitable liquids managed in non-CWA facilities.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE *(Form designed for use on elite (12-pitch typewriter.)* *Form approved. OMB No. 2050-0039. Expires 9-30-94*

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: I.N.D.0.0.6.4.1.4.7.8.3 | Manifest Document No.: 0.9.8.8.5
2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number: INA 1109885
B. State Generator's ID:

4. Generator's Phone (317) 736-7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
ESSROC MATERIALS
STATE ROAD 25 SOUTH
LOGANSPORT, IN 46947
10. US EPA ID Number: I.N.D.0.0.5.0.8.1.5.4.2
G. State Facility's ID:
H. Facility's Phone: 219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	001	TT	00110	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL # L000081

K. Handling Codes for Wastes Listed Above
T-50/XXIX T-16

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH (317) 881-9754
E.R. GUIDE #127
LWR #CP1335

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

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.

GENERATOR — Printed/Typed Name: X DAN Boucher | Signature: X | Date: Month 02 Day 11 Year 97

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Robert L Wozniak | Signature | Date: Month 02 Day 11 Year 97
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name | Signature | Date: 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 item 19.
Printed/Typed Name: Kyle A Schroder | Signature: Kyle A Schroder | Date: Month 02 Day 12 Year 97

INA 1109885

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

5-20-97

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.
I N D 0 0 5 4 1 4 7 4 3	4 7 5 0 4		

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTHUMBERLAND STREET, FRANKLIN, IN 46131

A. State Manifest Document Number: INA 1147564

B. State Generator's ID:

4. Generator's Phone (317) 736-7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I N D 9 8 5 0 4 0 4 9 3
C. State Transporter's ID: IR49610000021
D. Transporter's Phone: 317-881-9754

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: ENVIRONMENTAL ENTERPRISES, INCORPORATED
4659 SPRING GROVE AVENUE
CINCINNATI, OH 45232
10. US EPA ID Number: O H D 0 8 3 3 7 1 0 1 0
G. State Facility's ID
H. Facility's Phone: 513-541-1823

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 RQ, WASTE CORROSIVE SOLID, N.O.S., 8, UN1759, PGII, (ZINC/CARBON BATTERIES) (D002)	0 0 1	DM	0 0 0 6 5	P	D002
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
APPROVAL #03758

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BURK (317) 881-9754
I.A. GUIDE #154

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

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
Dan Bourdeau		0 5	2 0	9 7

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
MICHAEL [illegible]		0 5	2 0	9 7

18. Transporter 2 Acknowledgement 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 item 19

Printed/Typed Name	Signature	Date Month	Day	Year

GENERATOR
TRANSPORTER
FACI
or
National Response Center at

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

ENVIRONMENTAL ENTERPRISES INC.

RESTRICTED WASTE NOTIFICATION & CERTIFICATION

Generator: ARVIN NORTH AMERICAN AUTOMOTIVE Manifest Document No: 47564 State Manifest No: INA 1147564

This shipment contains waste(s) restricted from land disposal under 40 CFR Part 268 and OAC Chapter 3745-59. MARK ALL APPLICABLE ON THE FRONT AND BACK OF THIS FORM.

A. RESTRICTED WASTE REQUIRING TREATMENT

This shipment contains restricted wastes that must be treated to comply with the applicable treatment standards and/or prohibitions prior to land disposal (See reverse side for F001 - F005, & California list waste(s) (Mark all that apply). Also complete Table 1.

___ Solvent bearing waste (F001 - F005) Waste Code(s) _____ ___ California List Waste Waste Code(s) _____

___ Other (complete table below) Waste code(s) _____ ___ Lab packs subject to Alternative Treatment Standards (must complete Section F.)

X D001 (other than high TOC) and/or D002, and/or D012-D043 (complete Underlying Hazardous Constituents Form). Waste Code(s) D002

___ Debris subject to the alternate treatment standards of 40 CFR 268.45. Waste Code(s) _____

Contaminants _____

___ B. RESTRICTED WASTE THAT CAN BE LANDFILLED WITHOUT FURTHER TREATMENT (complete the table below) Waste Code(s) _____.

This shipment contains a restricted waste that meets the applicable treatment standards and/or prohibition levels and can be landfilled without further treatment. I have attached all available supporting data.

"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, in Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 268.32, and Rules 3745-59-32 of the Administrative Code or Section 3004(d) of RCRA. 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 a fine and imprisonment".

Evaluation of this waste is based upon: ___ Analysis (attached) ___ Knowledge of waste (Materials used/process employed)

___ C. RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS (complete table below) Waste Code(s) _____.

"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 on 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) in Rules 3745-59-40 to 3745-59-44 of the Administrative Code, and all applicable prohibitions set forth in 40 CFR 268.32 and in Rule 3745-59-32 of the Administrative Code or Section 3004(d) of RCRA 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".

___ D. RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THAT TECHNOLOGY) (complete the table below) Waste Code(s) _____.

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42 and rule 3745-59-42 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment".

___ E. WASTE TREATED TO REMOVE A HAZARDOUS CHARACTERISTIC THAT REQUIRES ADDITIONAL TREATMENT FOR UNDERLYING HAZARDOUS CONSTITUENTS (complete table below and attach Underlying Hazardous Constituent Form.)

Waste Codes: _____ List Constituents _____

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic. This decharacterized waste contains underlying hazardous constituents that require further treatment to meet Universal Treatment Standards. I am aware that there are significant penalties for submitting a false certification including the possibility of fine or imprisonment.

TABLE 1 WASTE CODE, SUBCATEGORY, & TREATABILITY GROUP

Profile Number	Waste Code	SUBCATEGORY (LEGEND) (if any)	TREATABILITY GROUP Wastewater or Non-Wastewater	Profile Number	Waste Code	SUBCATEGORY LEGEND (if any)	TREATABILITY GROUP Wastewater or Non-Wastewater
C3758	D002	D2A	NWW				

(reverse side for subcategory legends.

___ F. LAB PACK QUALIFYING FOR ALTERNATIVE CERTIFICATION UNDER 40 CFR 268.42C. Waste Code(s) _____

Hazardous waste with the following waste codes may not be placed in lab packs under alternate treatment standards of 268.42 (INCIN) D009, K019, K003, K004, K005, K006, K071, K100, K106, P010, P011, P012, P076, P078, U134 and U151.

"I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes which have not been excluded under Appendix IV to 40 CFR part 268 or solid wastes not subject to regulation under 40 CFR part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

The information provided is true and correct and is based on analysis of a representative sample of the waste in accordance with EPA guidelines Document SW-846 and EPA 600/2-80018 or on my thorough knowledge of the waste.

Signature _____ Title Safety Date 5/20/97

Rev: 3/95

rm 01

ENVIRONMENTAL ENTERPRISES, INC. RESTRICTED WASTE NOTIFICATION & CERTIFICATION ADDENDUM FOR

UNDERLYING HAZARDOUS CONSTITUENT TREATMENT STANDARDS

Generator: ARVIN NORTH AMERICAN Manifest Document No: 47564 State Manifest No: INA 1147564 Waste Code(s): D002

This notice is required for D001 wastes except high TOC >10%; or D002; or D012-D043 wastes that are treated in non-CWA/non-CWA equivalent or non-Class I SWDA systems

Circle all constituents listed on this page that may be present in the waste. If circled constituents are above the regulatory limit check the ">" space. If circle constituents are not present above the regulatory limit leave the ">" blank.

Constituents by Chemical Name	">"	WW mg/l	NWW mg/kg
Acenaphthylene		0.059	3.4
Acenaphthene		0.059	3.4
Acetone		0.28	160
Acetonitrile		5.6	1.8
Acetophenone		0.010	9.7
2-Acetylaminofluorene		0.059	140
Acrolein		0.29	NA
Acrylamide		19	23
Acrylonitrile		0.24	84
Aldrin		0.021	0.066
4-Aminobiphenyl		0.13	NA
Aniline		0.01	14
Anthracene		0.059	3.4
Aramite		0.36	NA
alpha-BHC		0.00014	0.066
beta-BHC		0.00014	0.066
delta-BHC		0.023	0.066
gamma-BHC		0.0017	0.066
Benzene		0.14	10
Benz(a)anthracene		0.059	3.4
Benzal chloride		0.055	6.0
Benzo(b)fluoranthene		0.11	6.8
Benzo(k)fluoranthene		0.11	6.8
Benzo(g,h,i)perylene		0.0055	1.8
Benzo(a)pyrene		0.061	3.4
Bromodichloromethane		0.35	15
Methyl Bromide (Bromomethane)		0.11	15
4-Bromophenyl phenyl ether		0.055	15
n-Butyl Alcohol		5.6	2.6
Butyl Benzyl Phthalate		0.017	28
2-sec-Butyl-4,6-dinitrophenol (Dinoseb)		0.066	2.5
Carbon Disulfide		3.8	4.8mg/l*
Carbon Tetrachloride		0.057	6.0
Chlordane (alpha&gamma isomers)		0.0033	0.26
p-Chloroaniline		0.46	16
Chlorobenzene		0.057	6.0
Chlorobenzilate		0.10	NA
2-Chloro-1,3-butadiene		0.057	0.28
Chlorodibromomethane		0.057	15
Chloroethane		0.27	6.0
bis(2-Chloroethoxy)methane		0.036	7.2
bis(2-Chloroethyl)ether		0.033	6.0
Chloroform		0.046	6.0
bis(2-Chloroisopropyl)ether		0.055	7.2
p-Chloro-m-cresol		0.018	14
2-Chloroethyl vinyl ether		0.062	NA
Chloromethane(Methyl Chloride)		0.19	30
2-Chloronaphthalene		0.055	5.6
2-Chlorophenol		0.044	5.7
3-Chloropropylene		0.036	30
Chrysene		0.059	3.4
o-Cresol		0.11	5.6
m-Cresol		0.77	5.6
p-Cresol		0.77	5.6
Cyclohexanone		0.36	0.75mg/l
1,2-Dibromo-3-chloropropane		0.11	15
Ethylene Dibromide		0.028	15
Dibromomethane		0.11	15
2,4-D		0.72	10
o,p'-DDD		0.023	0.087
p,p'-DDD		0.023	0.087
o,p'-DDE		0.031	0.087
p,p'-DDE		0.031	0.087
o,p'-DDT		0.0039	0.087
p,p'-DDT		0.0039	0.087
Dibenz(a,h)anthracene		0.055	8.2
Dibenz(a,e)pyrene		0.061	NA
m-Dichlorobenzene		0.036	6.0
o-Dichlorobenzene		0.088	6.0
p-Dichlorobenzene		0.090	6.0
Dichlorodifluoromethane		0.23	7.2
1,1-Dichloroethane		0.059	6.0
1,2-Dichloroethane		0.21	6.0
1,1-Dichloroethylene		0.025	6.0
trans-1,2-Dichloroethylene		0.054	30
2,4-Dichlorophenol		0.044	14
2,6-Dichlorophenol		0.044	14
1,2-Dichloropropane		0.85	18
cis-1,3-Dichloropropylene		0.036	18
trans-1,3-Dichloropropylene		0.036	18
Dieldrin		0.017	0.13
Diethyl phthalate		0.20	28
2-4-Dimethyl phenol		0.036	14
Dimethyl phthalate		0.047	28
Di-n-butyl phthalate		0.057	28
1,4-Dinitrobenzene		0.32	2.3
4,6-Dinitro-o-cresol		0.28	160
2,4-Dinitrophenol		0.12	160
2,4-Dinitrotoluene		0.32	140
2,6-Dinitrotoluene		0.55	28
Di-n-octyl phthalate		0.017	28
p-Dimethylaminoazobenzene		0.11	NA
Di-n-propylnitrosamine		0.40	14
1,4-Dioxane		NA	170
Diphenylamine		0.92	13
Diphenylnitrosamine		0.92	13
1,2-Diphenylhydrazine		0.087	NA
Disulfoton		0.017	6.2
Endosulfan I		0.023	0.066
Endosulfan II		0.029	0.13
Endosulfan Sulfate		0.029	0.13
Endrin		0.0028	0.13
Endrin Aldehyde		0.025	0.13
Ethyl Acetate		0.34	33
Ethyl cyanide (Propanenitrile)		0.24	360
Ethyl benzene		0.057	10
Ethyl ether		0.12	160
bis(2-Ethylhexyl) phthalate		0.28	28
Ethyl methacrylate		0.14	160
Ethylene oxide		0.12	NA
Famphur		0.017	15
Fluoranthene		0.068	3.4
Fluorene		0.059	3.4
Heptachlor		0.0012	0.066
Heptachlor epoxide		0.016	0.066
Hexachlorobenzene		0.055	10
Hexachlorobutadiene		0.055	5.6
Hexachlorocyclopentadiene		0.057	2.4
All Hexachlorodibenzo-p-dioxins		0.000063	0.001
All Hexachlorodibenzofurans		0.000063	0.001
Hexachloroethane		0.055	30
Hexachloropropylene		0.035	30
Indeno (1,2,3-c,d) pyrene		0.0055	3.4
Iodomethane		0.19	65
Isobutyl alcohol		5.6	170
Isodrin		0.021	0.066
Isosafrole		0.081	2.6
Kepone		0.0031	0.13
Methacrylonitrile		0.24	84
Methanol		5.6	0.75mg/l*
Methapyrilene		0.081	1.5
Methoxychlor		0.25	0.18
3-Methylcholanthrene		0.0055	15
4,4-Methylene bis(2-chloroaniline)		0.50	30
Methylene chloride		0.089	30
Methyl ethyl ketone		0.28	36
Methyl isobutyl ketone		0.14	33
Methyl methacrylate		0.14	160
Methyl methanesulfonate		0.018	NA
Methyl parathion		0.014	4.6
Naphthalene		0.059	5.6
2-Naphthylamine		0.52	NA
o-Nitroaniline		0.27	14
p-Nitroaniline		0.028	28
Nitrobenzene		0.068	14
5-Nitro-o-toluidine		0.32	
o-Nitrophenol		0.028	
p-Nitrophenol		0.12	
N-Nitrosodiethylamine		0.40	
N-Nitrosodimethylamine		0.40	
N-Nitroso-di-n-butylamine		0.40	
N-Nitrosomethylethylamine		0.40	
N-Nitrosomorpholine		0.40	
N-Nitrosopiperidine		0.013	
N-Nitrosopyrrolidine		0.013	
Parathion		0.014	
Total PCBs (sum of all PCB isomers, or all Arclors)		0.10	
Pentachlorobenzene		0.055	
All Pentachlorodibenzo-p-dioxins		0.000063	0
All Pentachlorodibenzofurans		0.000035	0
Pentachloroethane		0.055	
Pentachloronitrobenzene		0.055	
Pentachlorophenol		0.089	
Phenacetin		0.081	
Phenanthrene		0.059	
Phenol		0.039	
Phorate		0.021	
Phthalic acid		0.055	
Phthalic anhydride		0.055	
Pronamide		0.093	
Pyrene		0.067	
Pyridine		0.014	
Safrole		0.081	
Silvex (2,4,5-TP)		0.72	
2,4,5-T		0.72	
1,2,4,5-Tetrachlorobenzene		0.055	
All Tetrachlorodibenzo-p-dioxins		0.000063	0
All Tetrachlorodibenzofurans		0.000063	0
1,1,1,2-Tetrachloroethane		0.057	
1,1,2,2-Tetrachloroethane		0.057	
Tetrachloroethylene		0.056	
2,3,4,6-Tetrachlorophenol		0.030	
Toluene		0.080	
Toxaphene		0.0095	
Bromoform (Tribromomethane)		0.63	
1,2,4-Trichlorobenzene		0.055	
1,1,1-Trichloroethane		0.054	
1,1,2-Trichloroethane		0.054	
Trichloroethylene		0.054	
Trichloromonofluoromethane		0.020	
2,4,5-Trichlorophenol		0.18	
2,4,6-Trichlorophenol		0.035	
1,2,3-Trichloropropane		0.85	
1,1,2-Trichloro-1,2,2-trifluoroethane		0.057	
tris-(2,3-Dibromopropyl) phosphate		0.11	0
Vinyl chloride		0.27	
Xylenes-mixed isomers (sum of o-,m,&p)		0.32	
Antimony		1.9	2
Arsenic		1.4	5
Barium		1.2	7
Beryllium		0.82	0.0
Cadmium		0.69	0.
Chromium (Total)		2.77	0.
Cyanides (Total)		1.2	5
Cyanides (Amenable)		0.86	
Fluorides		15	
Lead		0.69	0.
Mercury-Nonwastewater from Retort		NA	0.
Mercury - All Others		0.15	0.0
Nickel		3.98	5.
Selenium		0.82	0.
Silver		0.43	0.
Sulfide		14	
Thallium		1.4	0.0
Vanadium		4.3	0.
Zinc		2.61	5.

* Concentrations are based on a TLCP Analysis

Revise

JAN 10 '96 10:30AM ENVIRONMENTAL ENT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

6-10-97

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.
I N D 0 0 6 4 1 4 7 8 3	4 7 5 6 4		

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111

A. State Manifest Document Number INA 1147564

B. State Generator's ID

5. Transporter 1 Company Name LIQUID WASTE REMOVAL, INCORPORATED

6. US EPA ID Number I N D 9 8 5 0 4 6 4 9 9

C. State Transporter's ID IN4961000021

D. Transporter's Phone 317-881-9754

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
ENVIRONMENTAL ENTERPRISES, INCORPORATED
4650 SPRING GROVE AVENUE
CINCINNATI, OH 45232

10. US EPA ID Number O H D 0 8 3 3 7 7 0 1 0

G. State Facility's ID

H. Facility's Phone 513-541-1823

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 RQ, WASTE CORROSIVE SOLIDS, N.O.S., 8, UN1759, PGII, (ALKALI BATTERIES) (D002)	0 0 1	D M	0 0 0 6 5	P E	D002
b					
c					
d					

J. Additional Descriptions for Materials Listed Above APPROVAL #C3758 97-24100

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH (317) 881-9754
E.R. GUIDE #154

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

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)
DAJ Boudreaux		05 20 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
MATTHEW L. MORRIS		05 20 97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (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 item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
Charlie Newberry	Charlie Newberry	05 21 97

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

National Response Center at 800/424-8802 or 202/426-2675.

