

CONTRACT NUMBER ~~DCA 200-87-D-0045~~ OIL WASTE  
DELIVERY ORDER NUMBER DCA 200-88-D-0033  
DO-0001

DOR SENT ~~10/11/86~~ 11/5/87

DO RECEIVED 2 NOV 87

SCHEDULED PICK UP DATE 11-23-87-THUR-12-16-87

ACTUAL PICK UP DATE SAME AS ABOVE

COMEBACK COPY DATE

DISCREPANCY REPORT DUE COMPLETED 12-17-87

<input checked="" type="checkbox"/> CHECKED BOX APPLIES		<input type="checkbox"/> ORDER FOR SUPPLIES OR SERVICES		<input type="checkbox"/> REQUEST FOR QUOTATIONS NO.		PAGE 1 OF 2	
		RETURN COPY(IES) OF THIS QUOTE BY (THIS IS NOT AN ORDER. See DD Form 1155r)				5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
1. CONTRACT/PURCH ORDER NO. DLA200-88-D-0033		2. DELIVERY ORDER NO. 0001		3. DATE OF ORDER 30 OCT 87		4. REQUISITION/PURCH REQUEST NO. JHM-87-016	
6. ISSUED BY: J. DEMPSEY/(901)775-6768/TKH DEFENSE REUTILIZATION & MARKETING SERVICE DMS-P, BLDG. 210/4, 2163 AIRWAYS BLVD. MEMPHIS, TN 38114-5052		7. ADMINISTERED BY: (If other than 6)		8. DELIVERY FOB <input type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)			
9. CONTRACTOR/QUOTER NAME AND ADDRESS SPECIAL WASTE INC. 902 S. MAIN ST. SARKVILLE, WI 53080-0501 (414) 375-1316		10. DELIVER TO FOB POINT BY: 30 NOV 87		11. CHECK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
14. SHIP TO: SEE SCHEDULE		15. PAYMENT WILL BE MADE BY: DEFENSE REUTILIZATION & MARKETING SERVICE 74 N. WASHINGTON, FEDERAL CENTER BATTLE CREEK, MI 49017-3092		12. DISCOUNT TERMS SEE INVOICE		13. MAIL INVOICES TO: SEE BLOCK 6	
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/>		This delivery order is subject to instructions contained on this side of form only and is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ furnish the following on terms specified herein, including, for U.S. purchases. General Provisions of Purchase Order on DD Form 1155r (EXCEPT CLAUSE NO. 12 APPLIES ONLY IF THIS BOX <input type="checkbox"/> IS CHECKED, AND NO. 14 IF THIS BOX <input type="checkbox"/> IS CHECKED); special provisions _____; and delivery as indicated. This purchase is negotiated under authority of _____ 10 USC 2304(a)(3) or as specified in the schedule if within the U.S., its possessions or Puerto Rico; if otherwise under 2304(a)(6). <input type="checkbox"/> If checked, Additional General Provisions apply; Supplier shall sign "Acceptance" on DD Form 1155r and return _____ copies.					
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 9780100.6141 NO P673.20 2527 S20-114 (D63301) NAVY							
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		
	THE FOLLOWING ITEMS ARE TO BE PICKED UP AT CAMP LEJEUNE AND DISPOSED OF IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE CONTRACT.  SEE DMS FORM 1786, PAGE 1 OF 1.						
*If quantity accepted by the Government is same as quantity ordered, indicate by ✓ mark. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA BY: JEWEL S. DEMPSEY		25. TOTAL \$10,000.00		29. DIFFERENCES	
26. QUANTITY IN COLUMN 20 HAS BEEN: <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27. SHIP. NO.		28. D.O. VOUCHER NO.		30. INITIALS	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER	
37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.		



**THIS PARAGRAPH APPLIES ONLY TO QUOTATIONS SUBMITTED:**

Supplies are of domestic origin unless otherwise indicated by quote. The Government reserves the right to consider quotations or modifications thereof received after the date indicated should such action be in the interest of the Government. This is a request for information and quotations furnished are not offers. When quoting, complete blocks 11, 12, 22, 23, 25. If you are unable to quote, please advise. This request does not commit the Government to pay any cost incurred in preparation or the submission of this quotation or to procure or contract for supplies or services.

**GENERAL PROVISIONS**

**1. INSPECTION AND ACCEPTANCE** - Inspection and acceptance will be at destination, unless otherwise provided. Until delivery and acceptance, and after any rejections, risk of loss will be on the Contractor unless loss results from negligence of the United States Government. Notwithstanding the requirements for any Government inspection and test contained in specifications applicable to this contract, except where specialized inspections or tests are specified for performance solely by the Government, the contractor shall perform or have performed the inspections and tests required to substantiate that the supplies and services provided under the contract conform to the drawings, specifications and contract requirements listed herein, including if applicable the technical requirements for the manufacturers' part numbers specified herein.

**2. VARIATION IN QUANTITY** - No variation in the quantity of any item called for by this contract will be accepted unless such variation has been caused by conditions of loading, shipping, or packing, or allowances in manufacturing processes, and then only to the extent, if any, specified elsewhere in this contract.

**3. PAYMENTS** - Invoices shall be submitted in quadruplicate (one copy shall be marked "Original") unless otherwise specified, and shall contain the following information: Contract or order number, item number, contract description of supplies or services, sizes, quantities, unit prices and extended totals. Bill of lading number and weight of shipment will be shown for shipments on Government Bills of Lading. Unless otherwise specified, payment will be made on partial deliveries accepted by the Government when the amount due on such deliveries so warrants.

**4. DISCOUNTS** - In connection with any discount offered, time will be computed from date of delivery of the supplies to carrier when acceptance is at the point of origin, or from date of delivery at destination or port of embarkation when delivery and acceptance are at either of these points, or from the date the correct invoice or voucher is received in the office specified by the Government, if the latter is later than date of delivery. Payment is deemed to be made for the purpose of earning the discount on the date of mailing of the Government check.

**5. DISPUTES** - (This contract is governed by the Contract Disputes Act of 1978 (Public Law 95-563) (the "Act"). The Act provides administrative procedures for the submission, analysis, negotiation, and if necessary, litigation of claims relating to this contract. The parties to this contract must comply with certain time restrictions on rendering of contracting officer decisions on claims, and on the appeal of those decisions. Further details on the rights and remedies under the Act may be found in the DAR at 1-314.)

**6. FOREIGN SUPPLIES** - This contract is subject to the Buy American Act (41 U.S.C. 10a-d) as implemented by Section VI of the DAR and any restrictions in appropriation acts on the procurement of foreign supplies. The quotation must identify any foreign items to be furnished.

**7. CONVICT LABOR** - In connection with the performance of work under this contract, the Contractor agrees not to employ any person undergoing sentence of imprisonment except as provided by Public Law 89-176, September 10, 1965 (18 U.S.C. 4082(c)(2)) and Executive Order 11755, December 29, 1973.

**8. OFFICIALS NOT TO BENEFIT** - No member or Delegate to Congress or resident commissioner, shall be admitted to any share or part of this contract, or to any benefit that may arise therefrom, but this provision shall not be construed to extend to this contract if made with a corporation for its general benefit.

**9. COVENANT AGAINST CONTINGENT FEES** - The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty the Government shall have the right to annul this

contract without liability or in its discretion to deduct from the contract price or consideration or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.

**10. GRATUITIES** - (a) The Government may, by written notice to the Contractor, terminate the right of the Contractor to proceed under this contract if it is found after notice and hearing, by the Secretary or his duly authorized representative, that gratuities (in the form of entertainment, gifts or otherwise) were offered or given by the Contractor, or any agent or representative of the Contractor, to any officer or employee of the Government with a view toward securing a contract or securing favorable treatment with respect to the awarding or amending, or the making of any determinations with respect to the performing of such contract, provided, that the existence of the facts upon which the Secretary or his duly authorized representative make such findings shall be in issue and may be reviewed in any competent court. (b) In the event this contract is terminated as provided in paragraph (a) hereof the Government shall be entitled (i) to pursue the same remedies against the Contractor as it could pursue in the event of a breach of the contract by the Contractor and (ii) as a penalty in addition to any other damages to which it may be entitled by law to exemplary damages in an amount (as determined by the Secretary or his duly authorized representative) which shall be not less than three nor more than ten times the costs incurred by the Contractor in providing any such gratuities to any such officer or employee. (c) The rights and remedies of the Government provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this contract.

**11. CONDITION FOR ASSIGNMENT** - This Purchase Order may not be assigned pursuant to the Assignment of Claims Act of 1940, as amended (31 U.S.C. 203, 41 U.S.C. 15), unless or until the supplier has been requested and has accepted this order by executing the Acceptance hereon.

**12. COMMERCIAL WARRANTY** - The Contractor agrees that the supplies or services furnished under this contract shall be covered by the most favorable commercial warranties the Contractor gives to any customer for such supplies or services and that the rights and remedies provided herein are in addition to and do not limit any rights afforded to the Government by any other clause of this contract.

**13. PRIORITIES, ALLOCATIONS, AND ALLOTMENTS** - The Contractor shall follow the provisions of DMS Reg. 1, or DPS Reg. 1 and all other applicable regulations and orders of the Bureau of Domestic Commerce in obtaining controlled materials and other products and materials needed to fill this order.

**14. FAST PAYMENT PROCEDURE** - (a) *General.* This is a fast payment order. Invoices will be paid on the basis of the Contractor's delivery to a post office, common carrier, or, in shipment by other means, to the point of first receipt by the Government.

(b) *Responsibility for Supplies.* Title to the supplies shall vest in the Government upon delivery to a post office or common carrier for shipment to the specified destination. If shipment is by means other than post office or common carrier, title to the supplies shall vest in the Government upon delivery to the point of first receipt by the Government. Notwithstanding any other provision of the purchase order, the Contractor shall assume all responsibility and risk of loss for supplies (i) not received at destination, (ii) damaged in transit, or (iii) not conforming to purchase requirements. The Contractor shall either replace, repair, or correct such supplies promptly at his expense, provided instructions to do so are furnished by the Contracting Officer within ninety (90) days from the date title to the supplies vests in the Government. (180 days for overseas shipment.)