INA 1147564

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

6-4-97

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.
I N D 0 0 6 4 1 4 7 3 3	4 7 3 7 4		

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 SOUTH A HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111

A. State Manifest Document Number: INA 1147374
B. State Generator's ID:

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID	D. Transporter's Phone
LIQUID WASTE REMOVAL, INCORPORATED	I N D 9 8 1 0 4 6 4 2 9	IN4961000021	317-881-9754

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
CHEMICAL MATERIALS STATE ROAD 25 SOUTH LOGANSPORT, IN 46947	I N D 0 9 3 0 9 8 3 4 4		219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PG I (D001, F003, F005)	0 0 1	D T	1095	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL # L0000051

K. Handling Codes for Wastes Listed Above
T50/T16

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE # 127
DOT #: UN1263

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

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date 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 item 19.

Printed/Typed Name	Signature	Date Month	Day	Year

INA 1147374

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

ESSROC MATERIALS

LAND DISPOSAL RESTRICTION (LDR) AND NOTIFICATION FORM

A. Generator Name: ARVIN NORTH AMERICAN AUTOMOTIVE
Address: 1001 NORTH HURRICANE STREET
FRANKLIN, IN 46131

US EPA ID #: IND 006 414 783
Manifest #: 47374
Profile #(s): L000081

B. ☒ (Check if applicable)

Restricted Waste contained in this shipment and referenced by the above Manifest number that are listed below are subject to the treatment standards set forth in 40 CFR 268.40. For each waste code, list the corresponding Subcategory, if applicable. Record an "X" in the appropriate column below for Treatability Group and each disclosure form attached.

(1) Profile Number	(2) USEPA Hazardous Waste Code	(3) Subcategory (if applicable)	(4) Treatability group*		(5) F001-F005 Disclosure Form Attached	(6) UTS Disclosure Form Attached	(7) Lab Pack 40 CFR 268 App. IV
			NWW	WW			
L000081	D001	IGNITABLE LIQ. HIGH TOC	X				
"	F003	XYLENE	X		X		
"	F005	TOLUENE	X		X		
"	DOO5	BARIUM	X			X	
"	D006	CADIUM	X			X	
"	D007	CHROMIUM	X			X	
"	D008	LEAD	X			X	
"	D018	BENZENE NON CWA	X			X	
"	D035	MEK / NON CWA	X			X	
"	D039	TRICHLOR. / NON CWA	X			X	
"	D040	TRICHLOR. / NON CWA	X			X	

(*) Include drum number if this waste pertains to a lab pack.

C. California List Constituents and their Prohibition Levels

Profile Number	USEPA Hazardous Waste Code		Constituent	Concentration
		☐	Liquid wastes containing Nickel	134 mg/L
		☐	Liquid wastes containing Thallium	130 mg/L
L000081	F003, F005	X	Wastes containing HOC's*	
			(*) HOC's as defined in 40 CFR 268 Appendix III.	

D. LAB PACK CERTIFICATION: If you waste is packaged in lab packs and does not contain any waste codes in Appendix IV (see list below), the following certifications must be completed and the corresponding container numbers must be listed also. If the waste is packaged in lab packs and they include waste codes in Appendix IV, then table B (page 2) must be completed for those containers and the respective waste codes.

APPENDIX IV codes: D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack does not contain any wastes identified at 40 CFR 268.42 (c) (2). I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Generator Signature _____ Date _____

Container Number: _____

E. Notification Statement: This waste must be treated to the applicable treatment standards set forth in 40 CFR 268 Subpart D, Section 268.32, or RCRA Section 3004 (d). Waste analysis is attached where available, otherwise the information herein is based upon my thorough knowledge of the waste(s). I hereby certify that the information provided is complete and accurate based on my knowledge of the materials.

X _____ 6-4-97

Generator Signature Date

ESSROC MATERIALS (LDR Continued)

Treatment Standards for F001 - F005 Spent Solvents Disclosure Form

Underlying constituents for F001 - F005. The waste material referenced in page 2 section B meets the treatment standards for the hazardous constituents 'ked below.

Profile Number: L000081

Hazardous Waste No.		Constituents of concern	Nonwastewater		Wastewater
			Total composition mg/kg	TCLP mg/L	Total composition mg/L
F001-	☐	Carbon tetrachloride	5.6	-	0.06
	☐	Methylene chloride	33	-	0.09
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-Ttrifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F002-	☐	Chlorobenzene	5.7	-	0.06
	☐	o-Dichlorobenzene	6.2	-	0.09
	☐	Methylene chloride	33	-	0.09
	☐	Methylene chloride (Pharmaceutical Industry-Wastewater Subcategory)	-	-	0.44
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	1,1,2-Trichloroethane	7.6	-	0.03
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-trifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F003-	☐	Acetone	160	-	0.28
	☐	n-Butyl alcohol	2.6	-	5.6
	☐	Cyclohexanone*		0.75	0.36*
	☐	Ethyl acetate	33	-	0.34
	☐	Ethyl benzene	6	-	0.06
	☐	Ethyl ether	160	-	0.12
	☐	Methanol*		0.75	5.6*
	☐	Methyl isobutyl keytone	33	-	0.14
	X	Xylenes (total)	28	-	0.32
F004-	☐	Cresol (m- and p- isomers)	3.2	-	0.77
	☐	o-Cresol	5.6	-	0.11
	☐	Nitrobenzene	14	-	0.07
F005-	☐	Benzene	3.7	-	0.07
	☐	Carbon disulfide*		4.8	0.014*
	☐	2-Ethoxyethanol	INCIN	-	BIODG; or INCIN
	☐	Isobutyl alcohol	170	-	5.6
	☐	Methyl ethyl keytone	36	-	0.28
	☐	2-Nitropropane	INCIN	-	(WETOX or CHOXD)
	☐	Pyridine	16	-	0.01
	X	Toluene	28	-	0.08

Note: F005 spent solvent wastes containing 2-Nitropropane and/or 2-Ethoxyethanol have treatment standards outlined in 40 CFR 268.40 and must be referenced in Table B page 2. (*)The treatment standards for Carbon Disulfide, Cyclohexanone, and Methanol nonwastewaters are based on the TCLP and apply only to spent solvents containing one, two, or all three of these constituents. If a waste contains any of these three constituents along with any other constituents found in F001-F005, then only the treatment standards for the other constituents apply (i.e., the standards for Carbon Disulfide, Cyclohexanone, and Methanol do not apply when other constituents are present).

ESSROC MATERIALS (LDR Continued)
Universal Treatment Standards Disclosure Form

Underlying constituents for D001**(low TOC, non-CWA), D002 (non-CWA, D012-D017 (nonwastewater), D018-D043 (non-CWA), and F039. The Waste material referenced in Section B exceeds the treatment standards for the hazardous constituents marked below.

☐ Check if none of the underlying hazardous constituents apply

Profile number: L000081

	Constituent	NWW	WW
	Acenaphthyisne	3.4	0.059
	Acenaphthene	3.4	0.059
	Acetone	160	0.28
	Acetonitrile	1.8	5.6
	Acetophenone	9.7	0.01
	2-Acetylaminofluorene	140	0.059
	Acrolein	NA	0.29
	Acrylamide	23	19
	Acrylonitrile	84	0.24
	Aldrin	0.066	0.021
	4-Aminodiphenyl	NA	0.13
	Aniline	14	0.81
	Anthracene	3.4	0.059
	Aramite	NA	0.36
	alpha-BHC	0.066	0.00014
	beta-BHC	0.066	0.00014
	delta-BHC	0.066	0.023
	gamma-BHC	0.066	0.0017
X	Benzene	10	0.14
	Benz(a)anthracene	3.4	0.059
	Benzal chloride	6	0.055
	Benzo(b)fluoanthene	6.8	0.11
	Benzo(k)fluoanthene	6.8	0.11
	Benzo(g,h,i)perylene	1.8	0.0055
	Benzo(a)pyrene	3.4	0.061
	Bromodichloromethane	15	0.35
	Methyl bromide (Bromomethane)	15	0.11
	4-Bromophenyl phenyl ether	15	0.55
	n-Butyl alcohol	2.6	5.6
	Butyl benzyl phthalate	28	0.017
	2-sec-Butyl-4,6-dinitrophenol (Dinoseb)	2.5	0.066
	Carbon disulfide	4.0 mg/l TCLP	3.8
	Carbon tetrachloride	6	0.057
	Chlordane (alpha and gamma isomers)	0.26	0.0033
	p-Chloroaniline	16	0.46
	Chlorobenzene	6	0.057
	Chlorobenzilate	NA	0.1
	2-chloro-1,3-butadine	0.28	0.057
	Chlorodabromomathane	15	0.057
	Chloroethane	6	0.27
	bis(2-Chloroethoxy)-methane	7.2	0.036
	bis(2-Chloroethyl)ether	6	0.033
	Chloroform	6	0.046
	bis(2-Chloroisopropyl)-ether	7.2	0.055
	p-Chloro-m-cresol	14	0.018
	2-Chloroethyl vinyl ether	NA	0.062
	Chloxomethane (Methyl chloride)	30	0.19
	2-Chloronaphthalene	5.6	0.055
	2-Chlorophenol	5.7	0.044
	3-Chloropropylene	30	0.036
	Chrysene	3.4	0.059
	o-Cresol	5.6	0.11
	m-Cresol	5.6	0.77
	p-Cresol	5.6	0.77
	Cyclohexanone	0.75 mg/l TCLP	0.36
	1,2-dibromo-3-chloro-propane	15	0.11
	Ethylene dibromide (1,2-Dibromoethane)	15	0.028
	Dibromomethane	15	0.11
	2,4-D (2,4-Dichlorophenoxyacetic acid)	10	0.72
	o,p'-DDD	0.087	0.023
	p,p'-DDD	0.087	0.023
	o,p'-DDE	0.087	0.031
	p,p'-DDE	0.087	0.031
	c,p'-DDT	0.087	0.0039
	p,p'-DDT	0.087	0.0039
	Dibenz(a,h)anthracene	0.2	0.055
	Dibenz(a,e)pyrene	NA	0.061
	m-Dichlorobenzene	6	0.36
	o-Dichlorobenzene	6	0.088
	p-Dichlorobenzene	6	0.09

	Constituent	NWW	WW
	Dichlorodifluoromethane	7.2	0.23
	1,1-Dichloroethane	6	0.059
	1,2-Dichloroethane	6	0.21
	1,1-Dichloroethylene	6	0.025
	trans-1,2-	30	0.054
	2,4-Dichlorophenol	14	0.044
	2,6-Dichlorophenol	14	0.044
	1,2-Dichloropropane	18	0.85
	cis-1,3-	18	0.036
	trans-1,3-Dichloropropylene	18	0.036
	Dieldrin	0.13	0.017
	Diethyl phthalete	28	0.2
	2,4-Dimethyl phenol	14	0.036
	Dimethyl phthalete	28	0.047
	Di-n-butyl phthalete	28	0.057
	1,4-Dinitrobenzene	2.3	0.32
	4,6-Dinitro-o-cresol	160	0.28
	2,4-Dinitrophenol	160	0.12
	2,4-Dinitrotoluene	140	0.32
	2,6-Dinitrotoluene	28	0.55
	Di-n-octyl phthalate	28	0.017
	p-Dimethylaminoazobenzene	NA	0.13
	Di-n-propylnitrosamine	14	0.4
	1,4-Dioxane	170	NA
	Diphenylamine	13	0.92
	Diphenylnitrosamine	13	0.92
	1,2-Diphenylhydrazine	NA	0.087
	Disulfoton	6.2	0.017
	Endosulfan I	0.866	0.023
	Endosulfan II	0.13	0.029
	Endosulfan sulfate	0.13	0.029
	Endrin	0.13	0.0028
	Endrin aldehyde	0.13	0.025
	Ethyl acetate	33	0.34
	Ethyl cyanide (Propanenitrile)	360	0.24
	Ethyl benzene	10	0.057
	Ethyl ether	160	0.12
	bis(2-Ethylhexyl)	28	0.28
	Ethyl methacrylate	160	0.14
	Ethylene oxide	NA	0.12
	Famphur	15	0.017
	Fluoranthene	3.4	0.068
	Fluorene	3.4	0.059
	Heptachlor	0.066	0.0012
	Heptachlor epoxide	0.066	0.016
	Hexachlorobenzene	10	0.055
	Hexachlorobutadine	5.6	0.055
	Hexachlorocyclopentadiene	2.4	0.057
	HxCDDs(Al HxCDDs)	0.001	.000063
	HxCDFs(Al HxCDFs)	0.001	.000063
	Hexachlorethane	36	0.055
	Hexachloropropylene	30	0.035
	Indeno(1,2,3-c,d)pyrene	3.4	0.0055
	Iodomethane	65	0.19
	Isobutyl alcohol	170	5.6
	Isodrin	0.066	0.021
	Isosafrole	2.6	0.081
	Kepone	0.13	0.0011
	Methacrylonitrile	84	0.24
	Methanol .75 mg/l	TCLP	5.06
	Methapyrilene	1.5	0.081
	Methoxychlor	0.18	0.25
	3-Methylcholarathrene	15	0.0055
	4,4-Methylene bis (2-chloroaraline)	30	0.5
	Methylene chloride	30	0.089
	Methyl ethyl ketone	36	0.28
	Methyl isobutyl ketone	33	0.14
	Methyl methacrylate	160	0.14
	Methyl	NA	0.018
	Methyl parathion	4.6	0.014
	Naphthalene	5.6	0.059
	2-Naphthylamine	NA	0.52
	o-Nitroaniline	14	0.27
	p-Nitroaniline	28	0.028
	Nitrobenzene	14	0.068

	Constituent	NWW	WW
	5-Nitro-o-toludine	28	0.32
	o-Nitrophenol	13	0.028
	p-Nitrophenol	29	0.12
	N-Nitrosodiethylamine	28	0.4
	N-Nitrosodimethylamine	2.3	0.4
	N-Nitroso-di-n-butylamine	17	0.4
	N-Nitrosomethylethylamine	2.3	0.4
	N-Nitrosomorpholine	2.3	0.4
	N-Nitrosopiperidine	35	0.13
	N-Nitrosopyrrolidine	35	0.013
	Parathion	4.6	0.014
	Total PCBs(All Arocolors)	10	0.1
	Pentachlorobenzene	10	0.055
	PeCDDs(Al PeCdDs)	0.001	.0000
	PeCDFs(Al PeCdFs)	0.001	.0000
	Pentachloroethane	6	0.055
	Pentachloronitrobenzene	4.8	0.055
	Pentachlorophenol	7.4	0.089
	Phenacetin	16	0.081
	Phenanthrene	5.6	0.059
	Phenol	6.2	0.039
	Phorate	4.6	0.021
	Phthalic acid	28	0.055
	Phthalic anhydride	28	0.055
	Pronamide	1.5	0.093
	Pyrene	0.2	0.067
	Pyridine	1.6	0.014
	Safrole	22	0.081
	Silvex(2,4,5-TP)	7.9	0.72
	2,4,5-T(2,4,5-Trichlorophen-oxyacetic acid)	7.9	0.72
	1,2,4,5-Tetrachlorobenzene	14	0.055
	TCDDs(Al TCDDs)	0.001	.0000
	TCDFs(Al TCDFs)	0.001	.0000
	1,1,1,2-Tetrachloroethane	6	0.057
	1,1,2,2-Tetrachloroethane	6	0.057
X	Tetrachloroethylene	6	0.056
	2,3,4,6-Tetrachlorophenol	7.4	0.03
X	Toluene	10	0.08
	Toxaphene	2.6	0.009
	Bromoform(Tribromomethane)	15	0.63
	1,2,4-Trichlorobenzene	19	0.055
	1,1,1-Trichloroethane	6	0.054
	1,1,2-Trichloroethane	6	0.054
X	Trichloroethylene	6	0.054
	Trichloromonofluoromethane	30	0.82
	2,4,5-Trichlorophenol	7.4	0.18
	2,4,6-Trichlorophenol	7.4	0.035
	1,2,3-Trichloropropane	38	0.85
	1,1,2-Trichloro-1,2,2-trifluoroethane	38	0.057
	tris-(2,3-dibromopropyl) phosphate	0.1	0.11
	Vinyl chloride	6	0.27
X	Xylenes-all mixed isomers	30	0.22
	Antimony		1.9
X	Arsenic	5.0 mg/l TCLP	1.4
	Barium	7.6 mg/l TCLP	1.2
X	Berylium	.014 mg/l TCLP	0.82
X	Cadmium	0.19 mg/l TCLP	0.69
	Chromium (Total)	0.86 mg/l TCLP	2.77
	Cyanides (Total)*	590	1.2
	Cyanides (Amenable)*	30	0.06
	Fluoride	NA	35
X	Lead	0.37 mg/l TCLP	0.69
	Mercury-non wastewater from Retort	0.20 mg/l TCLP	NA
	Mercury-All Others	.025 mg/l TCLP	0.15
	Nickel	5.0 mg/l TCLP	3.98
	Selenium	0.16 mg/l TCLP	0.82
	Silver	0.30 mg/l TCLP	0.43
	Sulfide	NA	14
	Thallium	0.70 mg/l TCLP	1.4
	Vanadium	0.23 mg/l TCLP	4.3
	Zinc	5.3 mg/l TCLP	2.61

(*) Both Cyanides (Total) and Cyanides (Amenable) for nonwastewaters are to be analyzed using SW-846 Method 9010 or 9012 with a sample sid 10grams and a distill action time of one hour and 15 minutes.

(**) The selection of D001 constituents is only required for low TOC ignitable liquids managed in non-CWA facilities.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

2-7-97

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: I N D 0 0 6 4 1 4 7 8 3
Manifest Document No.: 4 7 3 7 4
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH A HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number: INA 1147374

4. Generator's Phone (317) 736-7111

B. State Generator's ID

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
ESSROC MATERIALS
STATE ROAD 25 SOUTH
LOGANSPORT, IN 46947
10. US EPA ID Number: I N D 0 0 5 0 8 1 5 4 2
G. State Facility's ID
H. Facility's Phone: 219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	0 0 1	T T	00055	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL # L000081

K. Handling Codes for Wastes Listed Above
T50/T16

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE # 127
LWR #: CP1335

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

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.

GENERATOR

Printed/Typed Name: Dan Boucher
Signature:
Date: Month 9 Day 4 Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Larry Read
Signature: Larry Read
Date: Month 9 Day 4 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: 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 item 19.
Printed/Typed Name: Brian Biehl
Signature:
Date: Month 9 Day 5 Year 97

INA 1147374

National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

ESSROC MATERIALS INC.
LOGANSPORT, INDIANA PLANT
EPA ID#: IND005081542

Certificate of Thermal Destruction

EPA ID#: IND006414783
Generator: ARVIN NORTH AMERICAN AUTOMOTIVE
Address: 1001 NORTH HURRICANE STRE

FRANKLIN, IN, USA 46131
Contact: DAN BOUCHER

Gentlemen: Essroc Materials Inc. has processed waste from:

ARVIN NORTH AMERICAN AUTOMOTIVE

As Indicated on Manifest

INA1147374

And Hereby Certifies That This Waste Was Thermally Destroyed At
ESSROC's TSD Facility (IND 005 081 542)
Logansport, Indiana

Between
6/5/97 and 6/6/97
In the Amount of 430 lbs (56 gallons)

Date Load Received: 6/4/97

CP Recycling Load Record Number: 20-14286

Environmental Manager

6/7/97
Date

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

6-10-97

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter).) Form approved, OMB No. 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.	Manifest Document No.	Page 1 of	Information in the shaded areas is NOT required by Federal law, but items D, F, H, I and K are required by State law.
I N D 0 0 6 4 1 4 7 8 3			

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET
LIGUORI, IN 46057

A. State Manifest Document Number
IN 0960

4. Generator's Phone (317) 756-7111

5. Transporter 1 Company Name
LIQUID WASTE REMOVAL, INCORPORATED

6. US EPA ID Number
I N D 0 5 6 4 6 4 9 7 5

B. State Generator's ID

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
ESSROC MATERIALS
STATE ROAD 25 SOUTH
LOGANSPORT, IN 46947

10. US EPA ID Number
I N D 0 0 5 0 8 1 5 4 2

G. Facility's Phone (219) 753-3121

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGIII (D001, F003, F005)	001	T	2000	P	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R.GUIDE #127
LOG #C71535

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

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)

GENERATOR

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month / Day / Year)

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (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	Date (Month / Day / Year)

INA 109960

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

...tional Response Center at 800/424-8802 or 202/426-2675.
All 1997 (May 01 1997) and 1998

ESSROC MATERIALS

LAND DISPOSAL RESTRICTION (LDR) AND NOTIFICATION FORM

A. Generator Name: ARVIN NORTH AMERICAN AUTOMOTIVE
Address: 1001 NORTH HURRICANE STREET
FRANKLIN, IN 46131

US EPA ID #: IND 006 414 783
Manifest #: 99060
Profile #(s): L000081

☒ (Check if applicable)

Restricted Waste contained in this shipment and referenced by the above Manifest number that are listed below are subject to the treatment standards set forth in 40 CFR 268.40. For each waste code, list the corresponding Subcategory, if applicable. Record an "X" in the appropriate column below for Treatability Group and each disclosure form attached.

(1) Profile Number	(2) USEPA Hazardous Waste Code	(3) Subcategory (if applicable)	(4) Treatability group*		(5) F001-F005 Disclosure Form Attached	(6) UTS Disclosure Form Attached	(7) Lab Pack 40 CFR 268 App. IV
			NWW	WW			
L000081	D001	IGNITABLE LIQ. HIGH TOC	X				
"	F003	XYLENE	X		X		
"	F005	TOLUENE	X		X		
"	DOO5	BARIUM	X			X	
"	D006	CADIUM	X			X	
"	D007	CHROMIUM	X			X	
"	D008	LEAD	X			X	
"	D018	BENZENE NON CWA	X			X	
"	D035	MEK / NON CWA	X			X	
"	D039	TRICHLOR. / NON CWA	X			X	
"	D040	TRICHLOR. / NON CWA	X			X	

(*) Include drum number if this waste pertains to a lab pack.

California List Constituents and their Prohibition Levels

Profile Number	USEPA Hazardous Waste Code		Constituent	Concentration
		☐	Liquid wastes containing Nickel	134 mg/L
		☐	Liquid wastes containing Thallium	130 mg/L
L000081	F003, F005	X	Wastes containing HOC's*	
			(*) HOC's as defined in 40 CFR 268 Appendix III.	

D. LAB PACK CERTIFICATION: If you waste is packaged in lab packs and does not contain any waste codes in Appendix IV (see list below), the following certifications must be completed and the corresponding container numbers must be listed also. If the waste is packaged in lab packs and they include waste codes in Appendix IV, then table B (page 2) must be completed for those containers and the respective waste codes.

APPENDIX IV codes: D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack does not contain any wastes identified at 40 CFR 268.42 (c) (2). I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Generator Signature _____ Date _____

Container Number: _____

E. Notification Statement: This waste must be treated to the applicable treatment standards set forth in 40 CFR 268 Subpart D, Section 268.32, or RCRA Section 3004 (d). Waste analysis is attached where available, otherwise the information herein is based upon my thorough knowledge of the waste(s). I hereby certify that the information provided is complete and accurate based on my knowledge of the materials.

Generator Signature _____ Date 6-10-97

ESSROC MATERIALS (LDR Continued)

Treatment Standards for F001 - F005 Spent Solvents Disclosure Form

derlying constituents for F001 - F005. The waste material referenced in page 2 section B meets the treatment standards for the hazardous constituents ed below.

Profile Number: L000081

Hazardous Waste No.		Constituents of concern	Nonwastewater		Wastewater
			Total composition mg/kg	TCLP mg/L	Total composition mg/L
F001-	☐	Carbon tetrachloride	5.6	-	0.06
	☐	Methylene chloride	33	-	0.09
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-Ttrifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F002-	☐	Chlorobenzene	5.7	-	0.06
	☐	o-Dichlorobenzene	6.2	-	0.09
	☐	Methylene chloride	33	-	0.09
	☐	Methylene chloride (Pharmaceutical Industry-Wastewater Subcategory)	-	-	0.44
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	1,1,2-Trichloroethane	7.6	-	0.03
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-trifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F003-	☐	Acetone	160	-	0.28
	☐	n-Butyl alcohol	2.6	-	5.6
	☐	Cyclohexanone*		0.75	0.36*
	☐	Ethyl acetate	33	-	0.34
	☐	Ethyl benzene	6	-	0.06
	☐	Ethyl ether	160	-	0.12
	☐	Methanol*		0.75	5.6*
	☐	Methyl isobutyl keytone	33	-	0.14
	X	Xylenes (total)	28	-	0.32
F004-	☐	Cresol (m- and p- isomers)	3.2	-	0.77
	☐	o-Cresol	5.6	-	0.11
	☐	Nitrobenzene	14	-	0.07
F005-	☐	Benzene	3.7	-	0.07
	☐	Carbon disulfide*		4.8	0.014*
	☐	2-Ethoxyethanol	INCIN	-	BIODG; or INCIN
	☐	Isobutyl alcohol	170	-	5.6
	☐	Methyl ethyl keytone	36	-	0.28
	☐	2-Nitropropane	INCIN	-	(WETOX or CHOXD)
	☐	Pyridine	16	-	0.01
	X	Toluene	28	-	0.08

Note: F005 spent solvent wastes containing 2-Nitropropane and/or 2-Ethoxyethanol have treatment standards outlined in 40 CFR 268.40 and must be referenced in Table B page 2. (*)The treatment standards for Carbon Disulfide, Cyclohexanone, and Methanol nonwastewaters are based on the TCLP and apply only to spent solvents containing one, two, or all three of these constituents. If a waste contains any of these three constituents along with any other tituents found in F001-F005, then only the treatment standards for the other constituents apply (i.e., the standards for Carbon Disulfide, Cyclohexanone, Methanol do not apply when other constituents are present).

ESSROC MATERIALS (LDR Continued)
Universal Treatment Standards Disclosure Form

Underlying constituents for D001**(low TOC, non-CWA), D002 (non-CWA, D012-D017 (nonwastewater), D018-D043 (non-CWA), and F039. The Waste material referenced in Section B exceeds the treatment standards for the hazardous constituents marked below.

☐ Check if none of the underlying hazardous constituents apply

Profile number: L000081

	Constituent	NWW	WW
	Acenaphthyisne	3.4	0.059
	Acenaphthene	3.4	0.059
	Acetone	160	0.28
	Acetonitrile	1.8	5.6
	Acetophenone	9.7	0.01
	2-Acetylaminofluorene	140	0.059
	Acrolein	NA	0.29
	Acrylamide	23	19
	Acrylonitrile	84	0.24
	Aldrin	0.066	0.021
	4-Aminodiphenyl	NA	0.13
	Aniline	14	0.81
	Anthracene	3.4	0.059
	Aramite	NA	0.36
	alpha-BHC	0.066	0.00014
	beta-BHC	0.066	0.00014
	delta-BHC	0.066	0.023
	gamma-BHC	0.066	0.0017
X	Benzene	10	0.14
	Benz(a)anthracene	3.4	0.059
	Benzal chloride	6	0.055
	Benzo(b)fluoanthene	6.8	0.11
	Benzo(k)fluoanthene	6.8	0.11
	Benzo(g,h,i)perylene	1.8	0.0055
	Benzo(a)pyrene	3.4	0.061
	Bromodichloromethane	15	0.35
	Methyl bromide (Bromomethane)	15	0.11
	4-Bromophenyl phenyl ether	15	0.55
	n-Butyl alcohol	2.6	5.6
	Butyl benzyl phthalate	28	0.017
	2-sec-Butyl-4,6-dinitrophenol (Dinoseb)	2.5	0.066
	Carbon disulfide	4.0 mg/l TCLP	3.8
	Carbon tetrachloride	6	0.057
	Chlordane (alpha and gamma isomers)	0.26	0.0033
	p-Chloroaniline	16	0.46
	Chlorobenzene	6	0.057
	Chlorobenzilate	NA	0.1
	2-chloro-1,3-butadine	0.28	0.057
	Chlorodabromomathane	15	0.057
	Chloroethane	6	0.27
	bis(2-Chloroethoxy)-methane	7.2	0.036
	bis(2-Chloroethyl)ether	6	0.033
	Chloroform	6	0.046
	bis(2-Chloroisopropyl)-ether	7.2	0.055
	p-Chloro-m-cresol	14	0.018
	2-Chloroethyl vinyl ether	NA	0.062
	Chloxomethane (Methyl chloride)	30	0.19
	2-Chloronaphthalene	5.6	0.055
	2-Chlorophenol	5.7	0.044
	3-Chloropropylene	30	0.036
	Chrysene	3.4	0.059
	o-Cresol	5.6	0.11
	m-Cresol	5.6	0.77
	p-Cresol	5.6	0.77
	Cyclohexanone	0.75 mg/l TCLP	0.36
	1,2-dibromo-3-chloro-propane	15	0.11
	Ethylene dibromide (1,2-Dibromoethane)	15	0.028
	Dibromomethane	15	0.11
	2,4-D (2,4-Dichlorophenoxyacetic acid)	10	0.72
	o,p'-DDD	0.087	0.023
	p,p'-DDD	0.087	0.023
	o,p'-DDE	0.087	0.031
	p,p'-DDE	0.087	0.031
	c,p'-DDT	0.087	0.0039
	p,p'-DDT	0.087	0.0039
	Dibenz(a,h)anthracene	0.2	0.055
	Dibenz(a,e)pyrene	NA	0.061
	m-Dichlorobenzene	6	0.36
	o-Dichlorobenzene	6	0.088
	p-Dichlorobenzene	6	0.09

	Constituent	NWW	WW
	Dichlorodifluoromethane	7.2	0.23
	1,1-Dichloroethane	6	0.059
	1,2-Dichloroethane	6	0.21
	1,1-Dichloroethylene	6	0.025
	trans-1,2-	30	0.054
	2,4-Dichlorophenol	14	0.044
	2,6-Dichlorophenol	14	0.044
	1,2-Dichloropropane	18	0.85
	cis-1,3-	18	0.036
	trans-1,3-Dichloropropylene	18	0.036
	Dieldrin	0.13	0.017
	Diethyl phthalate	28	0.2
	2,4-Dimethyl phenol	14	0.036
	Dimethyl phthalate	28	0.047
	Di-n-butyl phthalate	28	0.057
	1,4-Dinitrobenzene	2.3	0.32
	4,6-Dinitro-o-cresol	160	0.28
	2,4-Dinitrophenol	160	0.12
	2,4-Dinitrotoluene	140	0.32
	2,6-Dinitrotoluene	28	0.55
	Di-n-octyl phthalate	28	0.017
	p-Dimethylaminoazobenzene	NA	0.13
	Di-n-propylnitrosamine	14	0.4
	1,4-Dioxane	170	NA
	Diphenylamine	13	0.92
	Diphenylnitrosamine	13	0.92
	1,2-Diphenylhydrazine	NA	0.087
	Disulfoton	6.2	0.017
	Endosulfan I	0.866	0.023
	Endosulfan II	0.13	0.029
	Endosulfan sulfate	0.13	0.029
	Endrin	0.13	0.0028
	Endrin aldehyde	0.13	0.025
	Ethyl acetate	33	0.34
	Ethyl cyanide (Propanenitrile)	360	0.24
	Ethyl benzene	10	0.057
	Ethyl ether	160	0.12
	bis(2-Ethylhexyl)	28	0.28
	Ethyl methacrylate	160	0.14
	Ethylene oxide	NA	0.12
	Famphur	15	0.017
	Fluoranthene	3.4	0.068
	Fluorene	3.4	0.059
	Heptachlor	0.066	0.0012
	Heptachlor epoxide	0.066	0.016
	Hexachlorobenzene	10	0.055
	Hexachlorobutadine	5.6	0.055
	Hexachlorocyclopentadiene	2.4	0.057
	HxCDDs(Al HxCDDs)	0.001	.000063
	HxCDFs(Al HxCDFs)	0.001	.000063
	Hexachlorethane	36	0.055
	Hexachloropropylene	30	0.035
	Indeno(1,2,3-c,d)pyrene	3.4	0.0055
	Iodomethane	65	0.19
	Isobutyl alcohol	170	5.6
	Isodrin	0.066	0.021
	Isosafrole	2.6	0.081
	Kepone	0.13	0.0011
	Methacrylonitrile	84	0.24
	Methanol .75 mg/l	TCLP	5.06
	Methapyrilene	1.5	0.081
	Methoxychlor	0.18	0.25
	3-Methylcholarathrene	15	0.0055
	4,4-Methylene bis (2-chloroaraline)	30	0.5
	Methylene chloride	30	0.089
	Methyl ethyl ketone	36	0.28
	Methyl isobutyl ketone	33	0.14
	Methyl methacrylate	160	0.14
	Methyl	NA	0.018
	Methyl parathion	4.6	0.014
	Naphthalene	5.6	0.059
	2-Naphthylamine	NA	0.52
	o-Nitroaniline	14	0.27
	p-Nitroaniline	28	0.028
	Nitrobenzene	14	0.068

	Constituent	NWW	WW
	5-Nitro-o-toludine	28	0.32
	o-Nitrophenol	13	0.028
	p-Nitrophenol	29	0.12
	N-Nitrosodiethylamine	28	0.4
	N-Nitrosodimethylamine	2.3	0.4
	N-Nitroso-di-n-butylamine	17	0.4
	N-Nitrosomethylethylamine	2.3	0.4
	N-Nitrosomorpholine	2.3	0.4
	N-Nitrosopiperidine	35	0.13
	N-Nitrosopyrrolidine	35	0.013
	Parathion	4.6	0.014
	Total PCBs(All Arocolors)	10	0.1
	Pentachlorobenzene	10	0.055
	PeCDDs(Al PeCdDs)	0.001	.0000
	PeCDFs(Al PeCdFs)	0.001	.0000
	Pentachloroethane	6	0.055
	Pentachloronitrobenzene	4.8	0.055
	Pentachlorophenol	7.4	0.089
	Phenacetin	16	0.081
	Phenanthrene	5.6	0.059
	Phenol	6.2	0.039
	Phorate	4.6	0.021
	Phthalic acid	28	0.055
	Phthalic anhydride	28	0.055
	Pronamide	1.5	0.093
	Pyrene	0.2	0.067
	Pyridine	1.6	0.014
	Safrole	22	0.081
	Silvex(2,4,5-TP)	7.9	0.72
	2,4,5-T(2,4,5-Trichlorophen-oxyacetic acid)	7.9	0.72
	1,2,4,5-Tetrachlorobenzene	14	0.055
	TCDDs(Al TCDDs)	0.001	.0000
	TCDFs(Al TCDFs)	0.001	.0000
	1,1,1,2-Tetrachloroethane	6	0.057
	1,1,2,2-Tetrachloroethane	6	0.057
X	Tetrachloroethylene	6	0.056
	2,3,4,6-Tetrachlorophenol	7.4	0.03
X	Toluene	10	0.08
	Toxaphene	2.6	0.009
	Bromoform(Tribromomethane)	15	0.63
	1,2,4-Trichlorobenzene	19	0.055
	1,1,1-Trichloroethane	6	0.054
	1,1,2-Trichloroethane	6	0.054
X	Trichloroethylene	6	0.054
	Trichloromonofluoromethane	30	0.82
	2,4,5-Trichlorophenol	7.4	0.18
	2,4,6-Trichlorophenol	7.4	0.035
	1,2,3-Trichloropropane	38	0.85
	1,1,2-Trichloro-1,2,2-trifluoroethane	38	0.057
	tris-(2,3-dibromopropyl) phosphate	0.1	0.11
	Vinyl chloride	6	0.27
X	Xylenes-all mixed isomers	30	0.22
	Antimony		1.9
X	Arsenic	5.0 mg/l TCLP	1.4
	Barium	7.6 mg/l TCLP	1.2
X	Berylium	.014 mg/l TCLP	0.82
X	Cadmium	0.19 mg/l TCLP	0.69
	Chromium (Total)	0.86 mg/l TCLP	2.77
	Cyanides (Total)*	590	1.2
	Cyanides (Amenable)*	30	0.06
	Fluoride	NA	35
X	Lead	0.37 mg/l TCLP	0.69
	Mercury-non wastewater from Retort	0.20 mg/l TCLP	NA
	Mercury-All Others	.025 mg/l TCLP	0.15
	Nickel	5.0 mg/l TCLP	3.98
	Selenium	0.16 mg/l TCLP	0.82
	Silver	0.30 mg/l TCLP	0.43
	Sulfide	NA	14
	Thallium	0.70 mg/l TCLP	1.4
	Vanadium	0.23 mg/l TCLP	4.3
	Zinc	5.3 mg/l TCLP	2.61

(*) Both Cyanides (Total) and Cyanides (Amenable) for nonwastewaters are to be analyzed using SW-846 Method 9010 or 9012 with a sample sid 10grams and a distill action time of one hour and 15 minutes.