(c) *Preparation of Invoice.*  
 (1) Upon delivery of supplies to a post office, common carrier, or in shipments by other means, the point of first receipt by the Government, the Contractor shall prepare an invoice in accordance with Clause 3 of the General Provisions of Purchase Order, except that invoices under a blanket purchase agreement shall be prepared in accordance with the provisions of the agreement. All invoices shall also be prominently marked "Fast Pay."

(2) If the purchase price excludes the cost of transportation, the Contractor shall enter the prepaid shipping cost on the invoice as a separate item. The cost of parcel post insurance will not be paid by the Government. If transportation charges are separately stated on the invoice, the Contractor agrees to retain related paid freight bills or other transportation billings paid separately for a period of three (3) years and to furnish such bills to the Government when requested for audit purposes.

(3) In the event this order requires the preparation of a Material Inspection and Receiving Report (DD Form 250), the Contractor has the option of either preparing the DD Form 250 or including the following information on the invoice, in addition to that required in (c)(1) above: (A) a statement in prominent letters

"NO DD 250 PREPARED"; (B) shipment number; (C) mode of shipment; and (D) at line item level, (i) National Stock Number and/or manufacturer's part number, (ii) unit of measure, (iii) Ship-To-Point, (iv) Mark-For-Point if in contract, and (v) MILSTRIP document number if in contract. When a DD Form 250 is not required, the invoice will include the following information: (i) Ship-To-Point, (ii) Mark-For-Point and MILSTRIP document number if in contract, as well as the information in (c)(i) above. In all cases where no DD Form 250 is prepared, a copy of the invoice will be included in each shipment.

(d) *Certification of Invoice.* The Contractor agrees that the submission of an invoice to the Government for payment is a certification that the supplies for which the Government is being billed have been shipped or delivered in accordance with shipping instructions issued by the ordering officer, in the quantities shown on the invoice, and that such supplies are in the quantity and of the quality designated by the cited purchase order.

**OUTER SHIPPING CONTAINERS SHALL BE MARKED "FAST PAY"**

15. (This clause applies if this contract is for services and is not exempted by applicable regulations of the Department of Labor.)

**SERVICE CONTRACT ACT OF 1965** - Except to the extent that an exemption, variation or tolerance would apply pursuant to 29 CFR 4.6 if this were a contract in excess of \$2,500, the Contractor and any subcontractor hereunder shall pay all of his employees engaged in performing work on the contract not less than the minimum wage specified under section 6(a)(1) of the Fair Labor Standards Act of 1938, as amended (current minimum wage). However, in cases where section 6 (e)(2) of the Fair Labor Standards Act of 1938 is applicable, the rates specified therein will apply. All regulations and interpretations of the Service Contract Act of 1965 expressed in 29 CFR Part 4 are hereby incorporated by reference in this contract.

**ADDITIONAL GENERAL PROVISIONS**

**16. CHANGES** - The Contracting Officer may at any time, by a written order, and without notice to the sureties, make changes, within the general scope of this contract, in (i) drawings, designs, or specifications, where the supplies to be furnished are to be specially manufactured for the Government in accordance therewith; (ii) method of shipment or packing and (iii) place of delivery. If any such change causes an increase or decrease in the cost of, or the time required for performance of this contract, whether changed or not changed by any such order, an equitable adjustment shall be made by written modification of this contract. Any claim by the Contractor for adjustment under this clause must be asserted within 30 days from the date of receipt by the Contractor of the notification of change provided that the Contracting Officer, if he decides that the facts justify such action, may receive and act upon any such claim if asserted prior to final payment, under this contract. Failure to agree to any adjustment shall be a dispute concerning a question of fact within the meaning of the clause of this contract entitled "Disputes." However, nothing in this clause shall excuse the Contractor from proceeding with the contract as changed.

**17. TERMINATION FOR DEFAULT** - The Contracting Officer, by written notice, may terminate this contract, in whole or in part, for failure of the Contractor to perform any of the provisions hereof. In such event, the Contractor shall be liable for damages, including the excess cost of procuring similar supplies or services; provided that, if (i) it is determined for any reason that the Contractor was not in default or (ii) the Contractor's failure to perform is without his and his subcontractor's control, fault or negligence, the termination shall be deemed to be a termination for convenience under paragraph 18. As used in this provision the term "subcontractor" and "subcontractors" means subcontractors at any tier.

**18. TERMINATION FOR CONVENIENCE** - The Contracting Officer, by written notice, may terminate this contract, in whole or in part, when it is in the best interest of the Government. If this contract is for supplies and is so terminated, the Contractor shall be compensated in accordance with Section VIII of the Defense Acquisition Regulation in effect on this contract's date. To the extent that this contract is for services and is so terminated, the Government shall be liable only for payment in accordance with the payment provisions of this contract for services rendered prior to the effective date of termination.

**19. ASSIGNMENT OF CLAIMS** - Claims for monies due or to become due under this contract shall be assigned only pursuant to the Assignment of Claims Act of 1940, as amended (31 U.S.C. 203, 41 U.S.C. 15). However, payments to an assignee of monies under this contract shall not, to the extent provided in said Act, as amended, be subject to reduction or set-off (See Clause 11).

**ACCEPTANCE**

THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED



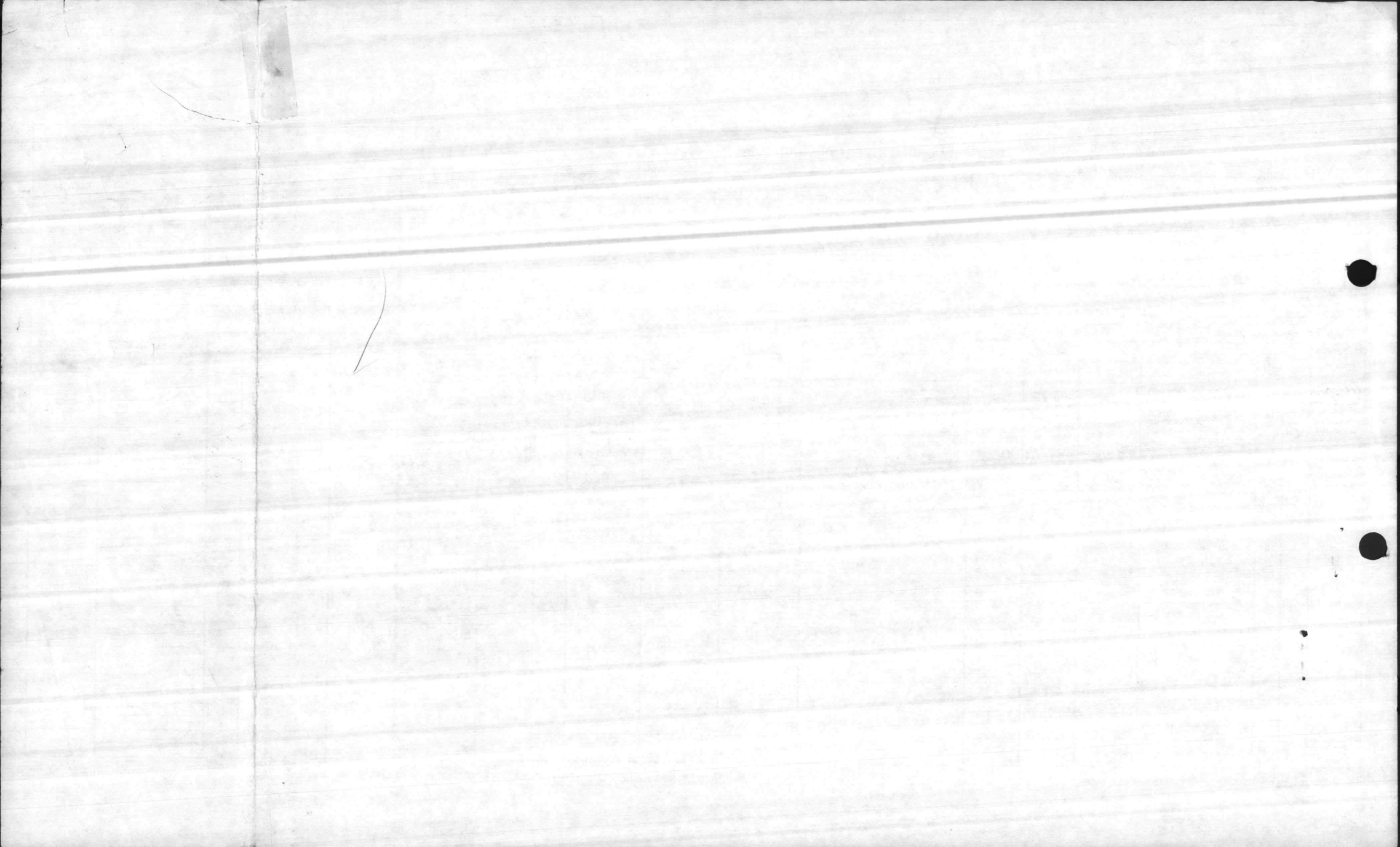
DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <b>MARINE CORPS BASE</b>	EPA NUMBER <b>NC 6170022580</b>	AWARDED CONTRACT NUMBER <b>0033 DLA 200-88D-0045</b>	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE	
COMPLETE ADDRESS <b>CAMP LEJEUNE NC 28542</b>	DRMO <b>LEJEUNE</b>	CONTRACT NUMBER <b>0033</b>	DELIVERY ORDER NUMBER <b>0021</b>	
COR <b>GEORGE EGGERS</b>	PICKUP LOCATION <b>TANK # 5891 TANKS 889 TANK ST761 TANK ST762</b>	AUTHORIZED TRANSPORTER NAME	EPA NUMBER	
COMMERCIAL PHONE NUMBER <b>(919) 451-5613 / 5652</b>	AUTOVON PHONE NUMBER <b>484-5613 / 5652</b>	TSDF NAME	EPA NUMBER	
GENERATOR REQUEST NUMBER <b>L014</b>	RIC CODE <b>SWA</b>	AUTHORIZED TRANSPORTER SIGNATURE		
DATE SENT TO CONTRACTING <b>11 Sept 87</b>	DATE RECEIVED BY CONTRACTING <b>9-15-87</b>	AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR)		