(**) The selection of D001 constituents is only required for low TOC ignitable liquids managed in non-CWA facilities.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

7-7-97

PLEASE PRINT OR TYPE *(Form designed for use on elite (12-pitch typewriter.)* *Form approved. OMB No. 2050-0039. Expires 9-30-94*

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. IND006414783	Manifest Document No. 22060	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

A. State Manifest Document Number: INA1099060

4. Generator's Phone (317) 736-7111

B. State Generator's ID:

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
ESSROC MATERIALS
STATE ROAD 25 SOUTH
LOGANSPORT, IN 46947
10. US EPA ID Number: I N D 0 0 5 0 8 1 5 4 2
G. State Facility's ID:
H. Facility's Phone: 219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	001	TT	00055	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL # L000081

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R.GUIDE #127
LWR #CP1335

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

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)
Dan Boucher		6/10/97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month / Day / Year)
Larry Marr	Larry Marr	6/10/97

18. Transporter 2 Acknowledgement 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)
Brian Beck		6/11/97

INA1099060

GENERATOR — TRANSPORTER — FACILITY

National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

ESSROC MATERIALS INC.
LOGANSPORT, INDIANA PLANT
EPA ID#: IND005081542

Certificate of Thermal Destruction

EPA ID#: IND006414783
Generator: ARVIN NORTH AMERICAN AUTOMOTIVE
Address: 1001 NORTH HURRICANE STRE

FRANKLIN, IN, USA 46131
Contact: DAN BOUCHER

Gentlemen:

Essroc Materials Inc. has processed waste from:

ARVIN NORTH AMERICAN AUTOMOTIVE

As Indicated on Manifest
INA1099060

And Hereby Certifies That This Waste Was Thermally Destroyed At
ESSROC's TSD Facility (IND 005 081 542)
Logansport, Indiana

Between
6/11/97 and 6/12/97
In the Amount of 430 lbs (54 gallons)

Date Load Received: 6/11/97

CP Recycling Load Record Number: 20-14358

Brian X. Gray

Environmental Manager
6/13/97

Date

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.)) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: I·N·D·0·0·6·4·1·4·7·8·3 | Manifest Document No.: 9·7·4·2·3
2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1901 NORTH HURRICANE STREET FRANKLIN, IN 46131

A. State Manifest Document Number: INA 1197423

4. Generator's Phone (317) 736-7111X

B. State Generator's ID

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I·N·D·9·8·5·0·4·6·4·9·9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
ESSROC MATERIALS
3084 WEST COUNTY ROAD 225 SOUTH
LOGANSPORT, IN 46947
10. US EPA ID Number: I·N·D·0·0·5·0·8·1·5·4·2
G. State Facility's ID
H. Facility's Phone: 219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	001	TT	00095	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL# L000081

K. Handling Codes for Wastes Listed Above
T30/T16

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY RUSH 317-881-9754
E.R. GUIDE #127
LWR #: CP1335

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

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.

GENERATOR

Printed/Typed Name | Signature | Date: Month 11 | Day 20 | Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Larry Lair | Signature | Date: Month 11 | Day 21 | Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: 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 item 19.
Printed/Typed Name | Signature | Date: Month | Day | Year

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

National Response Center at 800/424-8802 or 202/426-2675.

INA 1197423

ESSROC MATERIALS
LAND DISPOSAL RESTRICTION (LDR) AND NOTIFICATION FORM

A. Generator Name: ARVIN NORTH AMERICAN
Address: 1001 NORTH HURRICANE ROAD
FRANKLIN, IN 46131

US EPA ID #: IND 006 414 783
Manifest #: 97423
Profile #(s): L000081

B. ☒ (Check if applicable)

Restricted Waste contained in this shipment and referenced by the above Manifest number that are listed below are subject to the treatment standards set forth in 40 CFR 268.40. For each waste code, list the corresponding Subcategory, if applicable. Record an "X" in the appropriate column below for Treatability Group and each disclosure form attached.

(1) Profile Number	(2) USEPA Hazardous Waste Code	(3) Subcategory (if applicable)	(4) Treatability group*		(5) F001-F005 Disclosure Form Attached	(6) UTS Disclosure Form Attached	(7) Lab Pack 40 CFR 268 App. IV
			NWW	WW			
L000081	D001	IGNITABLE LIQ. HIGH TOC	X				
"	F003	XYLENE	X		X		
"	F005	TOLUENE	X		X		
"	DOO5	BARIUM	X			X	
"	D006	CADIUM	X			X	
"	D007	CHROMIUM	X			X	
"	D008	LEAD	X			X	
"	D018	BENZENE NON CWA	X			X	
"	D035	MEK / NON CWA	X			X	
"	D039	TRICHLOR. / NON CWA	X			X	
"	D040	TRICHLOR. / NON CWA	X			X	

(*) Include drum number if this waste pertains to a lab pack.

C. California List Constituents and their Prohibition Levels

Profile Number	USEPA Hazardous Waste Code		Constituent	Concentration
		☐	Liquid wastes containing Nickel	134 mg/L
		☐	Liquid wastes containing Thallium	130 mg/L
L000081	F003, F005	X	Wastes containing HOC's*	
			(*) HOC's as defined in 40 CFR 268 Appendix III.	

D. LAB PACK CERTIFICATION: If you waste is packaged in lab packs and does not contain any waste codes in Appendix IV (see list below), the following certifications must be completed and the corresponding container numbers must be listed also. If the waste is packaged in lab packs and they include waste codes in Appendix IV, then table B (page 2) must be completed for those containers and the respective waste codes.

APPENDIX IV codes: D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack does not contain any wastes identified at 40 CFR 268.42 (c) (2). I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Generator Signature _____ Date _____

Container Number: _____

E. Notification Statement: This waste must be treated to the applicable treatment standards set forth in 40 CFR 268 Subpart D, Section 268.32, or RCRA Section 3004 (d). Waste analysis is attached where available, otherwise the information herein is based upon my thorough knowledge of the waste(s). I hereby certify that the information provided is complete and accurate based on my knowledge of the materials.

Generator Signature _____ Date 9-26-97

ESSROC MATERIALS (LDR Continued)

Treatment Standards for F001 - F005 Spent Solvents Disclosure Form

derlying constituents for F001 - F005. The waste material referenced in page 2 section B meets the treatment standards for the hazardous constituents ked below.

Profile Number: L000081

Hazardous Waste No.		Constituents of concern	Nonwastewater		Wastewater
			Total composition mg/kg	TCLP mg/L	Total composition mg/L
F001-	☐	Carbon tetrachloride	5.6	-	0.06
	☐	Methylene chloride	33	-	0.09
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-Ttrifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F002-	☐	Chlorobenzene	5.7	-	0.06
	☐	o-Dichlorobenzene	6.2	-	0.09
	☐	Methylene chloride	33	-	0.09
	☐	Methylene chloride (Pharmaceutical Industry-Wastewater Subcategory)	-	-	0.44
	☐	Tetrachloroethylene	5.6	-	0.06
	☐	1,1,1-Trichloroethane	5.6	-	0.05
	☐	1,1,2-Trichloroethane	7.6	-	0.03
	☐	Trichloroethylene	5.6	-	0.05
	☐	1,1,2-Trichloro-1,2,2-trifluoroethane	28	-	0.06
	☐	Trichloromonofluoromethane	33	-	0.02
F003-	☐	Acetone	160	-	0.28
	☐	n-Butyl alcohol	2.6	-	5.6
	☐	Cyclohexanone*		0.75	0.36*
	☐	Ethyl acetate	33	-	0.34
	☐	Ethyl benzene	6	-	0.06
	☐	Ethyl ether	160	-	0.12
	☐	Methanol*		0.75	5.6*
	☐	Methyl isobutyl keytone	33	-	0.14
	X	Xylenes (total)	28	-	0.32
F004-	☐	Cresol (m- and p- isomers)	3.2	-	0.77
	☐	o-Cresol	5.6	-	0.11
	☐	Nitrobenzene	14	-	0.07
F005-	☐	Benzene	3.7	-	0.07
	☐	Carbon disulfide*		4.8	0.014*
	☐	2-Ethoxyethanol	INCIN	-	BIODG; or INCIN
	☐	Isobutyl alcohol	170	-	5.6
	☐	Methyl ethyl keytone	36	-	0.28
	☐	2-Nitropropane	INCIN	-	(WETOX or CHOXD)
	☐	Pyridine	16	-	0.01
	X	Toluene	28	-	0.08

Note: F005 spent solvent wastes containing 2-Nitropropane and/or 2-Ethoxyethanol have treatment standards outlined in 40 CFR 268.40 and must be referenced in Table B page 2. (*)The treatment standards for Carbon Disulfide, Cyclohexanone, and Methanol nonwastewaters are based on the TCLP and apply only to spent solvents containing one, two, or all three of these constituents. If a waste contains any of these three constituents along with any other constituents found in F001-F005, then only the treatment standards for the other constituents apply (i.e., the standards for Carbon Disulfide, Cyclohexanone, an thanol do not apply when other constituents are present).

ESSROC MATERIALS (LDR Continued)
Universal Treatment Standards Disclosure Form

Underlying constituents for D001**(low TOC, non-CWA), D002 (non-CWA, D012-D017 (nonwastewater), D018-D043 (non-CWA), and F039. The Waste material referenced in Section B exceeds the treatment standards for the hazardous constituents marked below.

☐ Check if none of the underlying hazardous constituents apply

Profile number: L000081

	Constituent	NWW	WW
☐	Acenaphthyisne	3.4	0.059
☐	Acenaphthene	3.4	0.059
☐	Acetone	160	0.28
☐	Acetonitrile	1.8	5.6
☐	Acetophenone	9.7	0.01
☐	2-Acetylaminofluorene	140	0.059
☐	Acrolein	NA	0.29
☐	Acrylamide	23	19
☐	Acrylonitrile	84	0.24
☐	Aldrin	0.066	0.021
☐	4-Aminodiphenyl	NA	0.13
☐	Aniline	14	0.81
☐	Anthracene	3.4	0.059
☐	Aramite	NA	0.36
☐	alpha-BHC	0.066	0.00014
☐	beta-BHC	0.066	0.00014
☐	delta-BHC	0.066	0.023
☐	gamma-BHC	0.066	0.0017
X	Benzene	10	0.14
☐	Benz(a)anthracene	3.4	0.059
☐	Benzal chloride	6	0.055
☐	Benzo(b)fluoanthene	6.8	0.11
☐	Benzo(k)fluoanthene	6.8	0.11
☐	Benzo(g,h,i)perylene	1.8	0.0055
☐	Benzo(a)pyrene	3.4	0.061
☐	Bromodichloromethane	15	0.35
☐	Methyl bromide (Bromomethane)	15	0.11
☐	4-Bromophenyl phenyl ether	15	0.55
☐	n-Butyl alcohol	2.6	5.6
☐	Butyl benzyl phthalate	28	0.017
☐	2-sec-Butyl-4,6-dinitrophenol (Dinoseb)	2.5	0.066
☐	Carbon disulfide	4.0 mg/l TCLP	3.8
☐	Carbon tetrachloride	6	0.057
☐	Chlordane (alpha and gamma isomers)	0.26	0.0033
☐	p-Chloroaniline	16	0.46
☐	Chlorobenzene	6	0.057
☐	Chlorobenzilate	NA	0.1
☐	2-chloro-1,3-butadine	0.28	0.057
☐	Chlorodabromomathane	15	0.057
☐	Chloroethane	6	0.27
☐	bis(2-Chloroethoxy)-methane	7.2	0.036
☐	bis(2-Chloroethyl)ether	6	0.033
☐	Chloroform	6	0.046
☐	bis(2-Chloroisopropyl)-ether	7.2	0.055
☐	p-Chloro-m-cresol	14	0.018
☐	2-Chloroethyl vinyl ether	NA	0.062
☐	Chloxomethane (Methyl chloride)	30	0.19
☐	2-Chloronaphthalene	5.6	0.055
☐	2-Chlorophenol	5.7	0.044
☐	3-Chloropropylene	30	0.036
☐	Chrysene	3.4	0.059
☐	o-Cresol	5.6	0.11
☐	m-Cresol	5.6	0.77
☐	p-Cresol	5.6	0.77
☐	Cyclohexanone	0.75 mg/l TCLP	0.36
☐	1,2-dibromo-3-chloro-propane	15	0.11
☐	Ethylene dibromide (1,2-Dibromoethane)	15	0.028
☐	Dibromomethane	15	0.11
☐	2,4-D (2,4-Dichlorophenoxyacetic acid)	10	0.72
☐	o,p'-DDD	0.087	0.023
☐	p,p'-DDD	0.087	0.023
☐	o,p'-DDE	0.087	0.031
☐	p,p'-DDE	0.087	0.031
☐	c,p'-DDT	0.087	0.0039
☐	p,p'-DDT	0.087	0.0039
☐	Dibenz(a,h)anthracene	0.2	0.055
☐	Dibenz(a,e)pyrene	NA	0.061
☐	m-Dichlorobenzene	6	0.36
☐	o-Dichlorobenzene	6	0.088
☐	p-Dichlorobenzene	6	0.09

	Constituent	NWW	WW
☐	Dichlorodifluoromethane	7.2	0.23
☐	1,1-Dichloroethane	6	0.059
☐	1,2-Dichloroethane	6	0.21
☐	1,1-Dichloroethylene	6	0.025
☐	trans-1,2-	30	0.054
☐	2,4-Dichlorophenol	14	0.044
☐	2,6-Dichlorophenol	14	0.044
☐	1,2-Dichloropropane	18	0.85
☐	cis-1,3-	18	0.036
☐	trans-1,3-Dichloropropylene	18	0.036
☐	Dieldrin	0.13	0.017
☐	Diethyl phthalate	28	0.2
☐	2,4-Dimethyl phenol	14	0.036
☐	Dimethyl phthalete	28	0.047
☐	Di-n-butyl phthalete	28	0.057
☐	1,4-Dinitrobenzene	2.3	0.32
☐	4,6-Dinitro-o-cresol	160	0.28
☐	2,4-Dinitrophenol	160	0.12
☐	2,4-Dinitrotoluene	140	0.32
☐	2,6-Dinitrotoluene	28	0.55
☐	Di-n-octyl phthalate	28	0.017
☐	p-Dimethylaminoazo-benzene	NA	0.13
☐	Di-n-propylnitrosamine	14	0.4
☐	1,4-Dioxane	170	NA
☐	Diphenylamine	13	0.92
☐	Diphenylnitrosamine	13	0.92
☐	1,2-Diphenylhydrazine	NA	0.087
☐	Disulfoton	6.2	0.017
☐	Endosulfan I	0.866	0.023
☐	Endosulfan II	0.13	0.029
☐	Endosulfan sulfate	0.13	0.029
☐	Endrin	0.13	0.0028
☐	Endrin aldehyde	0.13	0.025
☐	Ethyl acetate	33	0.34
☐	Ethyl cyanide (Propanenitrile)	360	0.24
☐	Ethyl benzene	10	0.057
☐	Ethyl ether	160	0.12
☐	bis(2-Ethylhexyl)	28	0.28
☐	Ethyl methacrylate	160	0.14
☐	Ethylene oxide	NA	0.12
☐	Famphur	15	0.017
☐	Fluoranthene	3.4	0.068
☐	Fluorene	3.4	0.059
☐	Heptachlor	0.066	0.0012
☐	Heptachlor epoxide	0.066	0.016
☐	Hexachlorobenzene	10	0.055
☐	Hexachlorobutadine	5.6	0.055
☐	Hexachlorocyclopentadiene	2.4	0.057
☐	HxCDDs(Al HxCDDs)	0.001	.000063
☐	HxCDFs(Al HxCDFs)	0.001	.000063
☐	Hexachlorethane	36	0.055
☐	Hexachloropropylene	30	0.035
☐	Indeno(1,2,3-c,d)pyrene	3.4	0.0055
☐	Iodomethane	65	0.19
☐	Isobutyl alcohol	170	5.6
☐	Isodrin	0.066	0.021
☐	Isosafrole	2.6	0.081
☐	Kepone	0.13	0.0011
☐	Methacrylonitrile	84	0.24
☐	Methanol .75 mg/l	TCLP	5.06
☐	Methapyrilene	1.5	0.081
☐	Methoxychlor	0.18	0.25
☐	3-Methylcholarathrene	15	0.0055
☐	4,4-Methylene bis (2-chloroaraline)	30	0.5
☐	Methylene chloride	30	0.089
☐	Methyl ethyl ketone	36	0.28
☐	Methyl isobutyl ketone	33	0.14
☐	Methyl methacrylate	160	0.14
☐	Methyl	NA	0.018
☐	Methyl parathion	4.6	0.014
☐	Naphthalene	5.6	0.059
☐	2-Naphthylamine	NA	0.52
☐	o-Nitroaniline	14	0.27
☐	p-Nitroaniline	28	0.028
☐	Nitrobenzene	14	0.068