1 CLIN	2 SUFFIX	3 NSN LSN	4 DTID			5 ITEM NAME US DOT DESCRIPTION	6 STORAGE CONTAINER		7 STORAGE LOCATION	8 QUANTITY	9 UNIT	10 PRICE	11 AMOUNT	12 EPA WASTE CODE	13 PICKED UP		14 PICKUP MANIFEST NUMBER LINE CODE	15 DATE PICKED UP DDMMYY
			DODAAC	DATE	SERIAL		DRUM NUMBER	QUANTITY							UNIT	QUANTITY		
47264 3921	00	AA	9150-00-016-WASTE	M93182	7245	0005	SEE ATTACHED SAMPLE 87-55	TANK ABOVE	TARAWA TERRACE	12,500	GL	.25	3125.00					
3921	00	AB	9150-00-016-WASTE	M93182	7245	0006	SEE ATTACHED SAMPLE 87-56	GROUND	STT-61	12,500	GL	.25	3125.00					
3921	00	AC	9150-00-016-WASTE	M93182	7245	0003	SEE ATTACHED SAMPLE 87-50	" "	TARAWA TERRACE	17,500	GL	.25	4375.00					
3921	00	AD	9150-00-016-WASTE	M93182	7245	0004	SEE ATTACHED SAMPLE 87-52	" "	HOLCOMB BLVD	17,500	GL	.25	4375.00					
												15,000.00						





6241/2  
NREAD  
14 Jul 87

From: Director, Natural Resources and Environmental Affairs  
Division, Marine Corps Base, Camp Lejeune  
To: Base Maintenance Officer, Marine Corps Base, Camp Lejeune  
Subj: WASTE OIL STORAGE TANKS; ANALYSIS OF

Ref: (a) BO 6240.5

Encl: (1) JTC Environmental Consultants, Inc., Report #87-247  
(2) JTC Environmental Consultants, Inc., Report #87-247  
Addendum

1. On 28 May 1987, the four waste oil storage tanks at Holcomb Boulevard, two of the three tanks at Marine Corps Air Station, New River, and three of the six tanks at Tarawa Terrace, were sampled by NREAD. Sample numbers 87-49 through 87-52 are the Holcomb Boulevard tanks S-888, S-889, S-890, and S-891, respectively. Sample number 87-53 is the Marine Corps Air Station, New River tank in the middle and sample number 87-54 is the Marine Corps Air Station, New River tank closest to the crash crew. Sample numbers 87-55 through 87-57 are the tanks at Tarawa Terrace, STT-61, STT-62, and STT-63 respectively.

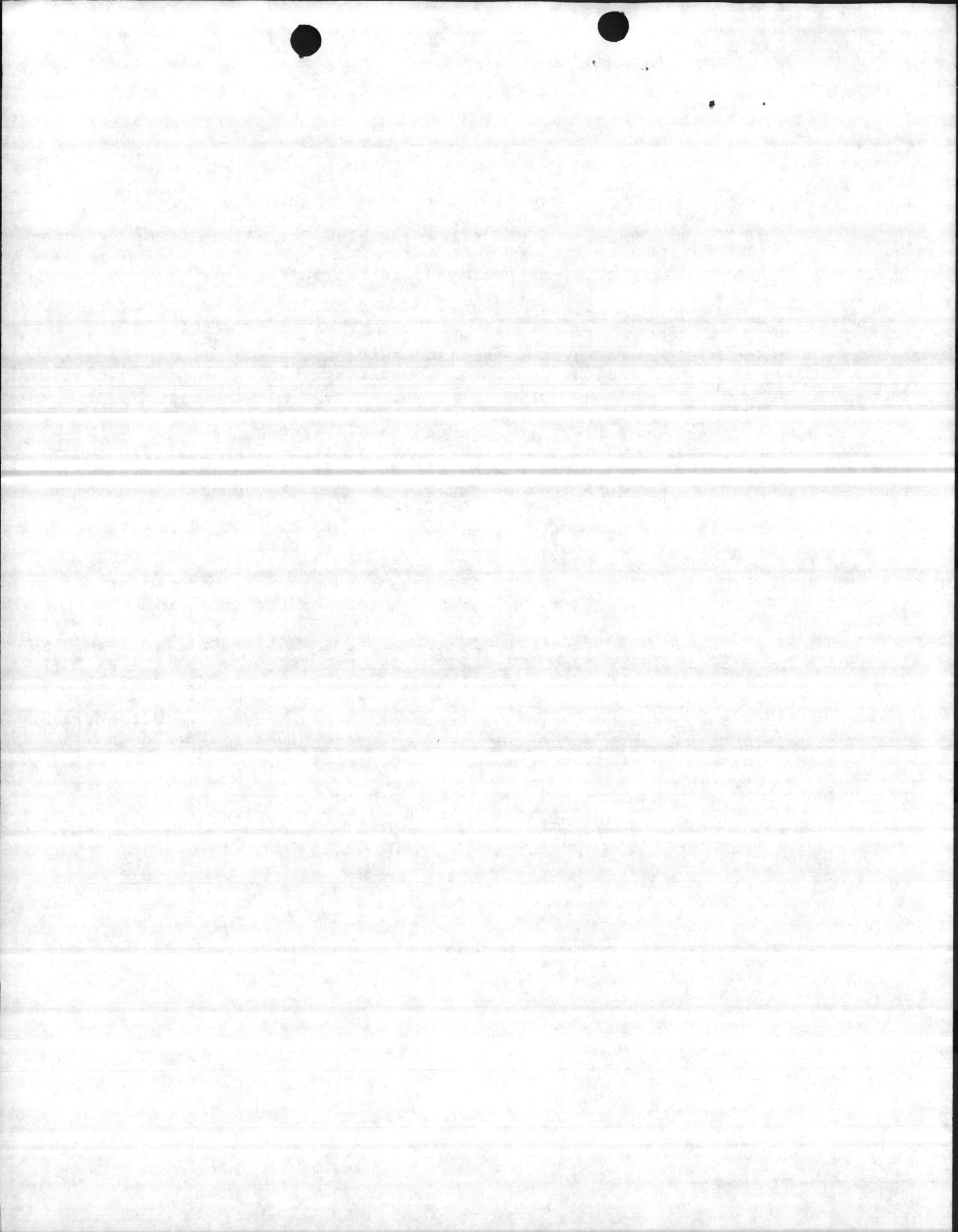
2. Based on data contained in enclosures (1) and (2), the contents of S-888, S-890 and STT-63 are specification used oil. The rest of the tanks, due to the levels of Total Organic Halogen (TOX), are regulated as a hazardous waste fuel by regulations outlined in the reference. The majority of the subject waste oil appears to be suitable for burning for recovery of energy based on information provided by Oldover Corporation, Aquadale, North Carolina.

3. It is recommended that the subject oil be turned in to DRMO for disposal. Point of contact is Danny Sharpe, extension 2083.

J. I. WOOTEN

Copy to:  
DRMO  
AC/S, FAC  
EC&MS (2)





Partial Results

JTC DATA REPORT # 87-247

LABORATORY ANALYSIS ON NAVAL SAMPLES

CONTRACT #N62470-86-C-8754

CASE # 42

PREPARED FOR:

DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511-6287

PREPARED BY:

JTC ENVIRONMENTAL CONSULTANTS, INC.  
4 RESEARCH PLACE, SUITE L-10  
ROCKVILLE, MARYLAND 20850

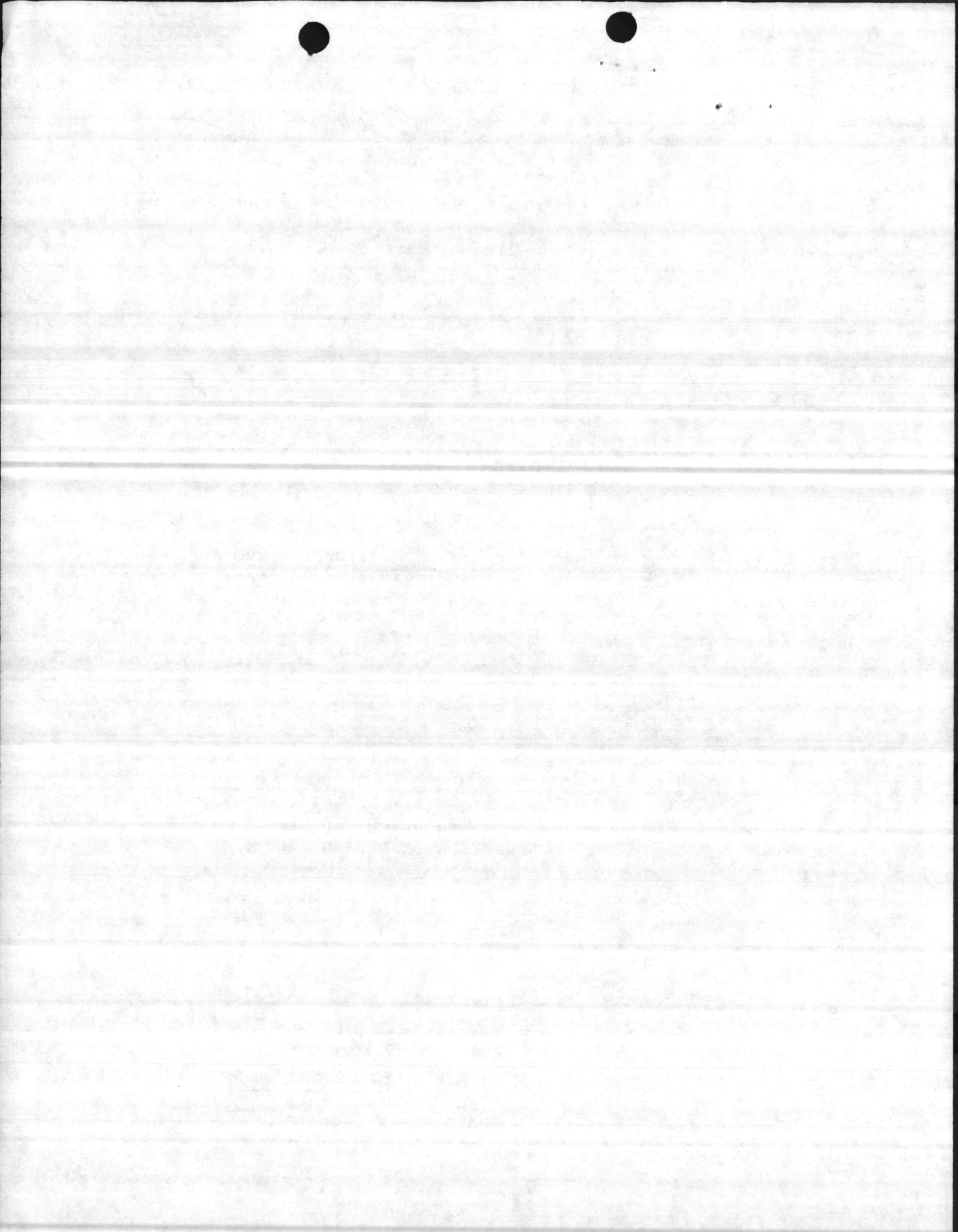
JULY 6, 1987

*Ann E. Rosecrance*

Ann E. Rosecrance  
Laboratory Director

ENCLOSURE





Location: Camp Lejeune Date of Receipt: 6-5-87 Turnaround: routine  
 Date: 7-6-87 Case No. 42 to Naval Facilities Engineering Command, Norfolk, Virginia  
 JTC Data Report No. 87-247 Table i