	Constituent	NWW	WW
☐	5-Nitro-o-toludine	28	0.32
☐	o-Nitrophenol	13	0.028
☐	p-Nitrophenol	29	0.12
☐	N-Nitrosodiethylamine	28	0.4
☐	N-Nitrosodimethylamine	2.3	0.4
☐	N-Nitroso-di-n-butylamine	17	0.4
☐	N-Nitrosomethylethylamine	2.3	0.4
☐	N-Nitrosomorpholine	2.3	0.4
☐	N-Nitrosopiperidine	35	0.13
☐	N-Nitrosopyrrolidine	35	0.013
☐	Parathion	4.6	0.014
☐	Total PCBs(All Arocolors)	10	0.1
☐	Pentachlorobenzene	10	0.055
☐	PeCDDs(Al PeCdDs)	0.001	.0000
☐	PeCDFs(Al PeCdFs)	0.001	.0000
☐	Pentachloroethane	6	0.055
☐	Pentachloronitrobenzene	4.8	0.055
☐	Pentachlorophenol	7.4	0.089
☐	Phenacetin	16	0.081
☐	Phenanthrene	5.6	0.059
☐	Phenol	6.2	0.039
☐	Phorate	4.6	0.021
☐	Phthalic acid	28	0.055
☐	Phthalic anhydride	28	0.055
☐	Pronamide	1.5	0.093
☐	Pyrene	0.2	0.067
☐	Pyridine	1.6	0.014
☐	Safrole	22	0.081
☐	Silvex(2,4,5-TP)	7.9	0.72
☐	2,4,5-T(2,4,5-Trichlorophen-oxyacetic acid)	7.9	0.72
☐	1,2,4,5-Tetrachlorobenzene	14	0.055
☐	TCDDs(Al TCDDs)	0.001	.0000
☐	TCDFs(Al TCDFs)	0.001	.0000
☐	1,1,1,2-Tetrachloroethane	6	0.057
☐	1,1,2,2-Tetrachloroethane	6	0.057
X	Tetrachloroethylene	6	0.056
☐	2,3,4,6-Tetrachlorophenol	7.4	0.03
X	Toluene	10	0.08
☐	Toxaphene	2.6	0.009
☐	Bromoform(Tribromomethane)	15	0.63
☐	1,2,4-Trichlorobenzene	19	0.055
☐	1,1,1-Trichloroethane	6	0.054
☐	1,1,2-Trichloroethane	6	0.054
X	Trichloroethylene	6	0.054
☐	Trichloromonofluoromethane	30	0.82
☐	2,4,5-Trichlorophenol	7.4	0.18
☐	2,4,6-Trichlorophenol	7.4	0.035
☐	1,2,3-Trichloropropane	38	0.85
☐	1,1,2-Trichloro-1,2,2-trifluoroethane	38	0.057
☐	tris-(2,3-dibromopropyl) phosphate	0.1	0.11
☐	Vinyl chloride	6	0.27
X	Xylenes-all mixed isomers	30	0.22
☐	Antimony		1.9
X	Arsenic	5.0 mg/l TCLP	1.4
☐	Barium	7.6 mg/l TCLP	1.2
X	Berylium	.014 mg/l TCLP	0.82
X	Cadmium	0.19 mg/l TCLP	0.69
☐	Chromium (Total)	0.86 mg/l TCLP	2.77
☐	Cyanides (Total)*	590	1.2
☐	Cyanides (Amenable)*	30	0.06
☐	Fluoride	NA	35
X	Lead	0.37 mg/l TCLP	0.69
☐	Mercury-non wastewater from Retort	0.20 mg/l TCLP	NA
☐	Mercury-All Others	.025 mg/l TCLP	0.15
☐	Nickel	5.0 mg/l TCLP	3.98
☐	Selenium	0.16 mg/l TCLP	0.82
☐	Silver	0.30 mg/l TCLP	0.43
☐	Sulfide	NA	14
☐	Thallium	0.70 mg/l TCLP	1.4
☐	Vanadium	0.23 mg/l TCLP	4.3
☐	Zinc	5.3 mg/l TCLP	2.61

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

Rec. 10-97

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-95

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: I N D 0 0 6 4 1 4 7 8 3
Manifest Document No.: 9 7 4 2 3
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET FRANKLIN, IN 46131

A. State Manifest Document Number: INA 1197423

B. State Generator's ID

4. Generator's Phone (317) 736-7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I N D 9 8 5 0 4 6 4 9 9
C. State Transporter's ID: IN4961000021
D. Transporter's Phone: 317-881-9754

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
ESSROC MATERIALS
3084 WEST COUNTY ROAD 225 SOUTH
LOGANSPORT, IN 46947
10. US EPA ID Number: I N D 0 0 5 0 8 1 5 4 2
G. State Facility's ID:
H. Facility's Phone: 219-753-5121

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 RQ, WASTE PAINT RELATED MATERIAL, 3, UN1263, PGII (D001, F003, F005)	0 0 1	T T	00055	G	D001
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
LINE ITEM A ALSO CARRIES THE FOLLOWING ADDITIONAL WASTE CLASSIFICATIONS: F003, F005, D007, D008, D018, D035, D039, D040 APPROVAL# L000081

K. Handling Codes for Wastes Listed Above
T50/T16
502
T81

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754
E.R. GUIDE #127
LWR #: CP1335

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

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.

GENERATOR

Printed/Typed Name	Signature	Date (Month / Day / Year)
Don Beucler		09 / 26 / 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month / Day / Year)
Larry R Carr	Larry R Carr	09 / 26 / 97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month / Day / Year)
		/ /

FACIL

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month / Day / Year)
Oliver F Wade	Oliver F. Wade	10 / 02 / 97

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R2 / 1-94)

For questions, call the Indiana Office of Environmental Response at 317/232-3212 (8:30 a.m. - 4:30 p.m. EST) (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 1197423

ESSROC MATERIALS INC.
LOGANSPORT, INDIANA PLANT
EPA ID#: IND005081542

Certificate of Thermal Destruction

EPA ID#: IND006414783
Generator: ARVIN NORTH AMERICAN AUTOMOTIVE
Address: 1001 NORTH HURRICANE STRE

FRANKLIN, IN, USA 46131
Contact: DAN BOUCHER

Gentlemen:

Essroc Materials Inc. has processed waste from:

ARVIN NORTH AMERICAN AUTOMOTIVE

As Indicated on Manifest

INA1197423

And Hereby Certifies That This Waste Was Thermally Destroyed At
ESSROC's TSD Facility (IND 005 081 542)
Logansport, Indiana

Between
10/2/97 and 10/3/97
In the Amount of 431 lbs (55 gallons)

Date Load Received: 10/2/97

CP Recycling Load Record Number: 20-15501

Environmental Manager

10/4/97
Date

181607

Special Waste Certification Disposal Notification

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE
Technical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE
FRANKLIN, IN 46131
Generator Location: SAME
COUNTY: JOHNSON
Emergency Response Phone Number: GARY BUSH (317)881-9754
Volume/Weight:

WASTE CERTIFICATION INFORMATION

Waste Name: CARWASH SETTLING PIT GRIT
Certification Number: 50602
Expiration Date: 7/25/00
Description of Waste: SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

DAN Boucher — Name(print or type)
Signature
11-11-97 — Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS
Mailing Address: 3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217
Driver's Signature
#55 11-18-97 — Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL
OPP Number: 49-1 N-243
Volume/Weight: 1yd
Authorized Signature
11-18-97 — Date(MM/DD/YY)

Pursuant to Solid Waste Rule 329 IAC 10-20-29 (Facility responsibility for special waste disposal) and 329 IAC 10-8-9 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of the respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

Pursuant to Solid Waste Rule 329 IAC 10-14-1 (Records and reports), all solid waste facilities shall submit to the commissioner a quarterly report which includes the origin of the solid waste compiled by county or by state if the waste originated outside of Indiana. The origin of the waste must be provided to the facility by the hauler and the hauler must estimate, by percent, the composition of a mixed load. Therefore, the county and/or state of origin is now required information on the special waste disposal notification (see above).

The quarterly report, however, does not replace the quarterly report which is required from all solid waste facilities in accordance with Solid Waste Rule 329 IAC 10-20-29 (d), that receive special waste. If you have any questions regarding this matter, please contact this office at (317)232-3111.

RUMPKE

RUMPKE OF INDIANA, LLC
PO BOX 806
COLUMBUS, IN 47202-0806

(812)372-1225
(800)832-5025
I19463
25 04

DATE
1/25/9
INVOICE NUMBER
1520240
CUSTOMER NUMBER
79319

MAKE PAYABLE TO & MAIL PAYMENT TO:

RUMPKE OF INDIANA, LLC
10795 HUGHES RD
CINCINNATI, OH 45251-4598

ARVIN NORTH AMERICA
ATTN: ACC PAYABLE
PO BOX 3002
COLUMBUS IN 47202

TERMS: NET 30 DAYS DELINQUENT ACCOUNTS SUBJECT TO 1 1/2% PER MONTH (18% PER YEAR) SERVICE CHARGE UNTIL PAID.

PLEASE NOTIFY PROMPTLY IF THIS STATEMENT DOES NOT AGREE WITH YOUR RECORDS

THIS DOES NOT INCLUDE PAYMENTS RECEIVED AFTER

AMT PAID

$

PAGE: 1

DESCRIPTION						AMOUNT
SO: 000866296 COL @ ARVIN INDUSTRIES 1001 N HURRICANE						
PO: 248701						
1)	300R	30 YD OPEN TOP				
SRV THRU:	1/31/97	1@ 30 DAYS	LEASE CHARGE	3.00	DAY	90.0
32725061	1/14/97	30.00	YARD DISPOSAL CHARGE	22.00	YARD	
32708182	1/14/97	1.00	EACH HAULING LOAD ONLY	200.00	EACH	
32725090	1/14/97	1.00	CONTAINER RPR PARTS	25.00		
INER						
32725087	1/14/97	2.43	TON SURCHARGE	1.10	TON	
TICKET TOTAL:		30.00	DISPOSAL CHARGE			660.0
TICKET TOTAL:		1.00	HAULING LOAD ONLY			200.0
TICKET TOTAL:		1.00	CONTAINER RPR PARTS			25.0
TICKET TOTAL:		2.43	SURCHARGE			2.6
			INVOICE AMOUNT:			977.6

RUMPKE

Rhonda Stahl 2-20-97

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H334 74

REMITTANCE COPY

RUMPKE

RUMPKE OF INDIANA, LLC
PO BOX 806
COLUMBUS, IN 47202-0806

(812)372-1225
(800)832-5025
I19848
25 04

MAKE PAYABLE TO & MAIL PAYMENT TO:

RUMPKE OF INDIANA, LLC
10795 HUGHES RD
CINCINNATI, OH 45251-4598

DATE
2/25/97
INVOICE NUMBER
152222583
CUSTOMER NUMBER
793197

PLEASE NOTIFY PROMPTLY IF THIS STATEMENT DOES NOT AGREE WITH YOUR RECORDS
THIS DOES NOT INCLUDE PAYMENTS RECEIVED AFTER

AMT PAID
$

TERMS: NET 30 DAYS DELINQUENT ACCOUNTS SUBJECT TO 1 1/2% PER MONTH (18% PER YEAR) SERVICE CHARGE UNTIL PAID.

ARVIN NORTH AMERICA
ATTN: ACC PAYABLE
PO BOX 3002
COLUMBUS IN 47202

#134582

PAGE: 1

DESCRIPTION							AMOUNT
SO: 000866296 COL @ ARVIN INDUSTRIES				1001 N HURRICANE			
PO: 248701							
1)	300R	30 YD OPEN TOP					
SRV THRU:	2/28/97	1@ 30	DAYS	LEASE CHARGE	3.00	DAY	01 90.00
33034380	2/03/97	30.00	YARD	DISPOSAL CHARGE	22.00	YARD	
33009226	2/03/97	1.00	EACH	HAULING LOAD ONLY	200.00	EACH	
33034430	2/03/97	1.00		CONTAINER RPR PARTS	25.00		
TNER							
3034422	2/03/97	1.34	TON	SURCHARGE	1.10	TON	05
TICKET TOTAL:		30.00		DISPOSAL CHARGE 02			660.00
TICKET TOTAL:		1.00		HAULING LOAD ONLY 03			200.00
TICKET TOTAL:		1.00		CONTAINER RPR PARTS			25.00
TICKET TOTAL:		1.34		SURCHARGE			1.47
				INVOICE AMOUNT:			976.47

ERK

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Patty Burton

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RUMPKE

RUMPKE OF INDIANA, LLC
PO BOX 806
COLUMBUS, IN 47202-0806

(812)372-1225
(800)832-5025
I20201
25 04

MAKE PAYABLE TO & MAIL PAYMENT TO:

RUMPKE OF INDIANA, LLC
10795 HUGHES RD
CINCINNATI, OH 45251-4598

ARVIN NORTH AMERICA
ATTN: ACC PAYABLE
PO BOX 3002
COLUMBUS IN 47202

TERMS: NET 30 DAYS DELINQUENT ACCOUNTS SUBJECT TO 1 1/2% PER MONTH (18% PER YEAR) SERVICE CHARGE UNTIL PAID.

PAGE: 1

DATE	INVOICE NUMBER	CUSTOMER NUMBER
3/25/9	1523943S	79319

PLEASE NOTIFY PROMPTLY IF THIS STATEMENT DOES NOT AGREE WITH YOUR RECORDS

THIS DOES NOT INCLUDE PAYMENTS RECEIVED AFTER

AMT PAID

$

DESCRIPTION						AMOUNT
SO: 000866296 COL @ ARVIN INDUSTRIES				1001 N HURRICANE		
PO: 248701						
1)	300R	30 YD OPEN TOP				
SRV THRU:	3/31/97	1@ 30	DAYS	LEASE CHARGE	3.00 DAY	(011) 90.0
33476110	2/27/97	30.00	YARD	DISPOSAL CHARGE	22.00 YARD	
33451824	2/27/97	1.00	EACH	HAULING LOAD ONLY	200.00 EACH	
TICKET # 256218						
33476193	2/27/97	1.00		CONTAINER RPR PARTS	25.00	
LINER						
33476151	2/27/97	1.50	TON-	SURCHARGE	1.10 TON	
TICKET TOTAL:		30.00		DISPOSAL CHARGE		(047) 660.0
TICKET TOTAL:		1.00		HAULING LOAD ONLY		(037) 200.0
TICKET TOTAL:		1.00		CONTAINER RPR PARTS		(052) 25.0
TICKET TOTAL:		1.50		SURCHARGE		(005) 1.6
					INVOICE AMOUNT:	976.6

RUMPKE

D. Stidd
449

NEED RECEIVAL

437239

REMITTANCE COPY

PO BOX 806
COLUMBUS, IN 47202-0806
(812)372-1225
(800)832-5025

I20556
25.04

DATE: 4/25/9

INVOICE NUMBER: 16260123

CUSTOMER NUMBER: 79319

MAKE PAYABLE TO & MAIL PAYMENT TO:

RUMPKE OF INDIANA, LLC
10795 HUGHES RD
CINCINNATI, OH 45251-4593

TERMS: NET 30 DAYS DELINQUENT ACCOUNTS SUBJECT TO 1 1/2% PER MONTH (18% PER YEAR) SERVICE CHARGE UNTIL PAID.

PLEASE NOTIFY PROMPTLY IF THIS STATEMENT DOES NOT AGREE WITH YOUR RECORDS. THIS DOES NOT INCLUDE PAYMENTS RECEIVED AFTER

ARVIN NORTH AMERICA
ATTN: ACC PAYABLE
PO BOX 3002
COLUMBUS IN 47202

PAGE: 1

AMT PAID $

DESCRIPTION	AMOUNT
SO: 000866296 COL @ ARVIN INDUSTRIES 1001 N HURRICANE	
PO: 248701	
1) 30OR 30 YD OPEN TOP	
SRV THRU: 4/30/97 1@ 30 DAYS LEASE CHARGE 3.00 DAY	90.00
INVOICE AMOUNT:	90.00

NEED RECEIVAL
(NOT IN COUNT)

MAY 02 REC'D

I-39582

326

REMITTANCE COPY

IE-2100-03311200

7. OPEN BURNING

8. CUSTOMER RESPONSIBLE FOR EQUIPMENT

REFRIGERATION EQUIPMENT

NON-HAZARDOUS SPECIAL WASTE MANIFE

GENERATOR

Generator Name: ARVIN North American Generating Location: Same

Address: 1001 N. Hurricane Rd. Address:

Franklin IN

Phone No. [ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ] Phone No. 736-7111

Description of Waste

Paint Filters

3 Cyclo

"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." (49 CFR 172.204)

Generator Authorized Agent Name: Deanna Stahl Signature: Shipment Date: 042597

TRANSPORTER

Truck No. 318 Phone No.

Transporter Name: Rumpke of Indiana Driver Name (Print): Gary Rhoades

Address: P.O. Box 806 Vehicle License No./State:

Columbus IN 47202 Vehicle Certification:

I hereby certify that the above named material was picked up at the generator site listed above.

Driver Signature: Gary W Rhoades Shipment Date: 042597

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature: Gary W Rhoades Delivery Date: 042597

DESTINATION

Site Name: Medora/Rumpke Landfill Phone No. 812-966201

Address: 546 S 870 W Medora Indiana 47260

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true accurate

Name of Authorized Agent: Signature: Receipt Date:

RUMPKE

RUMPKE OF INDIANA, LLC
PO BOX 800
COLUMBUS, IN 47202-0800

(812)372-1225
(800)832-0825
I20050
20 04

MAKE PAYABLE TO & MAIL PAYMENT TO:

RUMPKE OF INDIANA, LLC
10795 HUGHES RD
CINCINNATI, OH 45251-4090

ARVIN NORTH AMERICA
ATTN: ACC PAYABLE
PO BOX 3092
COLUMBUS IN 47202

TERMS: NET 30 DAYS DELINQUENT ACCOUNTS SUBJECT TO 1 1/2% PER MONTH (18% PER YEAR) SERVICE CHARGE UNTIL PAID.

PAGE: 1

DATE	5/26/
INVOICE NUMBER	1629363 (629363
CUSTOMER NUMBER	/931
PLEASE NOTIFY ...	
AMT PAID	$

4/1289

DESCRIPTION						AMOUNT
0008602SC COL @ ARVIN INDUSTRILS				1501 N HURRICANE		
01 210791						
1)	30GR	30 YD OPEN TOP				
SRV THRU:	5/31/97	10.00	DAYS	LEASE CHARGE	3.00 DAY	90.0
31G09770	4/26/97	30.00	YARD	DISPOSAL CHARGE	22.00 YARD	660.0
31G22110	4/26/97	1.00	EACH	HAULING LOAD ONLY	200.00 EACH	200.0
#25G030						
31G09010	4/26/97	1.00		CONTAINER RPR PARTS	25.00	25.0
LINER						
31G09794	4/26/97	1.53	TON	SURCHARGE	1.10 TON	1.7
TICKET TOTAL:		30.00		DISPOSAL CHARGE		660.0
TICKET TOTAL:		1.00		HAULING LOAD ONLY		200.0
TICKET TOTAL:		1.00		CONTAINER RPR PARTS		25.0
TICKET TOTAL:		1.53		SURCHARGE		1.7
					INVOICE AMOUNT:	976.7

Rec. Per Barb Bailey
Phone 5-30-97

Post-it® Fax Note 7671 | Date 5-27-97 | # of pages ▶ 1

To Barbara Bailey	From Bw
Co./Dept. Arvin	Co. Rumpke
Phone #	Phone # 372-1225
Fax # 317 346-2999	Fax #

RUMPKE

RUMPKE OF INDIANA, LLC
PO BOX 806
COLUMBUS, IN 47202-0806

(800)832-5025
I21185
25 04

Franklin
Patty Burton

MAKE PAYABLE TO & MAIL PAYMENT TO:

RUMPKE OF INDIANA, LLC
10795 HUGHES RD
CINCINNATI, OH 45251-4598

ARVIN NORTH AMERICA
ATTN: ACC PAYABLE
PO BOX 3002
COLUMBUS IN 47202

TERMS: NET 30 DAYS DELINQUENT ACCOUNTS SUBJECT TO 1 1/2% PER MONTH (18% PER YEAR) SERVICE CHARGE UNTIL PAID.

NEED RECEIVAL
(NOT IN COUNT)

PAGE: 1

DATE	INVOICE NUMBER	CUSTOMER NUMBER	AMT PAID
6/24/97	153114838	793197	$

PLEASE NOTIFY PROMPTLY IF THIS STATEMENT DOES NOT AGREE WITH YOUR RECORDS. THIS DOES NOT INCLUDE PAYMENTS RECEIVED AFTER

DESCRIPTION	AMOUNT
SO: 000866296 COL @ ARVIN INDUSTRIES 1001 N HURRICANE	
PO: 248701	
1) 300R 30 YD OPEN TOP	
SRV THRU: 6/30/97 1@ 30 DAYS LEASE CHARGE 3.00 DAY	90.00
INVOICE AMOUNT:	90.00

H43791

Patty Burton

REMITTANCE COPY

RUMPKE

RUMPKE OF INDIANA, LLC
PO BOX 806
COLUMBUS, IN 47202-0806

(812)372-1225
(800)832-5025
I21470
25 04

MAKE PAYABLE TO & MAIL PAYMENT TO:

RUMPKE OF INDIANA, LLC
10795 HUGHES RD
CINCINNATI, OH 45251-4598

ARVIN NORTH AMERICA
ATTN: ACC PAYABLE
PO BOX 3002
COLUMBUS IN 47202

TERMS: NET 30 DAYS DELINQUENT ACCOUNTS SUBJECT TO 1 1/2% PER MONTH (18% PER YEAR) SERVICE CHARGE UNTIL PAID.

PAGE: 1

DATE	INVOICE NUMBER	CUSTOMER NUMBER
7/24/97	153311332	793197

PLEASE NOTIFY PROMPTLY IF THIS STATEMENT DOES NOT AGREE WITH YOUR RECORDS - THIS DOES NOT INCLUDE PAYMENTS RECEIVED AFTER

AMT PAID
$

DESCRIPTION						AMOUNT
SO: 000866296 COL @ ARVIN INDUSTRIES				1001 N HURRICANE		
PO: 248701						
1)	300R	30 YD OPEN TOP				
SRV THRU:	7/31/97	1@ 30	DAYS	LEASE CHARGE	3.00 DAY	90.00
36097087	7/23/97	30.00	YARD	DISPOSAL CHARGE	22.00 YARD	
36082311	7/23/97	1.00	EACH	HAULING LOAD ONLY	200.00 EACH	
32323						
36097202	7/23/97	1.00		CONTAINER RPR PARTS	25.00	
LINER						
36097137	7/23/97	1.95	TON	SURCHARGE	1.10 TON	
TICKET TOTAL:		30.00		DISPOSAL CHARGE		660.00
TICKET TOTAL:		1.00		HAULING LOAD ONLY		200.00
TICKET TOTAL:		1.00		CONTAINER RPR PARTS		25.00
TICKET TOTAL:		1.95		SURCHARGE		2.15
					INVOICE AMOUNT:	977.15

H44517

Dawnda Stiehl
7-28-97

Post-it® Fax Note 7671	Date 7-25-97	# of pages ▶ 1
To Barbara Bailey	From Angie	
Co./Dept.	Co. Cols, Ind	
Phone #	Phone #	
Fax # 317-346-2999	Fax #	

RUMPKE

RUMPKE OF INDIANA, LLC
PO BOX 806
COLUMBUS, IN 47202-0806

(812)372-1225
(800)832-5025
I21842
25 04

MAKE PAYABLE TO & MAIL PAYMENT TO:

RUMPKE OF INDIANA, LLC
10795 HUGHES RD
CINCINNATI, OH 45251-4598

DATE	8/26/97
INVOICE NUMBER	153494742
CUSTOMER NUMBER	793197

PLEASE NOTIFY US PROMPTLY IF THIS STATEMENT DOES NOT AGREE WITH YOUR RECORDS. THIS DOES NOT INCLUDE PAYMENTS RECEIVED AFTER

AMT PAID $

ARVIN NORTH AMERICA
ATTN: ACC PAYABLE
PO BOX 3002
COLUMBUS IN 47202

TERMS: NET 30 DAYS DELINQUENT ACCOUNTS SUBJECT TO 1 1/2% PER MONTH (18% PER YEAR) SERVICE CHARGE UNTIL PAID.

PAGE: 1

DESCRIPTION						AMOUNT
O: 000866296 COL @ ARVIN INDUSTRIES				1001 N HURRICANE		
O: 248701						
1)	30OR	30 YD OPEN TOP				
SRV THRU:	8/31/97	1@ 30	DAYS	LEASE CHARGE	3.00 DAY	90.00
36703460	8/25/97	30.00	YARD	DISPOSAL CHARGE	22.00 YARD	
36699791	8/25/97	1.00	EACH	HAULING LOAD ONLY	200.00 EACH	
#332846						
03536	8/25/97	1.00		CONTAINER RPR PARTS	25.00	
LINER						
36703510	8/25/97	1.25	TON	SURCHARGE	1.10 TON	
TICKET TOTAL:		30.00		DISPOSAL CHARGE		660.00
TICKET TOTAL:		1.00		HAULING LOAD ONLY		200.00
TICKET TOTAL:		1.00		CONTAINER RPR PARTS		25.00
TICKET TOTAL:		1.25		SURCHARGE		1.38
				INVOICE AMOUNT:		976.38

H47034

Duronde Shadd
9-8-97

NEED RECEIVAL
(NOT IN COUNT)

REMITTANCE COPY

11315 3

SPECIAL WASTE DISPOSAL NOTIFICATION

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE Tecnical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE Generator Location: SAME
FRANKLIN, IN 46131

COUNTY: JOHNSON

Emergency Response Phone Number: GARY BUSH (317) 881-9754

WASTE CERTIFICATION INFORMATION

Waste Name:	Certification Number:	Expiration Date:
CARWASH SETTLING PIT GRIT	50602	7/25/00

Description of Waste:
SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

DAN Boucher		3-5-97
Name(print or type)	Signature	Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS Mailing Address: 3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217

	3-11-97
Driver's Signature	Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL OPP Number: 49-1 N-243 Amount: 1 yd

	3-11-97
Authorized Signature	Date(MM/DD/YY)

Pursuant to Solid Waste Rule 329 IAC 2-21-15 (Facility responsibility for special waste disposal) and 329 IAC 2-21-16 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of these respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal nouifications until such time as certification of post-closure is deemed acceptable for the site.

Pursuant to Solid Waste Rule 329 IAC 2-14-8 (Records and reports), all solid waste disposal facilities shall submit to the commissioner a quarterly report which includes the origin of the solid waste compiled by county, or by state if the waste originated outside of Indiana. The origin of the waste must be provided to the facility by the hauler and the hauler must estimate, by percent, the composition of a mixed load. Therefore, the county and/or the state of origin is now required information on the special waste disposal notification (see above).

The quarterly report, however, does not replace the monthly report which is required from all solid waste facilities that receive special waste. If you have any questions regarding this matter, please contact this office at 317/232-4473.

121393

SPECIAL WASTE DISPOSAL NOTIFICATION

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE Tecnical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE Generator Location: SAME
FRANKLIN, IN 46131

COUNTY: JOHNSON
Emergency Response Phone Number: GARY BUSH 317-881-9754

WASTE CERTIFICATION INFORMATION

Waste Name: CARWASH SETTLING PIT GRIT Certification Number: 50602 Expiration Date: 7/25/00
Description of Waste: SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

Dan Boucher — 3/27/97
Name(print or type) Signature Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS Mailing Address: 3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217

Jesse Davis — 4-17-97
Driver's Signature Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL OPP Number: 49-1[illegible]243 Amount: 1 yd

4-17-97
Authorized Signature Date(MM/DD/YY)

Pursuant to Solid Waste Rule 329 IAC 2-21-15 (Facility responsibility for special waste disposal) and 329 IAC 2-21-16 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of these respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

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126211

SPECIAL WASTE DISPOSAL NOTIFICATION

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE
Mailing Address: 1001 NORTH HURRICANE
FRANKLIN, IN 46131
COUNTY: JOHNSON
Tecnical Contact: DAN BOUCHER
Generator Location: SAME
Emergency Response Phone Number: GARY BUSH 317-881-9754

WASTE CERTIFICATION INFORMATION

Waste Name: CARWASH SETTLING PIT GRIT
Certification Number: 50602
Expiration Date: 7/25/00
Description of Waste: SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

X T. Owen — X [signature] — 5-5-97
Name(print or type) — Signature — Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS
Mailing Address: 3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217

[signature] — 5-7-97
Driver's Signature — Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL
OEP Number: 49-1 N-243
Amount: 5 yds

[signature] — 5-7-97
Authorized Signature — Date(MM/DD/YY)

Pursuant to Solid Waste Rule 329 IAC 2-21-15 (Facility responsibility for special waste disposal) and 329 IAC 2-21-16 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of these respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

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The quarterly report, however, does not replace the monthly report which is required from all solid waste facilities that receive special waste. If you have any questions regarding this matter, please contact this office at 317/232-4473.

137597

7-7-97 Returned

SPECIAL WASTE DISPOSAL NOTIFICATION

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE Technical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE Generator Location: SAME
FRANKLIN, IN 46131

COUNTY: JOHNSON

Emergency Response Phone Number: GARY BUSH 317-881-9754

WASTE CERTIFICATION INFORMATION

Waste Name: CARWASH SETTLING PIT GRIT Certification Number: 50602 Expiration Date: 7/25/00

Description of Waste: SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

Dan Boucher 6-11-97

Name(print or type) Signature Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS Mailing Address: 3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217

J Blackburn 6-24-97

Driver's Signature Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL OPP Number: 49-1 N-243 Amount: 1.5yd

_____ disposal form(s) with 1 truck load

Load = _____ cubic yards

D Rust 6-24-97

Authorized Signature Date(MM/DD/YY)

Pursuant to Solid Waste Rule 329 IAC 2-21-15 (Facility responsibility for special waste disposal) and 329 IAC 2-21-16 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of these respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

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The quarterly report, however, does not replace the monthly report which is required from all solid waste facilities that receive special waste. If you have any questions regarding this matter, please contact this office at 317/232-4473.

7-7-97 Returned

SPECIAL WASTE DISPOSAL NOTIFICATION

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE Technical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE Generator Location: SAME
FRANKLIN, IN 46131
COUNTY: JOHNSON
Emergency Response Phone Number: GARY BUSH 317-881-9754

WASTE CERTIFICATION INFORMATION

Waste Name: CARWASH SETTLING PIT GRIT Certification Number: 50602 Expiration Date: 7/25/00
Description of Waste: SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

Dan Boucher [signature] 6-17-97
Name(print or type) Signature Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS Mailing Address: 3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217

[signature] 6-24-97
Driver's Signature Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL OPP Number: 49-1 N-243 Amount: .5 yd

disposal form(s) with 1 truck load
Authorized Signature Date(MM/DD/YY)

Load = _____ cubic yards

Pursuant to Solid Waste Rule 329 IAC 2-21-15 (Facility responsibility for special waste disposal) and 329 IAC 2-21-16 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of these respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

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The quarterly report, however, does not replace the monthly report which is required from all solid waste facilities that receive special waste. If you have any questions regarding this matter, please contact this office at 317/232-4473.

7-7-97 Returned

SPECIAL WASTE DISPOSAL NOTIFICATION

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE
Mailing Address: 1001 NORTH HURRICANE
FRANKLIN, IN 46131

Technical Contact: DAN BOUCHER
Generator Location: SAME

COUNTY: JOHNSON

Emergency Response Phone Number: GARY BUSH 317-881-9754

WASTE CERTIFICATION INFORMATION

Waste Name: CARWASH SETTLING PIT GRIT
Certification Number: 50602
Expiration Date: 7/25/00

Description of Waste: SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

DAN Boucher — 6-20-97

Name(print or type) — Signature — Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS
Mailing Address: 3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217

Driver's Signature — 6-24-97

Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL
OPP Number: 49-1 N-243
Amount: 5yd

disposal form(s) with 1 t[illegible] Authorized Signature — Date(MM/DD/YY)

Load = _____ cubic yards

Pursuant to ~~Solid Waste Rule 329 IAC 2-21-15 (Facility responsibility for special waste disposal)~~ and 329 IAC 2-21-16 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of these respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

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The quarterly report, however, does not replace the monthly report which is required from all solid waste facilities that receive special waste. If you have any questions regarding this matter, please contact this office at 317/232-4473.

14723

Special Waste Certification Disposal Notification

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE Technical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE Generator Location: SAME
FRANKLIN, IN 46131
COUNTY: JOHNSON

Emergency Response Phone Number: Volume/Weight:
GARY BUSH (317)881-9754

WASTE CERTIFICATION INFORMATION

Waste Name: Certification Number: Expiration Date:
CARWASH SETTLING PIT GRIT 50602 7/25/00
Description of Waste:
SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

Dan Boucher DAN Boucher 7-29-97
Name(print or type) Signature Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name:
F.W. RICHARDS

Mailing Address:
3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217

Dan #59 8-1-97
Driver's Signature Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name:
SOUTHSIDE LANDFILL

OPP Number: Volume/Weight: 4 yds
49-1 N-243

[signature] 8-1-97
Authorized Signature Date(MM/DD/YY)

Pursuant to Solid Waste Rule 329 IAC 10-20-29 (Facility responsibility for special waste disposal) and 329 IAC 10-8-9 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of the respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

Pursuant to Solid Waste Rule 329 IAC 10-14-1 (Records and reports), all solid waste facilities shall submit to the commissioner a quarterly report which includes the origin of the solid waste compiled by county or by state if the waste originated outside of Indiana. The origin of the waste must be provided to the facility by the hauler and the hauler must estimate, by percent, the composition of a mixed load. Therefore, the county and/or state of origin is now required information on the special waste disposal notification (see above).

The quarterly report, however, does not replace the quarterly report which is required from all solid waste facilities in accordance with Solid Waste Rule 329 IAC 10-20-29 (d), that receive special waste. If you have any questions regarding this matter, please contact this office at (317)232-3111.

5/96

3 disposal form(s) with 1 [illegible]

1C

151314

Special Waste Certification Disposal Notification

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE Technical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE Generator Location: SAME
FRANKLIN, IN 46131
COUNTY: JOHNSON

Emergency Response Phone Number: Volume/Weight:
GARY BUSH (317)881-9754

WASTE CERTIFICATION INFORMATION

Waste Name:	Certification Number:	Expiration Date:
CARWASH SETTLING PIT GRIT	50602	7/25/00

Description of Waste:
SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

DAN Boucher — 8-4-97
Name(print or type) Signature Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name:
F.W. RICHARDS

Mailing Address:
3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217

Jesse Dan — 8-12-97
Driver's Signature Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name:	OPP Number:	Volume/Weight:
SOUTHSIDE LANDFILL	49-1 N-243	1 yds

8-12-97
Authorized Signature Date(MM/DD/YY)

Pursuant to Solid Waste Rule 329 IAC 10-20-29 (Facility responsibility for special waste disposal) and 329 IAC 10-8-9 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of the respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

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5/96

disposal form(s) with: 1 truck

Load =

Special Waste Certification Disposal Notification

16896

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE
Technical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE
FRANKLIN, IN 46131
Generator Location: SAME
COUNTY: JOHNSON

Emergency Response Phone Number:
GARY BUSH (317)881-9754
Volume/Weight:

WASTE CERTIFICATION INFORMATION

Waste Name:	Certification Number:	Expiration Date:
CARWASH SETTLING PIT GRIT	50602	7/25/00

Description of Waste:
SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

Name(print or type)	Signature	Date(MM/DD/YY)
JERRY KERN	Jerry Kern	9-9-97

TRANSPORTER INFORMATION

Company Name: F.W. RICHARDS
Mailing Address: 3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217

Driver's Signature — Date(MM/DD/YY): 9-19-97

DISPOSAL SITE INFORMATION

Site Name: SOUTHSIDE LANDFILL
OPP Number: 49-1 N-243
Volume/Weight: 1 yds

Authorized Signature — Date(MM/DD/YY): 9-19-97

Pursuant to Solid Waste Rule 329 IAC 10-20-29 (Facility responsibility for special waste disposal) and 329 IAC 10-8-9 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of the respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

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5/96

RUMPKE OF INDIANA, INC.

- ☐ 3977 N. MICHIGAN RD. SHELBYVILLE, IN 46176 (317) 398-6588
- ☐ 275 FT. WAYNE AVE. RICHMOND, IN 47374 [illegible]66-5030
- ☐ 735 NORTH CLAY ST. PERU, IN 46970 (317) 473-7319
- ☒ 1950 WEST TELLMAN RD. COLUMBUS, IN 47202 (812) 372-1225
- ☐ 1921 PROGRESS WAY CLARKSVILLE, IN 47129 (812) 283-7634
- ☐ 1869 E. COUNTY LINE RD. BATESVILLE, IN 47006 (812) 934-2942
- ☐ 6660 SOUTH HIGHWAY 37 BLOOMINGTON, IN 47403 (812) 824-7999
- ☐ CTY. RD. 500 W & U.S. HWY. 48 WORTHINGTON, IN 47471 (812) 875-2545

ORDER NO.	TICKET NO.	DATE
		10-1-97

CUSTOMER: ARVIN FRANKLIN

TIME OUT	TIME IN	TRUCK NUMBER
		2
MILEAGE OUT	**MILEAGE IN**	**DRIVER**
		R West

DESCRIPTION: 30 YARD SPECIAL WASTE

382051

NOT RESPONSIBLE FOR ANY DAMAGE TO PROPERTY WHERE DELIVERY IS MADE INSIDE CURB. (SEE REVERSE SIDE FOR TERMS & CONDITIONS)

ACCEPTED BY: Dwonda Stahl

CFR 172.204)

Dwonda Stahl — 100197

Generator Authorized Agent Name — Signature — Shipment Date

TRANSPORTER

Truck No. 002 — Phone No. 812 372 1225

Transporter Name Rumpke of Indiana — Driver Name (Print) Robert West

Address P.O. Box 806 — Vehicle License No./State.