Oil Phase

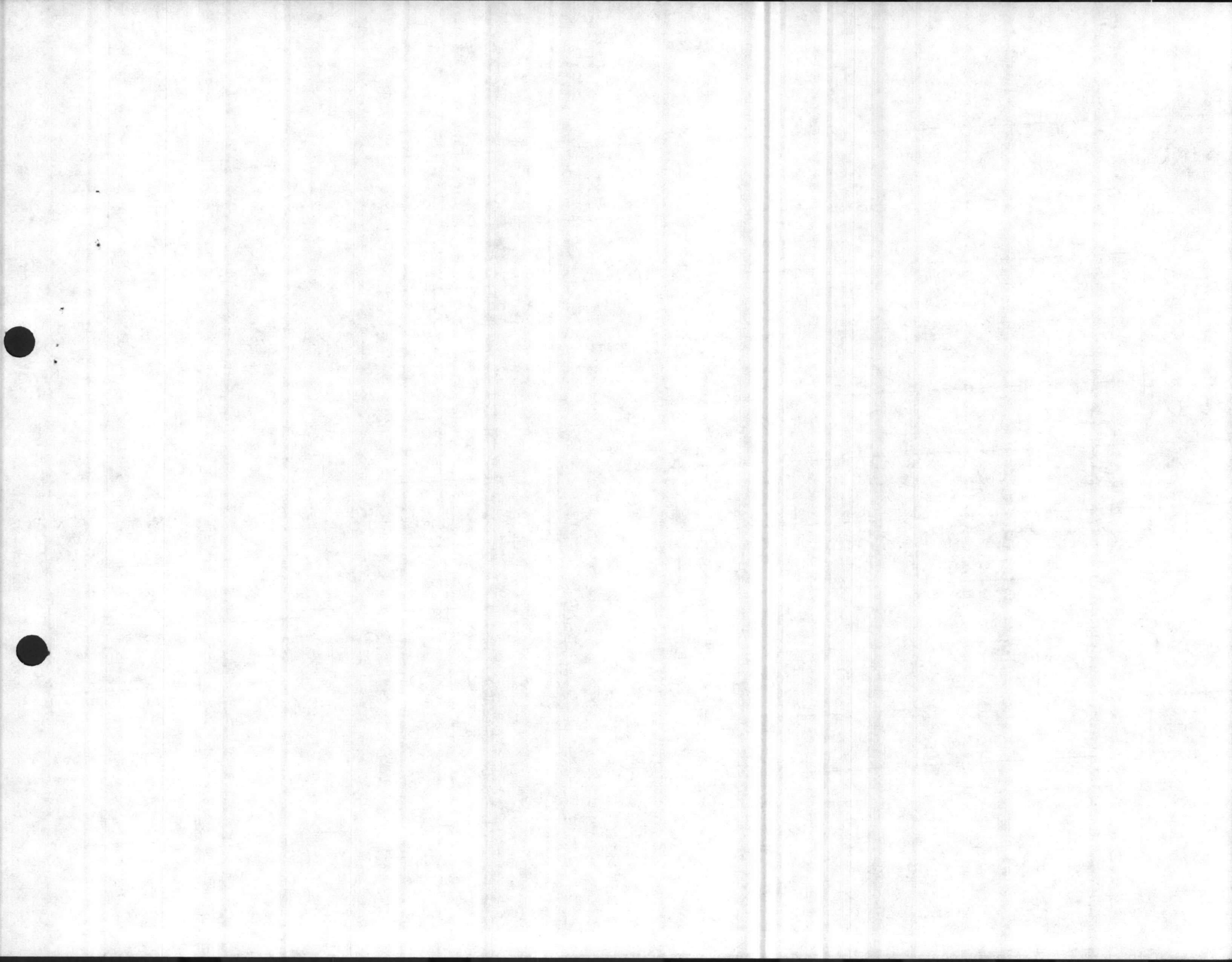
NAVY SAMPLE ID	JTC SAMPLE ID	ANALYSIS PARAMETER							
		Water %	SS + W %	Viscosity @100°F, SUS	BTU per lb.	TOX %	Flashpoint °C	Sp. Gravity <sup>a</sup> g/ml	Sp. Grav g/ml
87-49	61-0305	19.5	19.5	93.6	15,550	<0.05	N.O.		
87-50	61-0306	13.5	20.0	100.8	16,500	0.20	boiled at 70°	0.73	0.92
87-51	61-0307	17.6	24.0	103.8	15,500	<0.05	N.O. boiled at 50°	0.77*	—
87-52	61-0308	0.76	0.80	53.0	19,300	0.12	N.O. boiled at 45°	0.72	0.90
87-53	61-0309	8.4	13.5	100.8	17,500	0.16	35	0.73	0.88
87-54	61-0310	8.1	13.0	56.1	17,500	0.25	40	0.73	0.93
87-55	61-0311	18.4	23.0	97.0	15,000	0.13	35	0.75	0.88
87-56	61-0312	12.0	17.5	104.6	15,000	0.13	N.O. boiled at 45°	0.76	0.98
87-57	61-0313	19.6	22.0	120.2	16,650	0.22	40	0.73	0.89
					15,100	<0.05	N.O. boiled at 45°	0.76	0.98

TRACK 5-891  
 TRACK 5-891  
 TRACK 577-62

0 = not observed

top layer b = bottom layer

\* sample consisted of only one oil layer





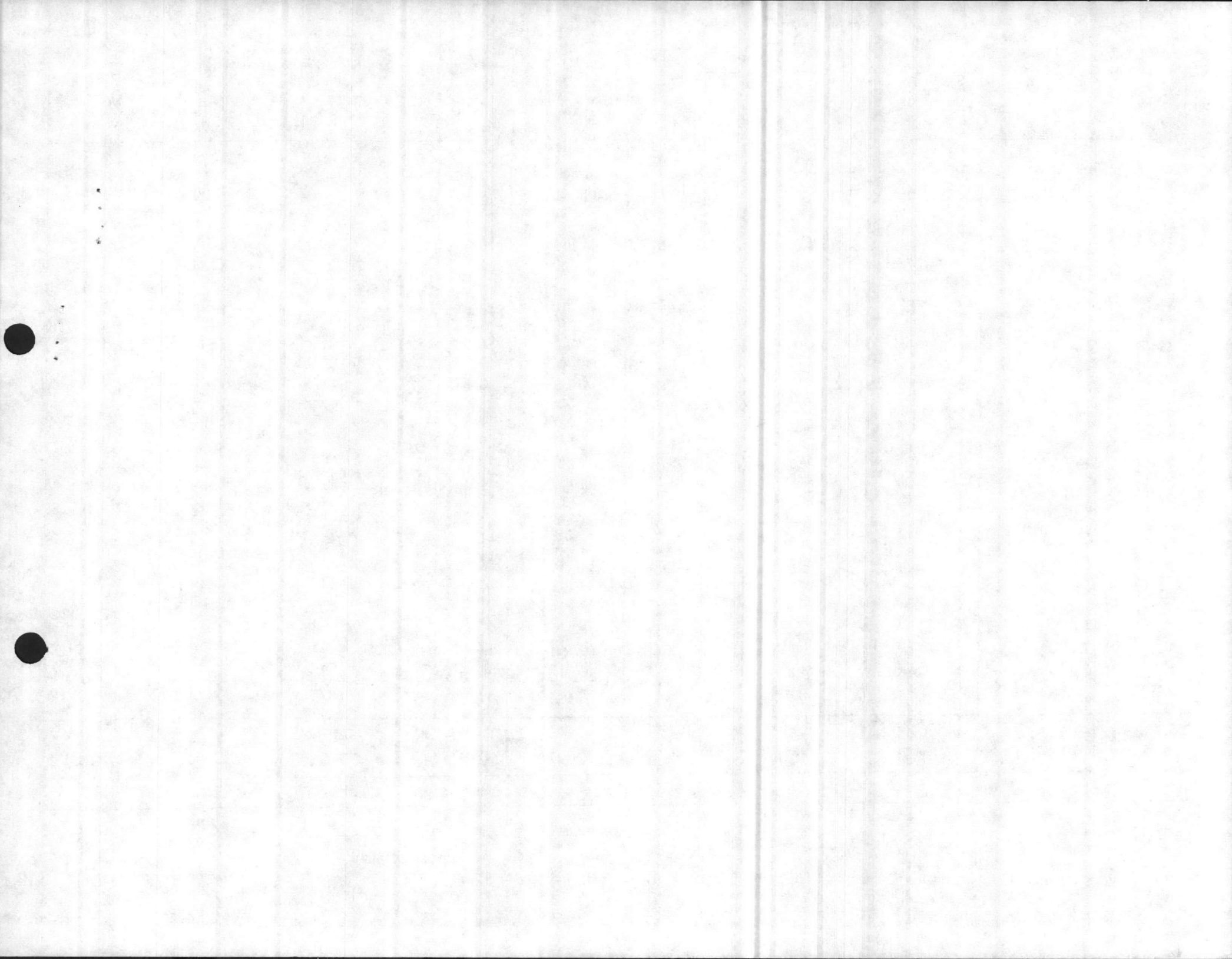
Location: Camp Lejeune Date of Receipt: 6-5-87 Turnaround: routine

Date: 7-6-87 Case No. 42 to Naval Facilities Engineering Command, Norfolk, Virginia

JTC Data Report No. 87-247 Table 3

Water Phase Composite

NAVY SAMPLE ID	JTC SAMPLE ID	ANALYSIS PARAMETER							
		TOX ug/L	Phenols mg/L	VOA	As ug/L	Cd ug/L	Cr ug/L	Pb ug/L	
87-49/ 57 composite	61-0305/ 61-0313	814	6.8	See attached sheet	498	<20	72	155	