Columbus In 47202 — Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Robert West — 100197 — Robert West — 100197

Driver Signature — Shipment Date — Driver Signature — Delivery Date

DESTINATION

Site Name Medora / Rumpke Landfill — Phone No. 812-966-2011

Address 546 S 870 W Medora Indiana 47260

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true accurate

Name of Authorized Agent — Signature — Receipt Date

168172

Special Waste Certification Disposal Notification

GENERATOR INFORMATION

Company Name: ARVIN NORTH AMERICAN AUTOMOTIVE Technical Contact: DAN BOUCHER
Mailing Address: 1001 NORTH HURRICANE Generator Location: SAME
FRANKLIN, IN 46131
COUNTY: JOHNSON

Emergency Response Phone Number: Volume/Weight:
GARY BUSH (317)881-9754

WASTE CERTIFICATION INFORMATION

Waste Name: Certification Number: Expiration Date:
CARWASH SETTLING PIT GRIT 50602 7/25/00
Description of Waste:
SAME

I Hereby certify that the above information is true and accurate to the best of my knowledge.

Dan Boucher — 9-15-97
Name(print or type) Signature Date(MM/DD/YY)

TRANSPORTER INFORMATION

Company Name:
F.W. RICHARDS

Mailing Address:
3434 SOUTH HARDING STREET
INDIANAPOLIS, IN 46217

Driver's Signature — 9-26-97
Date(MM/DD/YY)

DISPOSAL SITE INFORMATION

Site Name:
SOUTHSIDE LANDFILL

OPP Number: 49-1 N-243

Volume/Weight: 1yd

Authorized Signature — 9-26-97
Date(MM/DD/YY)

Pursuant to Solid Waste Rule 329 IAC 10-20-29 (Facility responsibility for special waste disposal) and 329 IAC 10-8-9 (Generator responsibility for special waste disposal), all special waste delivered for disposal shall be accompanied by a disposal notification. As stated in each of the respective cites, the generator must provide the disposal facility with a written disposal notification for each load of special waste to be disposed of and the solid waste disposal facility operator shall check each load of special waste with the information provided. The solid waste disposal facility shall also maintain the disposal notifications until such time as certification of post-closure is deemed acceptable for the site.

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5/96

RUMPKE

NON-HAZARDOUS SPECIAL WASTE MANIFE

GENERATOR

Generator Name: ARVIN North America Generating Location: Same

Address: 1001 N. Hurricane Rd. Address:

FRANKLIN IN

Phone No. [ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ] Phone No. 736-7111

Description of Waste

Paint Filters
3 Bytes

"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." (49 CFR 172.204)

Amanda Stahl 11039?

Generator Authorized Agent Name Signature Shipment Date

TRANSPORTER

Truck No. 276 Phone No.

Transporter Name: Rumpke of Indiana Driver Name (Print): GARY S. ATKINS

Address: P.O. Box 806 Vehicle License No./State:

Columbus IN 47202 Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Gary S. Atkins 11039? Gary S. Atkins 11039?

Driver Signature Shipment Date Driver Signature Delivery Date

DESTINATION

Site Name: Medora/Rumpke Landfill Phone No. 812-9662201

Address: 546 S 870 W Medora Indiana 47260

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true accurate

Name of Authorized Agent Signature Receipt Date

RUMPKE

NON-HAZARDOUS SPECIAL WASTE MANIFE

GENERATOR

Generator Name: ARVIN North America Generating Location: Same

Address: 1001 N. Hurricane Rd. Address:

FRANKLIN IN

Phone No. [ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ] Phone No. 7 3 6 - 7 1 1 1 [ ][ ]

Description of Waste

Paint Filters

3Byte-1

"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." (49 CFR 172.204)

X Deanna Strahl [ ][ ][ ][ ][ ][ ]

Generator Authorized Agent Name Signature Shipment Date

TRANSPORTER

Truck No. Phone No.

Transporter Name: Rumpke of Indiana Driver Name (Print)

Address: P.O. Box 806 Vehicle License No./State

Columbus IN 47202 Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [ ][ ][ ][ ][ ][ ] Shipment Date Driver Signature [ ][ ][ ][ ][ ][ ] Delivery Date

DESTINATION

Site Name: Mecca / Rumpke Landfill Phone No. 8 1 2 - 9 6 6 2 0 1

Address: 546 S 870 W Medora Indiana 47260

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true accurate

Name of Authorized Agent Signature [ ][ ][ ][ ][ ][ ] Receipt Date

RUMPKE
OF INDIANA, INC.

3977 N. MICHIGAN RD.
SHELBYVILLE, IN 46176
(317) 398-6588

275 FT. WAYNE AVE.
RICHMOND, IN 47374
(317) 966-5030

735 NORTH CLAY ST.
PERU, IN 46970
(317) 473-7319

1950 WEST TELLMAN RD.
COLUMBUS, IN 47202
(812) 372-1225

1921 PROGRESS WAY
CLARKSVILLE, IN 47129
(812) 283-7634

1869 E. COUNTY LINE RD.
BATESVILLE, IN,47006
(812) 934-2942

6660 SOUTH HIGHWAY 37
BLOOMINGTON, IN 47403
(812) 824-7999

CTY. RD. 500 W & U.S. HWY. 48
WORTHINGTON, IN 47471
(812) 875-2545

ORDER NO.	TICKET NO.	DATE
		12-9-97

CUSTOMER: AKUN

TIME OUT	TIME IN	TRUCK NUMBER
		261

MILEAGE OUT	MILEAGE IN	DRIVER
		AT

DESCRIPTION: 40 yd FRANKLIN

368863

NOT RESPONSIBLE FOR ANY DAMAGE TO PROPERTY WHERE DELIVERY IS MADE INSIDE CURB. (SEE REVERSE SIDE FOR TERMS & CONDITIONS)

ACCEPTED BY: Brenda Shultz

RUMPKE
OF INDIANA, INC.

3977 N. MICHIGAN RD.
SHELBYVILLE, IN 46176
(317) 398-6588

275 FT. WAYNE AVE.
RICHMOND, IN 47374
(317) 966-5030

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BLOOMINGTON, IN 47403
(812) 824-7999

CTY. RD. 500 W & U.S. HWY. 48
WORTHINGTON, IN 47471
(812) 875-2545

ORDER NO.	TICKET NO.	DATE
		12-9-97

CUSTOMER: AKUN

TIME OUT	TIME IN	TRUCK NUMBER
		261

MILEAGE OUT	MILEAGE IN	DRIVER
		AT

DESCRIPTION: 30 yd SPECIAL WASTE

368864

NOT RESPONSIBLE FOR ANY DAMAGE TO PROPERTY WHERE DELIVERY IS MADE INSIDE CURB. (SEE REVERSE SIDE FOR TERMS & CONDITIONS)

ACCEPTED BY: Brenda

ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 6-17-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY PCS., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
7-55 Gallon		Drums of Water Based Lube's

DISPOSITION: ☒ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494 345-0000

REASON FOR TURNING Removal Service REFER TO REQ. _____

AUTHORITY FOR RETURNING Dan Bender PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Main STREET ADDRESS Franklin CITY Ind STATE 46131 ZIP No 67006

020-031-01D

WHITE COPY - PLANT **CANARY COPY - VENDER** **PINK COPY - PURCHASING**

ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 6-2-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY PCS., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
		Removal Service of
		tube mill Pit Sludge

DISPOSITION: ☒ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 902200-345-6060

REASON FOR RETURNING Removal Service

REFER TO REQ. _____

AUTHORITY FOR RETURNING Dan Boucher

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1000 W Hurricane Frankton Ind 46131 No 67001

STREET ADDRESS CITY STATE ZIP

020-031-01D

WHITE COPY - PLANT **CANARY COPY - VENDER** **PINK COPY - PURCHASING**

ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 6-9-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY PCS., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
55 Gallons		Flammable Hazardous Waste Paint Materials
		Removal Service

DISPOSITION: ☑ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102484-345-6645

REASON FOR RETURNING Removal Service REFER TO REQ. _____

AUTHORITY FOR RETURNING D. Bauer PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Hurricane Leesburg In 46131 No 67003

STREET ADDRESS CITY STATE ZIP

020-031-01D

WHITE COPY - PLANT **CANARY COPY - VENDER** **PINK COPY - PURCHASING**

ARVIN NORTH AMERICAN AUTOMOTIVE
1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐
N. C. FILE _____ ☐
ISSUE D.M. _____ ☐
BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE June 4, 1992

NO. BOXES, KEGS, BAGS, ETC. ___

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY PCS., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
55 Gallon		Hazardous Flammable Paint Related Material
		" Removal Service "

DISPOSITION: ☒ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494 345-0000

REASON FOR RETURNING Removal Service REFER TO REQ. _____

AUTHORITY FOR RETURNING D. B. L PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Hurricane Franklin, Ind 46131 No 67002
STREET ADDRESS CITY STATE ZIP

020-031-01D

WHITE COPY - PLANT **CANARY COPY - VENDER** **PINK COPY - PURCHASING**

ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 5-30-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY PCS., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
8-55 Gallon		Drums of Contaminated water from SSR & water Based Lubes

DISPOSITION: ☒ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494 345-0000

REASON FOR RETURNING Removal Service REFER TO REQ. _____

AUTHORITY FOR RETURNING _____ PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 W. Hanna St Fairbanks Ind 46131 No 67000

STREET ADDRESS CITY STATE ZIP

020-031-01D

WHITE COPY - PLANT **CANARY COPY - VENDER** **PINK COPY - PURCHASING**

ARVIN NORTH AMERICAN AUTOMOTIVE
1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐
N. C. FILE _____ ☐
ISSUE D.M. _____ ☐
BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 5-9-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY ., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
		Removal Service of the
		Following items
1		55 Gallon Drum used oil filters
1		5 Gallon Bucket of Discarded Batteries
1		55 Gallon Drum Fluorescent tubes

DISPOSITION: ☑ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494-345-~~0000~~

REASON FOR RETURNING Removal Service

REFER TO REQ. _____

AUTHORITY FOR RETURNING Dan Bar

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

No. RGN 74543

RETURN ADDRESS 1001 N. Hurricane (STREET ADDRESS) Franklin (CITY) Ind (STATE) 46131 (ZIP)

020-031-01D

VENDOR COPY

ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: ~~Liquid~~ WASTE Removal
Liquid

DATE 5-5-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY S., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
		Removal of SSR O.L/ WATER Contaminated water

DISPOSITION: ☒ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494/345.0000

REASON FOR RETURNING Removal Service

REFER TO REQ. _____

THORITY FOR -TURNING Dan Bucher

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Hurricane (STREET ADDRESS) Lewisville (CITY), Ind (STATE) 46131 (ZIP)

No. RGN 74542

020-031-01D

VENDOR COPY

ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 4-25-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY ., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
4		Clean & Empty Drums To be used for oil Removal 6 211 Press Cor

DISPOSITION: ☒ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494 345-4406

REASON FOR RETURNING Use of 4 Clean Drums REFER TO REQ. _____

THORITY FOR TURNING O. K. Bob L PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 W Hamilton Franklin, Ind 46131

STREET ADDRESS CITY STATE ZIP

No. RGN 74541

020-031-01D

VENDOR COPY

ARVIN NORTH AMERICAN AUTOMOTIVE
1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐
N. C. FILE _____ ☐
ISSUE D.M. _____ ☐
BLANKET ☐

SHIP TO: Lwg U.D WASTe Removal

DATE 4-11-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY ., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
~~6 DRUMS~~		Removal Service of
330 Gallons		SSR Contaminated
		Condensation Water/Lube

DISPOSITION: ☒ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102490-345-0000

REASON FOR RETURNING Removal Service

REFER TO REQ. _____

AUTHORITY FOR RETURNING Dan Boucher

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Hurricane Franklin Ind 46131
STREET ADDRESS CITY STATE ZIP

No. RGN 74539

020-031-01D

VENDOR COPY

ARVIN NORTH AMERICAN AUTOMOTIVE
1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐
N. C. FILE _____ ☐
ISSUE D.M. _____ ☐
BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 4-21-97

NO. BOXES, KEGS, BAGS, ETC. ___

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
5 DRUMS		Absorbent materials (Soc's, Dry Rite, etc)
		Removal Service

DISPOSITION: ☒ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494-345-0000

REASON FOR RETURNING Removal Service REFER TO REQ. _____

AUTHORITY FOR RETURNING Dan Bouchek PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Hurricane Franklin, Ind 46131 **No. RGN** 74540
STREET ADDRESS CITY STATE ZIP

020-031-01D

VENDOR COPY

ARVIN NORTH AMERICAN AUTOMOTIVE
1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐
N. C. FILE _____ ☐
ISSUE D.M. _____ ☐
BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 7-31-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY ., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
9-55-Gallon		Drums of Water Based Materials

DISPOSITION: ☑ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494 345-[illegible]

REASON FOR RETURNING Removal Service

REFER TO REQ. _____

/ HORITY FOR JRNING [signature]

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 W. Hwy 160 Sellersburg IN 47172
STREET ADDRESS CITY STATE ZIP

No 67016

020-031-01D

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ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812-379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 7-21-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY, LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
		Contaminated water/oil
		waste (SSR Air Compressor)
8-55 Gallon Drum's		

DISPOSITION: ☑ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494 345 [illegible]

REASON FOR RETURNING Removal Service

REFER TO REQ. _____

AUTHORITY FOR RETURNING Dan Boucher

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. American Fronthus Ind 46113/IN 47015

STREET ADDRESS CITY STATE ZIP

020-031-01D

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ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 6-20-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY ., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
5-55 Gallon DRUMS		Removal SSR water/ oil Contamination

DISPOSITION: ☒ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494-345-6496

REASON FOR RETURNING Removal Service REFER TO REQ. _____

AUTHORITY FOR RETURNING Don Bar PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Hurricane Frankfort Ind 46041 NO 67007

STREET ADDRESS CITY STATE ZIP

020-031-01D

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ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 6-20-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY, LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
3 - 55 Gallon Drums		Removal White Water Pit Sludge

DISPOSITION: ☒ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494 345 [illegible]

REASON FOR RETURNING Removal Service

REFER TO REQ. _____

AUTHORITY FOR RETURNING Dan Boucher

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Harrison St. Frankfort Ind 46131 (STREET ADDRESS / CITY / STATE / ZIP)

№ 67008

020-031-01D

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ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 8-4-97

NO. BOXES, KEGS, BAGS, ETC. ___

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
4		55 Gallon Drums of White Water P.T Sludge
		RGN: Removal Service

DISPOSITION: ☒ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 10249-345-0000

REASON FOR RETURNING Removal Service REFER TO REQ. _____

AUTHORITY FOR RETURNING Dan Boucher PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Hurricane Jeffersonville Ind 47131 (STREET ADDRESS / CITY / STATE / ZIP)

No 67019

020-031-01D

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ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 9-16-97

NO. BOXES, KEGS, BAGS, ETC. ___

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P.O. No	OUR DEBIT MEMO No	

QUANTITY LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
150 gallons		Pit Sludge from Boiler Room Pit.
		Removal Service

DISPOSITION: ☑ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494 345-0000

REASON FOR RETURNING Removal Service

REFER TO REQ. _____

AUTHORITY FOR RETURNING Don Bonelick

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Hurricane Lane Leesburg Ind. 46131

STREET ADDRESS CITY STATE ZIP

№ 67026

020-031-01D

WHITE COPY - PLANT CANARY COPY - VENDER PINK COPY - PURCHASING

ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 9-16-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY ., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
3		55 Gallon Drums water Condensated from SSR.