# Environmental Consultants, Inc.

## PRIORITY POLLUTANT ANALYSIS DATA SHEET

### VOLATILE FRACTION

JTC SAMPLE # 61-0305/0313 Composite PROJECT NO. NF-61 #42  
 CLIENT SAMPLE # 87-49787-57 Composite DATE RECEIVED 6/5/87  
 METHOD NO. 624 DETECTION LIMIT 500 ug/L

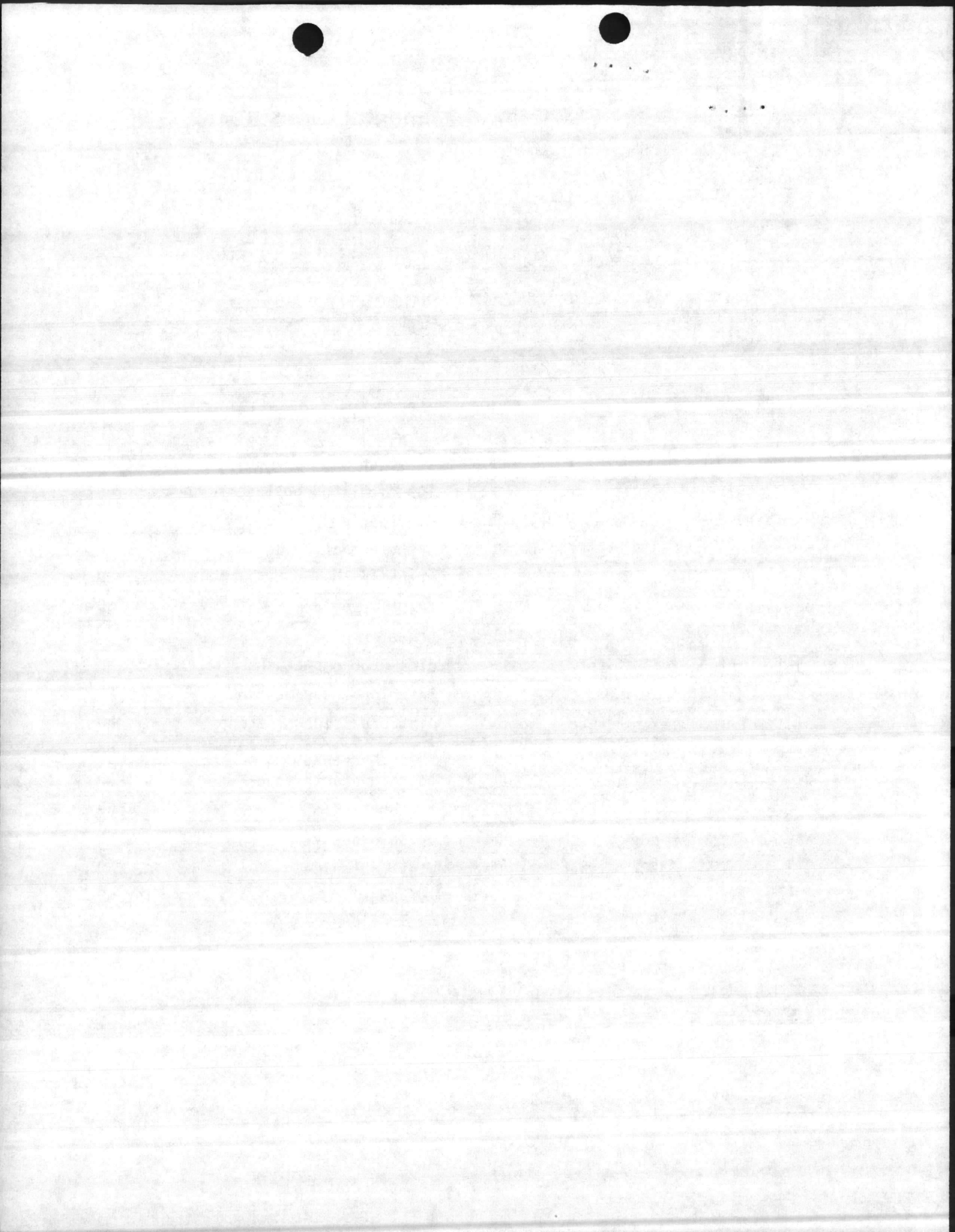
PARAMETER	RESULT ug/L	PARAMETER	RESULT ug/L
acrolein	ND	1,2-dichloropropane	ND
acrylonitrile	ND	1,3-dichloropropylene	ND
benzene	540 <del>ND</del>	ethylbenzene	110* <del>ND</del>
carbon tetrachloride	ND	methylene chloride	ND
chlorobenzene	ND	methyl chloride	ND
1,2-dichloroethane	ND	methyl bromide	ND
1,1,1-trichloroethane	230* <del>ND</del>	bromoform	ND
1,1-dichloroethane	ND	dichlorobromomethane	ND
1,1,2-trichloroethane	ND	trichlorofluoromethane	ND
1,1,2,2-tetrachloroethane	ND	dichlorodifluoromethane	ND
chloroethane	ND	chlorodibromomethane	ND
2-chloroethylvinylether	ND	tetrachloroethylene	ND
chloroform	ND	toluene	990 <del>ND</del>
1,1-dichloroethylene	ND	trichloroethylene	ND
1,2-trans-dichloroethylene	ND	vinyl chloride	ND
		xylenes	620 <del>ND</del>

Acetone 70,000  
 MEK (2-Butanone) 13,000  
 MIBK (4-methyl-2-pentanone) 1200  
 1,1,2-Trichlorotrifluoroethane (freon)

present, concentration not a

ND = NOT DETECTED

\* = BELOW DETECTION LIMIT





Appendendum

JTC DATA REPORT # 87-247

LABORATORY ANALYSIS ON NAVAL SAMPLES

CONTRACT #N62470-86-C-8754

CASE # 42

PREPARED FOR:

DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511-6287

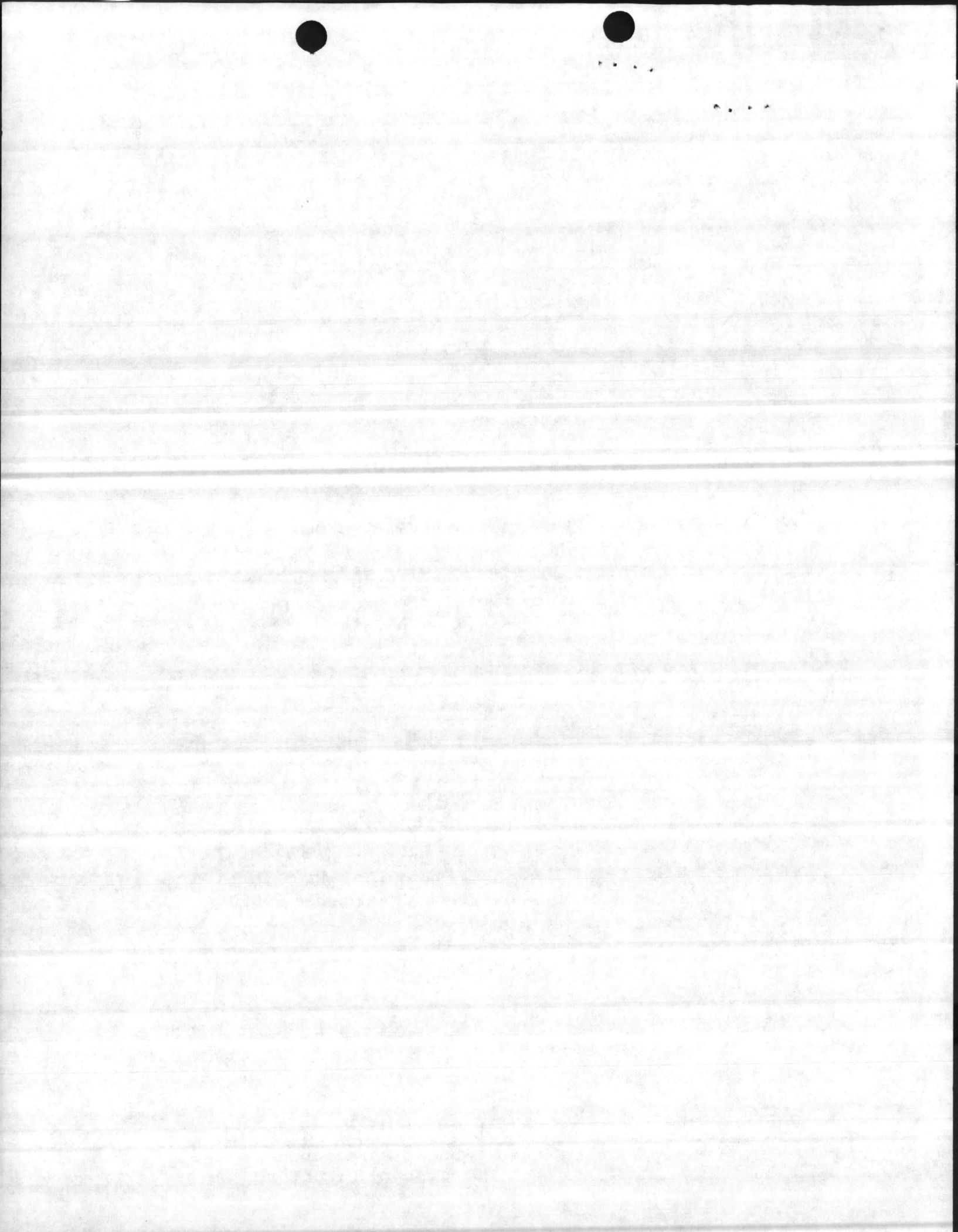
PREPARED BY:

JTC ENVIRONMENTAL CONSULTANTS, INC.  
4 RESEARCH PLACE, SUITE L-10  
ROCKVILLE, MARYLAND 20850

JULY 8, 1987

*Ann E. Rosecrance*

Ann E. Rosecrance  
Laboratory Director





Location: Camp Lejeune Date of Receipt: 6-5-87 Turnaround: routine  
 Date: 7-8-87 Case No. 42 Add to Naval Facilities Engineering Command, Norfolk, Virginia  
 JTC Data Report No. 87-247 Table 1

NAVY SAMPLE ID	JTC SAMPLE ID	ANALYSIS PARAMETER							
		As mg/kg	Cd mg/kg	Cr mg/kg	Pb mg/kg				
87-49	61-0305	<5	2.0	1.7	75				

-2 NOV 1987 ii 34

6241/2  
NREAD  
14 Jul 87

From: Director, Natural Resources and Environmental Affairs  
Division, Marine Corps Base, Camp Lejeune  
To: Base Maintenance Officer, Marine Corps Base, Camp Lejeune  
Subj: WASTE OIL STORAGE TANKS; ANALYSIS OF

Ref: (a) BO 6240.5

Encl: (1) JTC Environmental Consultants, Inc., Report #87-247  
(2) JTC Environmental Consultants, Inc., Report #87-247  
Addendum

1. On 28 May 1987, the four waste oil storage tanks at Holcomb Boulevard, two of the three tanks at Marine Corps Air Station, New River, and three of the six tanks at Tarawa Terrace, were sampled by NREAD. Sample numbers 87-49 through 87-52 are the Holcomb Boulevard tanks S-888, S-889, S-890, and S-891, respectively. Sample number 87-53 is the Marine Corps Air Station, New River tank in the middle and sample number 87-54 is the Marine Corps Air Station, New River tank closest to the crash crew. Sample numbers 87-55 through 87-57 are the tanks at Tarawa Terrace, STT-61, STT-62, and STT-63 respectively.