DISPOSITION: ☒ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494-345.0000

REASON FOR RETURNING Removal Service

REFER TO REQ. _____

AUTHORITY FOR RETURNING Dan Boucher

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Hamilton Leesburg Ind

STREET ADDRESS CITY STATE ZIP

№ 67025

020-031-01D

WHITE COPY - PLANT **CANARY COPY - VENDER** **PINK COPY - PURCHASING**

ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 9-16-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P.O. No	OUR DEBIT MEMO No	

QUANTITY ., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
		SSR Contaminated Water
550		&
		Water Based Lube Removal
		Service

DISPOSITION: ☑ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 602484-345-0000

REASON FOR RETURNING Removal Service

REFER TO REQ. _____

AUTHORITY FOR RETURNING Don Be[illegible]

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 W. Main St Franklin Ind 46131 NO 67022

STREET ADDRESS CITY STATE ZIP

020-031-01D

WHITE COPY - PLANT **CANARY COPY - VENDER** **PINK COPY - PURCHASING**

ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 9-18-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY ., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
2		Drum of used oil Filters
3		Drums of Absorbent Materials (Socs, Dry Rte, etc)

DISPOSITION: ☒ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494 345-0000

REASON FOR RETURNING Removal Service REFER TO REQ. _____

AUTHORITY FOR RETURNING Dan Boucher PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1000 W. Hurricane (STREET ADDRESS) Franklin (CITY) Ind (STATE) 46131 (ZIP) NO 67024

020-031-01D

WHITE COPY - PLANT **CANARY COPY - VENDER** **PINK COPY - PURCHASING**

ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 9-26-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY, LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
1 DRum		Flammable Solids Scrap
		Aerosol Can's Contaminated

DISPOSITION: ☑ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102494-345-0666

REASON FOR RETURNING Removal Service

REFER TO REQ. _____

AUTHORITY FOR RETURNING Dan Rawlins

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Hurricane Franklin Ind. 46131

STREET ADDRESS CITY STATE ZIP

№ 67029

020-031-01D

WHITE COPY - PLANT **CANARY COPY - VENDER** **PINK COPY - PURCHASING**

ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 9-26-97

NO. BOXES, KEGS, BAGS, ETC. ___

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P O No	OUR DEBIT MEMO No	

QUANTITY ., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
14		Empty Drums
		Removal Service

DISPOSITION: ☑ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102454-345-0606

REASON FOR RETURNING Removal of Excess Drums

REFER TO REQ. _____

HORITY FOR URNING Don Bourke

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Harrison Franklin, Ind 46131 STREET ADDRESS CITY STATE ZIP

No 67028

020-031-01D

WHITE COPY - PLANT **CANARY COPY - VENDER** **PINK COPY - PURCHASING**

ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 9-29-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P.O. No	OUR DEBIT MEMO No	

QUANTITY ., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
550 Gallons		SSK Water Condensation Waste

DISPOSITION: ☑ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 102491 345-0000

REASON FOR RETURNING Removal Service

REFER TO REQ. _____

HORITY FOR JRNING Dan Boucher

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1001 N. Hurricane Franklin, Ind 46131

STREET ADDRESS CITY STATE ZIP

№ 67030

020-031-01D

WHITE COPY - PLANT **CANARY COPY - VENDER** **PINK COPY - PURCHASING**

ARVIN NORTH AMERICAN AUTOMOTIVE

1531 13th Street, Columbus, Indiana 47201 812 379-3000

RETURNED GOODS NOTICE

D-U-N-S 00-641-4361

HOLD FOR CREDIT ☐

N. C. FILE _____ ☐

ISSUE D.M. _____ ☐

BLANKET ☐

SHIP TO: Liquid Waste Removal

DATE 9-23-97

NO. BOXES, KEGS, BAGS, ETC. ____

SHIPPED VIA: _____ B/L NO. _____ GROSS WEIGHT _____ PREPAID ☐ COLLECT ☐

YOUR ORDER No	YOUR INVOICE No	ARVIN P.O. No	OUR DEBIT MEMO No	

QUANTITY ., LBS., GALS., ETC.	PART NUMBER	DESCRIPTION
1		Flammable Paint Waste (Liquid)

DISPOSITION: ☑ ISSUE P.O. ☐ HOLD FOR CREDIT ☐ NO CHARGE CHARGE ACCT. 622/94-345-0000

REASON FOR RETURNING Removal Service

REFER TO REQ. _____

HORITY FOR JRNING D. Bowles

PLANT MGR. APPROVAL _____

SHIPPED FROM **ARVIN NORTH AMERICAN AUTOMOTIVE**

RETURN ADDRESS 1531 N. American Columbus Ind 46131 (STREET ADDRESS / CITY / STATE / ZIP)

No 67027

020-031-01D

WHITE COPY - PLANT **CANARY COPY - VENDER** **PINK COPY - PURCHASING**

SERVICE LOCATION
INDIANAPOLIS, IN

LOT CODE: 321130

STOP CODE: 154348

CORPORATE HEADQUARTERS
HERITAGE ENVIRONMENTAL SERVICES, INC.
7901 WEST MORRIS STREET • INDIANAPOLIS, IN 46231
TELEPHONE 317/243-0811
Internet: http://www.heritage-enviro.com

DOCUMENT NO.	WASTESTREAM
666672	851-8
PICKUP DATE	**QUOTE**
28-MAY-97	98414
PICKUP TIME	**GROUP CODE**
N/A	~~123458~~ 121476

SCALE WEIGHTS

SPECIAL INSTRUCTIONS

CUSTOMER

HERITAGE ENVIRONMENTAL SERVICES
REMEDIATION/ENGINEERING-INDIANAPOLIS
1175 WESTERN DRIVE
INDIANAPOLIS, IN 46241-1438
CONTACT: ACCOUNTS PAYABLE 66

PURCHASE ORDER NO.	RELEASE NO.
66013147	

WASTESTREAM COMMON NAME

PAINT SLUDGE

PRODUCT	PRODUCT DESCRIPTION	HAZARD TYPE
68	SUPP FUEL DRUMS	NON-HAZARDOUS

HAZARD CODES

NO HAZARD CODES

PROCESS MATRIX CODE

SYSTEM TYPE

(565-D) S01/T50

DOT DESCRIPTION

NON-DOT REGULATED MATERIAL

PROTECTIVE EQUIPMENT REQUIRED

CHEM RES GLVS,CHEM GLGLS,R BOOTS,FACE SHLD,PCTYVEK SUIT,RESP-ORGN CART

ADDITIONAL EQUIPMENT REQUIRED

PUMPING DRUMS ?

N

SPECIAL INSTRUCTIONS

OT

ARRIVAL

DEPARTURE

GENERATOR: 851 EPA ID NO.:
ARVIN NORTH AMERICAN
** LEW DEWITT **
1001 NORTH HURRICANE AVENUE
FRANKLIN, IN 46131

JOHN MCBEATH
(317)736-7111

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.

SIGNATURE: PRINT NAME: DATE:

ARRIVAL

DEPARTURE

TRANSPORTER: 3042 EPA ID NO.: IND058484114
HERITAGE TRANSPORTATION - HR/E - INDIANAPOLIS

7901 WEST MORRIS STREET
INDIANAPOLIS, IN 46231

(317)243-7475

This is to certify acceptance of this waste for transportation. Carrier certifies that the equipment supplied for this shipment is a proper container for the transportation of this commodity.

SIGNATURE: Scott Harding PRINT NAME: SCOTT HARDING DATE: 5/28/97

ARRIVAL

DEPARTURE

TSD FACILITY: 9000 48 EPA ID NO.: IND093219012
HERITAGE ENVIRONMENTAL SERVICES INC.

7901 WEST MORRIS STREET
INDIANAPOLIS, IN 46231-1367

(317)243-0811

This is to certify the acceptance of this waste for treatment and or disposal in accordance with all applicable regulations.

SIGNATURE: PRINT NAME: DATE:

ESTIMATED QUANTITY	UNIT

HAZARDOUS MANIFEST NO.

GENERATOR MANIFEST NO.

DRIVER	TRACTOR	TRAILER

SPECIAL CHARGES		INITIALS
EMERGENCY RATE:	____ YES OR ____ NO	
DEMURRAGE:	____ MINUTES	
LINER:	____ NO. USED	
HOSE USED:	____ FEET	
PUMPING:	____ DRUMS	
TSD WAITING	____ MINUTES	

NET WEIGHT	NO. OF DRUMS
97	1
GROSS GALLONS	**NET GALLONS**
SCALE UNIT	**SCALE VALUE**
55	
UNLOAD AUTH.	**TANK CODE**
LBS/GAL.	**TSD CODE**

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I.N.D.0.0.6.4.1.4.7.8.3
Manifest Document No. 2 18 2 7
2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131
4. Generator's Phone (317) 736-7111 EXT. 2851

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9

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

9. Designated Facility Name and Site Address
AMERICAN RESOURCE RECOVERY, INCORPORATED
11698 FARM ROAD 608
MARYNEAL, TEXAS 79535
10. US EPA ID Number:

A. Transporter's Phone 317-881-9754
B. Transporter's Phone
C. Facility's Phone 1-800-841-6900

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WASTE OIL FILTERS FOR RECYCLING	001	DM	00250	P
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Printed/Typed Name: DAN Boucher
Signature:
Month Day Year: 05 30 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert L. Warwick
Signature:
Month Day Year: 05 30 97

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 waste materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: J A STROSNIK
Signature:
Month Day Year: 06 04 97

ORIGINAL – RETURN TO GENERATOR

12-BLS-C6 Rev. 4/94

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable)	Document No.	2. Page 1 of 1	
IND 006414783	79162		91723

3. Shipper's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOM
1001 N HURRICANE RD
PO BOX 577
FRANKLIN IN 46131

4. Shipper's Phone (317) 736-7111

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN CORP.	ILD 984908202	317 888-0570
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address 000642 SAFETY-KLEEN CORP. 581 MILLIKEN DR SE HEBRON, OH 43025	10. US EPA ID Number OHD 980587364	C. Facility's Phone 614 929-3532

	11. Shipping Name and Description	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a.	COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (NOT USEPA HAZARDOUS WASTE)(ERG#128)	X	2	DM	26	G
b.						
c.						
d.						

SHIPPER

15. Special Handling Instruction and Additional Information

PP# 679162 MFST R/T# 93939585 4-076-02-6113
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
DRUMMED (DM) WASTE TRANSFERRED TO
TANK TRUCK (TT) AT TRANSFER SITE.
SKDOT# A: 557 B: C: D:

16a. US DOT HAZARDOUS MATERIALS 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.

Printed/Typed Name: DAVE DOWNHOUR
Signature required here if US DOT regulated
Month 08 Day 20 Year 97

USE 16A OR 16B

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name:
Sign here if material is not DOT regulated
Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: James Adkins
Signature:
Month 08 Day 20 Year 97

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 materials covered by this form except as noted in Item 19.

Printed/Typed Name: Carol Phillips
Signature:
Month 08 Day 24 Year 97

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

PERFECTION

Cincinnati, OH (513) 326-2377
Dayton, OH (513) 224-5081
Parkersburg, WV (304) 375-2180
Charleston, WV (304) 722-8122

Louisville, KY (502) 491-3100
Lexington, KY (606) 885-1488
Bowling Green, KY (502) 782-6973
Knoxville, TN (423) 922-9061

Date of Service	10-9 97
Week Ending	10-11-97
Associate	NMT

SERVICE REPORT

SERVICE CALL ID# 9 7 1 0 0 8 - 0 0 0 1

AGREEMENT NO. S P O T

Reg hrs	1	2	3	(4)	5	6	7	8	.25	.5	.7
OT hrs	1	2	3	4	5	6	7	8	.25	.5	.7
DT hrs	1	2	3	4	5	6	7	8	.25	.5	.7

Service Call Complete? (Y) N

Audit

Mileage 26

Local Code B C E P S K W F J

Technician Signature N Martin Jr

Client Acceptance of Work Performed Sam Reinhard

CLIENT INFORMATION

Name Arvin Industries
Address Franklin Plant
Phone
Cust. PO No. 100216 WO# 3101

BILLING INFORMATION

Name
Address

Reason for Call: Refrigerant Recovery

Description of Work Performed: Recovered Refrigerant From 1- Single Unit KoolTronic A/C SN. E9412 42 (R-134A) 12.5 oz Compressor SN. 506704
1- Water Cooler 12 oz of R-12 Compressor SN. 17283

Model #	Serial #	Volts	Ph	Mfg
Model #	Serial #	Volts	Ph	Mfg

Additional Recommendations:

Thank you for your busines

Materials	P.O. #	Qty.	Material Description	Billable?	Office Us
I P				Y N	
I P				Y N	
I P				Y N	
I P				Y N	
I P				Y N	
I P				Y N	
I P				Y N	
I			Miscellaneous Materials	Y N	

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I.N.D.0.0.6.4.1.4.7.8.3

Manifest Document No. 22.0.6.5

2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111 EXT. 2851

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED

6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9

7. Transporter 2 Company Name:

8. US EPA ID Number:

9. Designated Facility Name and Site Address
AMERICAN RESOURCE RECOVERY, INCORPORATED
11698 FARM ROAD 608
MARYNEAL, TEXAS 79535

10. US EPA ID Number:

A. Transporter's Phone 317-881-9754
B. Transporter's Phone
C. Facility's Phone 1-800-841-6900

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WASTE OIL FILTERS FOR RECYCLING	001	DM	00200	P
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
Dan Boucher		10	24	97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Richard A Burton		10	24	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACIL

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year

12-BLS-C6 Rev. 4/94

GENERATOR'S COPY

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.N.D.0.0.6.4.1.4.7.8.3
Manifest Document No.: 22.0.6.5
2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET, FRANKLIN, IN 46131

4. Generator's Phone (317) 736-7111 EXT. 2851

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9

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

9. Designated Facility Name and Site Address
AMERICAN RESOURCE RECOVERY, INCORPORATED
11698 FARM ROAD 608
MARYNEAL, TEXAS 79535

10. US EPA ID Number:

A. Transporter's Phone 317-881-9754
B. Transporter's Phone
C. Facility's Phone 1-800-841-6900

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WASTE OIL FILTERS FOR RECYCLING	001	DM	00200	P
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: DAN Boucher | Signature: [signature] | Month 10 | Day 24 | Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Richard A Burton | Signature: [signature] | Month 10 | Day 24 | Year 97

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 waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: JA STROSNIK | Signature: [signature] | Month 11 | Day 06 | Year 97

ORIGINAL -- RETURN TO GENERATOR

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I.N.D.0.0.6.4.1.4.7.8.3
Manifest Document No. 2.2.0.2.1
2. Page 1 of 1

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET FRANKLIN, IN 46131
4. Generator's Phone (317)736-7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9

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

9. Designated Facility Name and Site Address
AMERICAN RESOURCE RECOVERY, INCORPORATED
11698 FARM ROAD 608
MARYNEAL, TEXAS 79535
10. US EPA ID Number:

A. Transporter's Phone 317-881-9754
B. Transporter's Phone
C. Facility's Phone 1-800-841-6900

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WASTE OIL FILTERS FOR RECYCLING	001 ~~002~~	RB DM	0200 ~~0400~~	P
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
Dan Boucher		09	24	97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Richard A Burton				

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 waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR
TRANSPORTER
FACILITY

GENERATOR'S COPY

12-BLS-C6 Rev. 4/94

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.N.D.0.0.6.4.1.4.7.8.3
Manifest Document No.: 2.2.0.2.1
2. Page 1 of 1

3. Generator's Name and Mailing Address
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE STREET FRANKLIN, IN 46131
4. Generator's Phone (317) 736-7111

5. Transporter 1 Company Name: LIQUID WASTE REMOVAL, INCORPORATED
6. US EPA ID Number: I.N.D.9.8.5.0.4.6.4.9.9

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

9. Designated Facility Name and Site Address
AMERICAN RESOURCE RECOVERY, INCORPORATED
11698 FARM ROAD 608
MARYNEAL, TEXAS 79535
10. US EPA ID Number:

A. Transporter's Phone 317-881-9754
B. Transporter's Phone
C. Facility's Phone 1-800-841-6900

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WASTE OIL FILTERS FOR RECYCLING	001 ~~002~~	RB DM	0200 ~~0400~~	P
b.				
c.				
d.				

GENERATOR

J. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE: GARY BUSH 317-881-9754

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
DAN Boucher		09	24	97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Richard a Burton		09	24	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACIL

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
J A STROSNIK		11	06	97

ORIGINAL -- RETURN TO GENERATOR

Received 12-9-97

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): IND 006414783 | Document No.: 04724 | 2. Page 1 of 1 | **41908**

3. Shipper's Name and Mailing Address:
ARVIN NORTH AMERICAN AUTOM
1001 N HURRICANE RD
PO BOX 577
FRANKLIN IN 46131

Shipper's Phone (317 736-7111

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
SAFETY-KLEEN CORP.	ILD 984908202	317 888-0570
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
000642 SAFETY-KLEEN CORP. 581 MILLIKEN DR SE HEBRON, OH 43025	OHD 980587364	614 929-3532

	11. Shipping Name and Description	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a.	COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (NOT USEPA HAZARDOUS WASTE)(ERG#128)	X	2	DM	24	G
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T# 94545647 4-076-02-6113
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
DRUMMED (DM) WASTE TRANSFERRED TO
TANK TRUCK (TT) AT TRANSFER SITE.
SKDOT# A: 557 B: C: D:

16a. US DOT HAZARDOUS MATERIALS 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.

Printed/Typed Name: Phillip W Hicks | Signature required here if US DOT regulated | Month 11 Day 25 Year 97

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name | Sign here if material is not DOT regulated | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Jim Adams | Signature | Month 11 Day 25 Year 97

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 materials covered by this form except as noted in Item 19.

Printed/Typed Name | Signature | Month Day Year

IN EVENT OF EMERGENCY CALL
1-800-468-1760 (24 hours)

USE 16A OR 16B

GENERATOR'S COPY

4-076-02

BILL OF LADING/MANIFEST

1. Shipper's US EPA ID No. (If Applicable): IND 006414783 | Document No.: 04724 | 2. Page 1 of 1 | 41908

3. Shipper's Name and Mailing Address: ARVIN NORTH AMERICAN AUTOM
1001 N HURRICANE RD
PO BOX 577
FRANKLIN IN 46131

4. Shipper's Phone: (317) 736-7111

5. Transporter 1 Company Name: SAFETY KLEEN CORP.
6. US EPA ID Number: ILD 984900202
A. Transporter's Phone: 317 888-0570

7. Transporter 2 Company Name:
8. US EPA ID Number:
B. Transporter's Phone:

9. Designated Facility Name and Site Address: 000642
SAFETY-KLEEN CORP.
581 MILLIKEN DR SE
HEBRON, OH 43025
10. US EPA ID Number: OHD 980587364
C. Facility's Phone: 614 929-3532

	11. Shipping Name and Description	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a.	COMBUSTIBLE LIQUID,N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (NOT USEPA HAZARDOUS WASTE)(ERG#128)	X	2	DM	24	G
b.						
c.						
d.						

15. Special Handling Instruction and Additional Information

MFST R/T# 94545647 4-076-02-6113
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
DRUMMED (DM) WASTE TRANSFERRED TO
TANK TRUCK (TT) AT TRANSFER SITE.
SKDOT# A: 557 B: C: D:

SHIPPER

16a. US DOT HAZARDOUS MATERIALS 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.

Printed/Typed Name: Phillip W Hicks
Signature required here if US DOT regulated — Signature: Phillip W Hicks — Month 11 Day 12 Year 97

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name:
Sign here if material is not DOT regulated — Month Day Year

USE 16A OR 16B

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim Adams
Signature — Month 11 Day 12 Year 97

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 materials covered by this form except as noted in Item 19.
Printed/Typed Name: Carol Phillips
Signature — Month 12 Day 11 Year 97

IN EVENT OF EMERGENCY CALL

LIGHTING RESOURCES, INC.
1522 E. Victory Street, Suite #2
Phoenix, Arizona 85040
(602) 276-4278 • (800) 572-9253 • FAX (602) 276-5432

June 9, 1997

LIQUID WASTE REMOVAL, INC.
500 South Polk Street, #100
Greenwood, IN 46143

CERTIFICATE OF RECYCLING

Dear Environmental Coordinator:

This letter is to inform you that we have received your shipment of Fluorescent lamps that were shipped to our Lighting Resources Recycling Center in Greenwood, Indiana. The shipment was processed according to the Variance Under Indiana Code #13-7-7-6.
IN EPA #IN0000351387.

The Fluorescent lamps have been de-manufactured and processed in accordance to all local, state and federal regulations. This information is provided to assist your company in meeting the requirements for the proper disposal of mercury contaminated lamps.

Inventory:	1 Drum of Crushed Lamps
Date Processed:	June 5, 1997
Generated By:	Arvin North American Automobile 1001 Hurricane Street Franklin, IN 46131

Thank you for helping to protect our environment.

Sincerely,

Daniel P. Gillespie

Daniel P. Gillespie
President