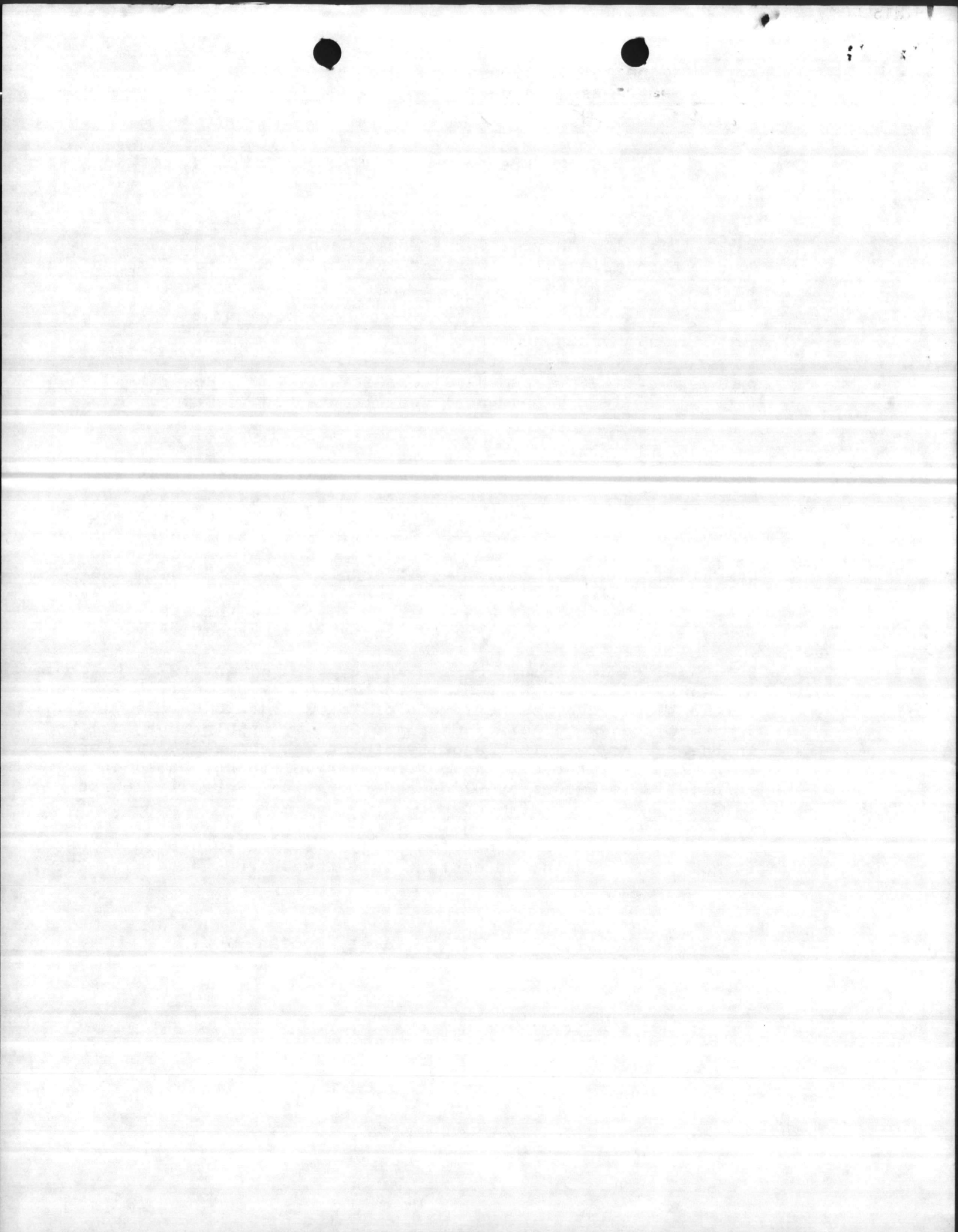
2. Based on data contained in enclosures (1) and (2), the contents of S-888, S-890 and STT-63 are specification used oil. The rest of the tanks, due to the levels of Total Organic Halogen (TOX), are regulated as a hazardous waste fuel by regulations outlined in the reference. The majority of the subject waste oil appears to be suitable for burning for recovery of energy based on information provided by Oldover Corporation, Aquadale, North Carolina.

3. It is recommended that the subject oil be turned in to DRMO for disposal. Point of contact is Danny Sharpe, extension 2083.

J. I. WOOTEN

Copy to:  
DRMO  
AC/S, FAC  
EC&MS (2)





Partial Results

JTC DATA REPORT # 87-247

LABORATORY ANALYSIS ON NAVAL SAMPLES

CONTRACT #N62470-86-C-8754

CASE # 42

PREPARED FOR:

DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511-6287

PREPARED BY:

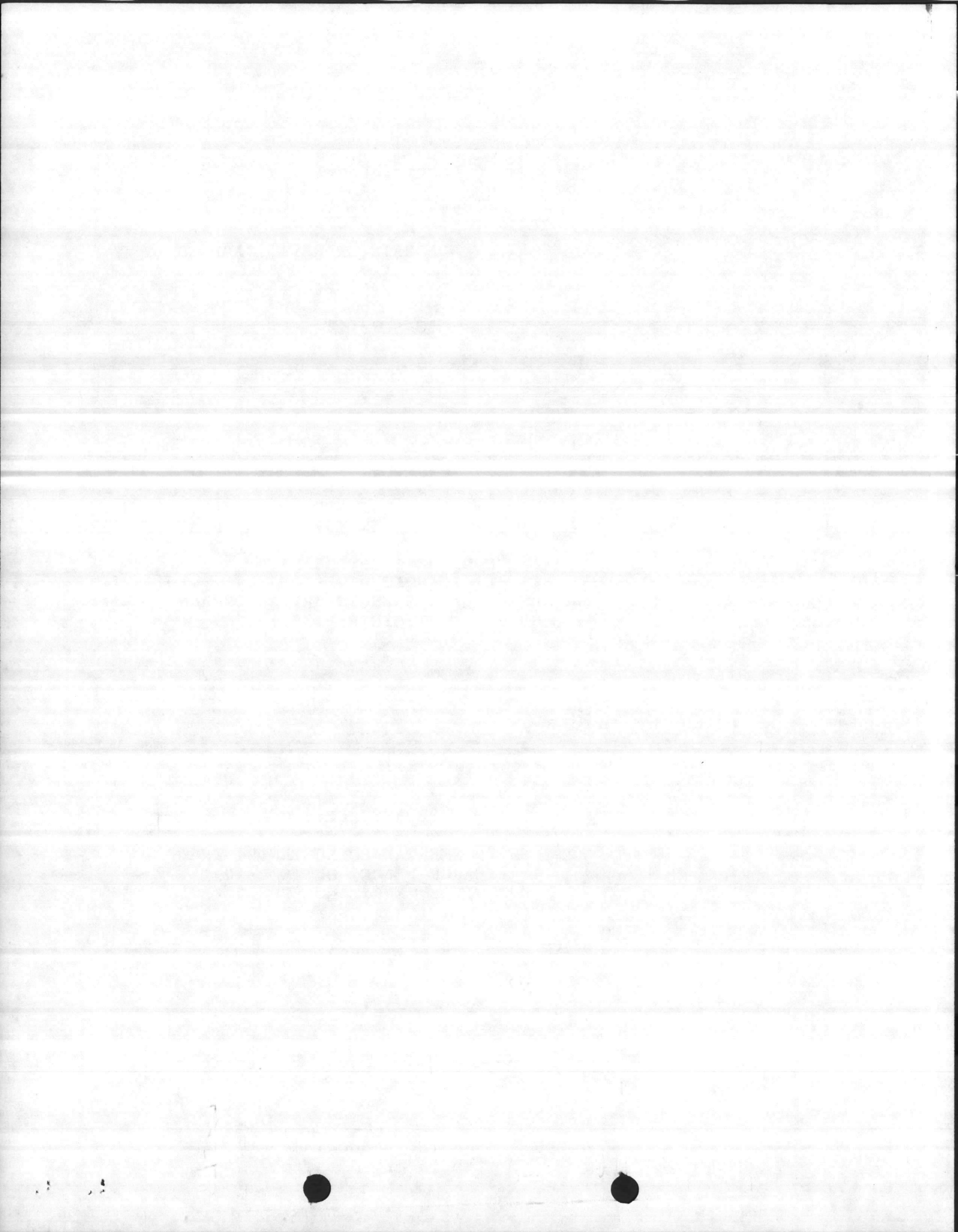
JTC ENVIRONMENTAL CONSULTANTS, INC.  
4 RESEARCH PLACE, SUITE L-10  
ROCKVILLE, MARYLAND 20850

JULY 6, 1987

*Ann E. Rosecrance*

Ann E. Rosecrance  
Laboratory Director

ENCLOSURE





Location: Camp Lejeune Date of Receipt: 6-5-87 Turnaround: routine  
 Date: 7-6-87 Case No. 42 to Naval Facilities Engineering Command, Norfolk, Virginia  
 JTC Data Report No. 87-247 Table i

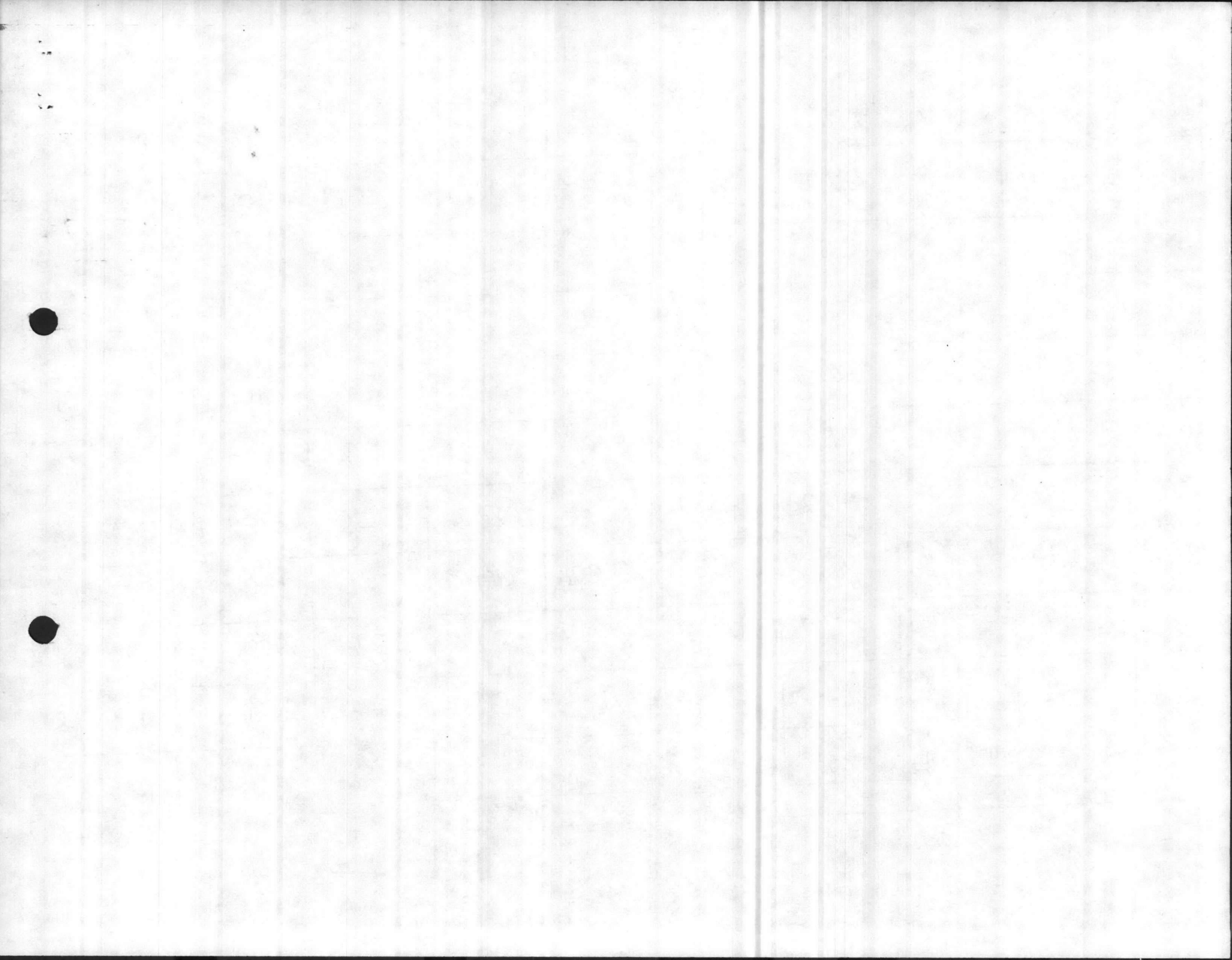
Oil Phase

NAVY SAMPLE ID	JTC SAMPLE ID	ANALYSIS PARAMETER							
		Water %	SS-W %	Viscosity @100°F, SUS	BTU per lb.	TOX %	Flashpoint °C	Sp. Gravity <sup>a</sup> g/ml	Sp. Gravity g/m
87-49	61-0305	19.5	19.5	93.6	15,550	<0.05	N.O. boiled at 70°	0.73	0.92
87-50	61-0306	13.5	20.0	100.8	16,500	0.20	N.O. boiled at 50°	0.77*	—
87-51	61-0307	17.6	24.0	103.8	15,500	<0.05	N.O. boiled at 45°	0.72	0.96
87-52	61-0308	0.76	0.80	53.0	19,300	0.12	35	0.73	0.88
87-53	61-0309	8.4	13.5	100.8	17,500	0.16	40	0.73	0.93
87-54	61-0310	8.1	13.0	56.1	17,500	0.25	35	0.75	0.88
87-55	61-0311	18.4	23.0	97.0	15,000	0.13	N.O. boiled at 45°	0.76	0.98
87-56	61-0312	12.0	17.5	104.6	16,650	0.22	40	0.73	0.89
87-57	61-0313	19.6	22.0	120.2	15,100	<0.05	N.O. boiled at 45°	0.76	0.98

°O = not observed

top layer b = bottom layer

\* sample consisted of only one oil layer



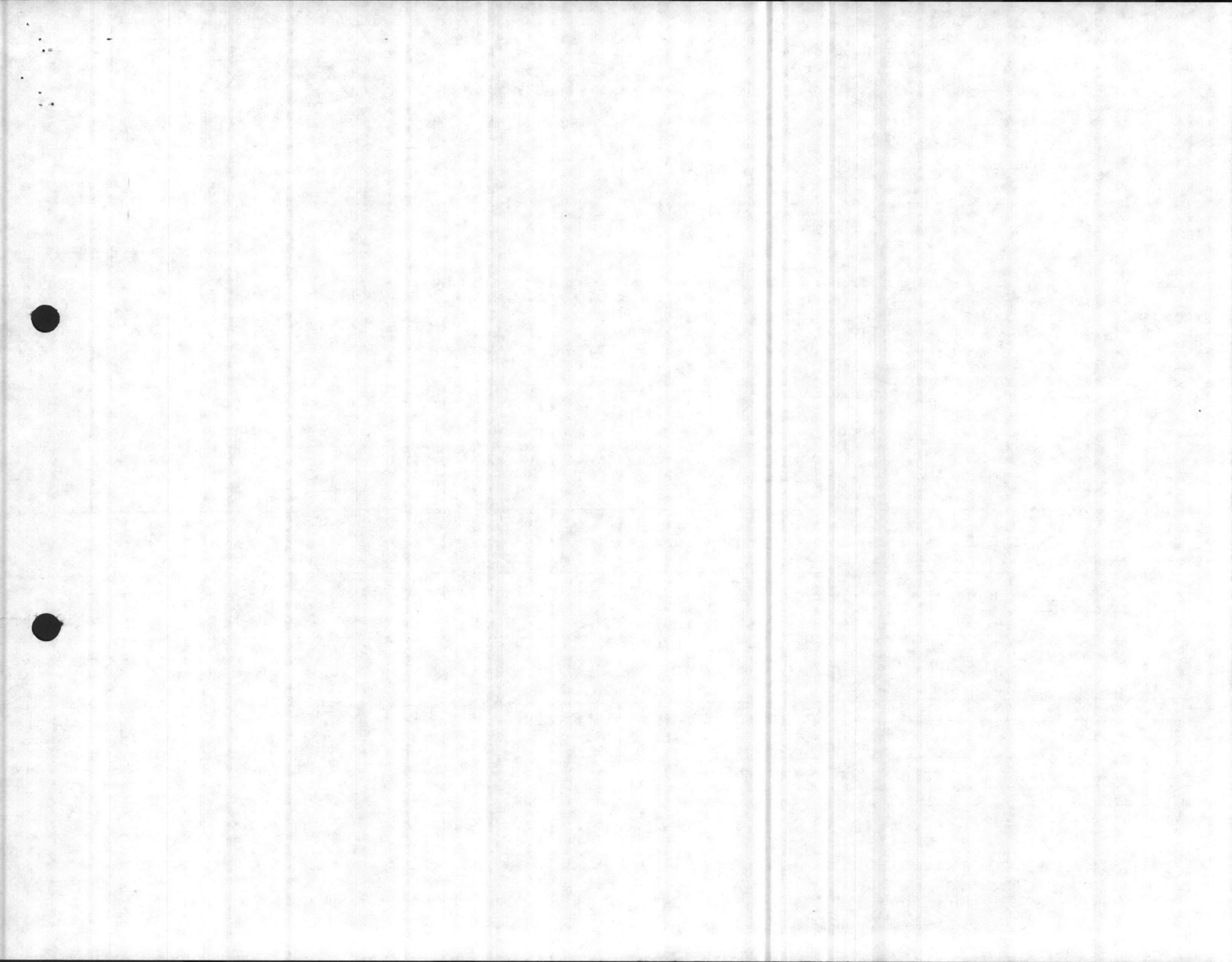
Location: Camp Lejeune Date of Receipt: 6-5-87 Turnaround: routine  
 Date: 7-6-87 Case No. 42 to Naval Facilities Engineering Command, Norfolk, Virginia  
 JTC Data Report No. 87-247 Table 2

Oil Phase

NAVY SAMPLE ID	JTC SAMPLE ID	ANALYSIS PARAMETER						
		PCB ug/g	As mg/kg	Cd mg/kg	Cr mg/kg	Pb mg/kg		
87-49	61-0305	<5	NA	NA	NA	NA		
87-50	61-0306	<5	<5	<1	<0.75	30		
87-51	61-0307	<5	<5	1.1	2.2	59		
87-52	61-0308	<5	<5	<1	1.4	23		
87-53	61-0309	<5	<5	<1	1.6	35		
87-54	61-0310	<10	<5	<1	2.6	26		
87-55	61-0311	<5	<5	<1	1.3	26		
87-56	61-0312	<5	<5	<1	<0.75	8.2		
87-57	61-0313	<5	<5	<1	<0.75	28		

∴ not available, results will be reported in a report addendum

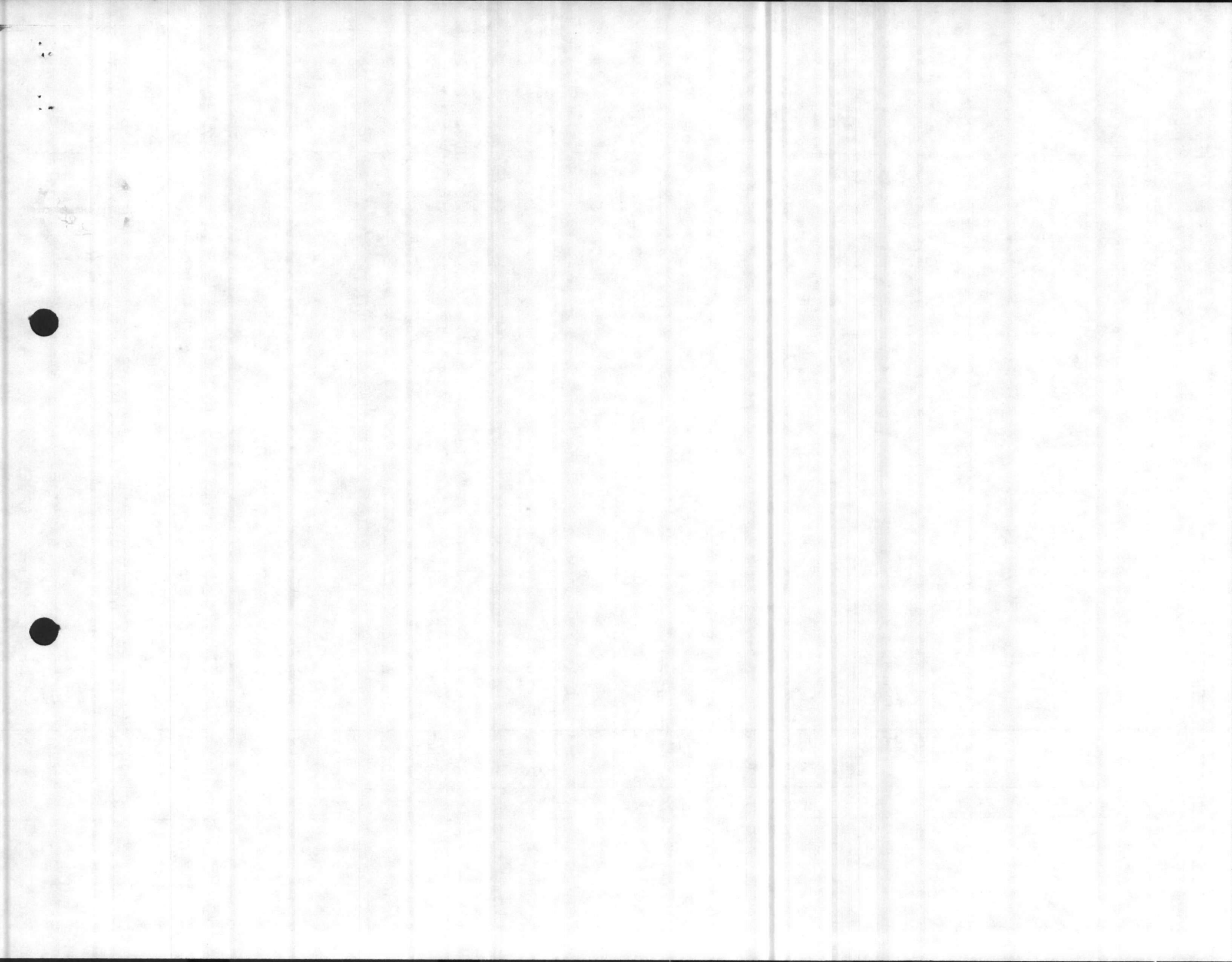




Location: Camp Lejeune Date of Receipt: 6-5-87 Turnaround: routine  
 Date: 7-6-87 Case No. 42 to Naval Facilities Engineering Command, Norfolk, Virginia  
 JTC Data Report No. 87-247 Table 3

Water Phase Composite

NAVY SAMPLE ID	JTC SAMPLE ID	ANALYSIS PARAMETER							
		TOX ug/L	Phenols mg/L	VOA	As ug/L	Cd ug/L	Cr ug/L	Pb ug/L	
87-49/ 87-57 Composite	61-0305/ 61-0313	814	6.8	See attached sheet	498	<20	72	155	







# Environmental Consultants, Inc.

## PRIORITY POLLUTANT ANALYSIS DATA SHEET

### VOLATILE FRACTION

JTC SAMPLE # 61-0305/0313 Composite PROJECT NO. NF-61 #42  
 CLIENT SAMPLE # 87-49 → 87-57 Composite DATE RECEIVED 6/5/87  
 METHOD NO. 624 DETECTION LIMIT 500 ug/L

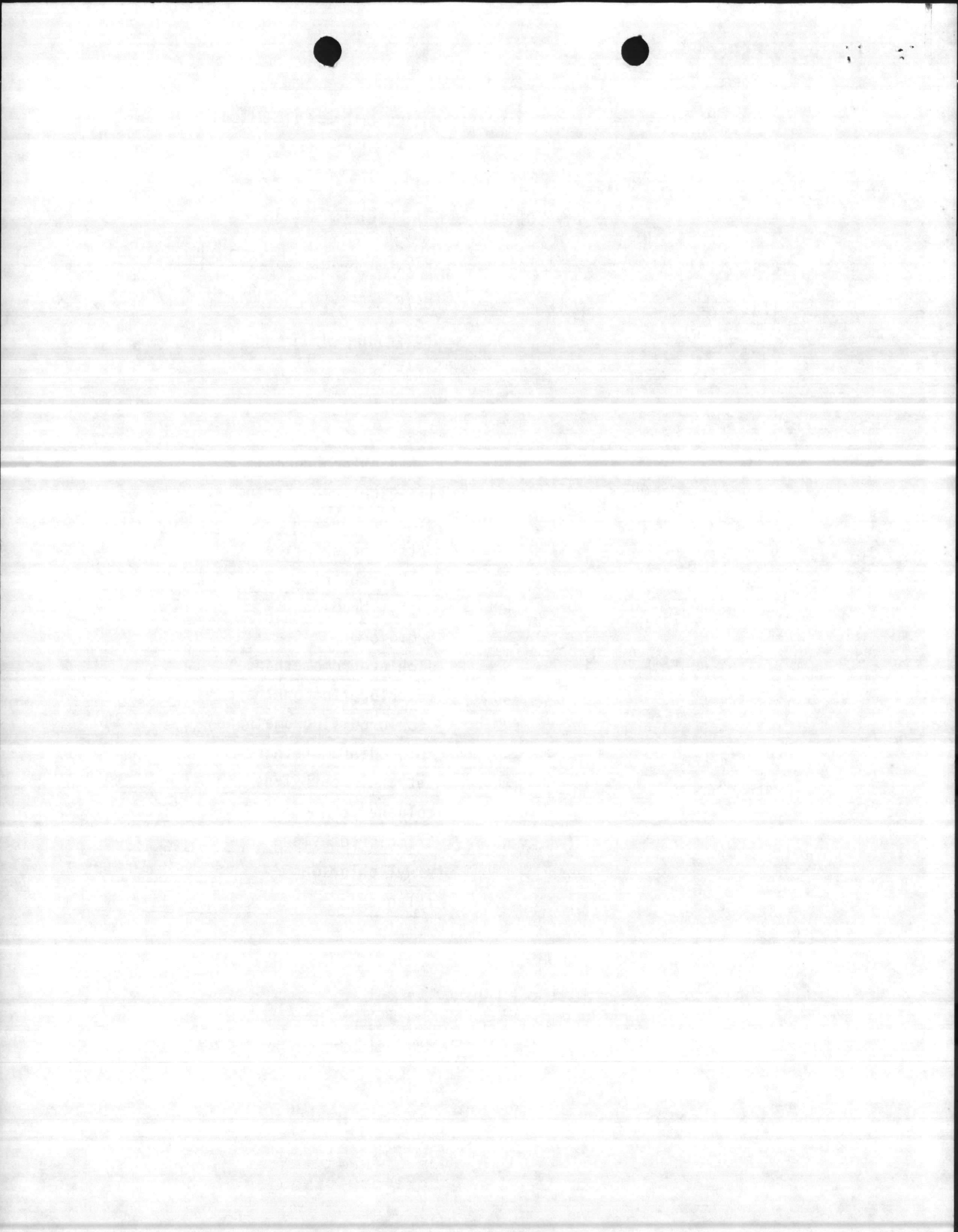
PARAMETER	RESULT ug/L	PARAMETER	RESULT ug/L
acrolein	ND	1,2-dichloropropane	ND
acrylonitrile	ND	1,3-dichloropropylene	ND
benzene	540 <del>ND</del>	ethylbenzene	110* <del>ND</del>
carbon tetrachloride	ND	methylene chloride	ND
chlorobenzene	ND	methyl chloride	ND
1,2-dichloroethane	ND	methyl bromide	ND
1,1,1-trichloroethane	230* <del>ND</del>	bromoform	ND
1,1-dichloroethane	ND	dichlorobromomethane	ND
1,1,2-trichloroethane	ND	trichlorofluoromethane	ND
1,1,2,2-tetrachloroethane	ND	dichlorodifluoromethane	ND
chloroethane	ND	chlorodibromomethane	ND
2-chloroethylvinylether	ND	tetrachloroethylene	ND
chloroform	ND	toluene	990 <del>ND</del>
1,1-dichloroethylene	ND	trichloroethylene	ND
1,2-trans-dichloroethylene	ND	vinyl chloride	ND
		xylene	620 <del>ND</del>

Acetone 70,000  
 MEK (2-butanone) 13,000  
 MIBK (4-methyl-2-pentanone) 1200  
 1,1,2-Trichlorotrifluoroethane  
 (freon)

present, concentration not a

ND = NOT DETECTED

\* = BELOW DETECTION LIMIT



Addendum

JTC DATA REPORT # 87-247

LABORATORY ANALYSIS ON NAVAL SAMPLES

CONTRACT #N62470-86-C-8754

CASE # 42

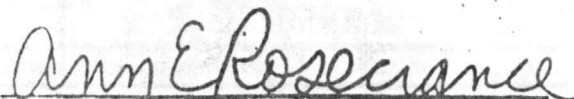
PREPARED FOR:

DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511-6287

PREPARED BY:

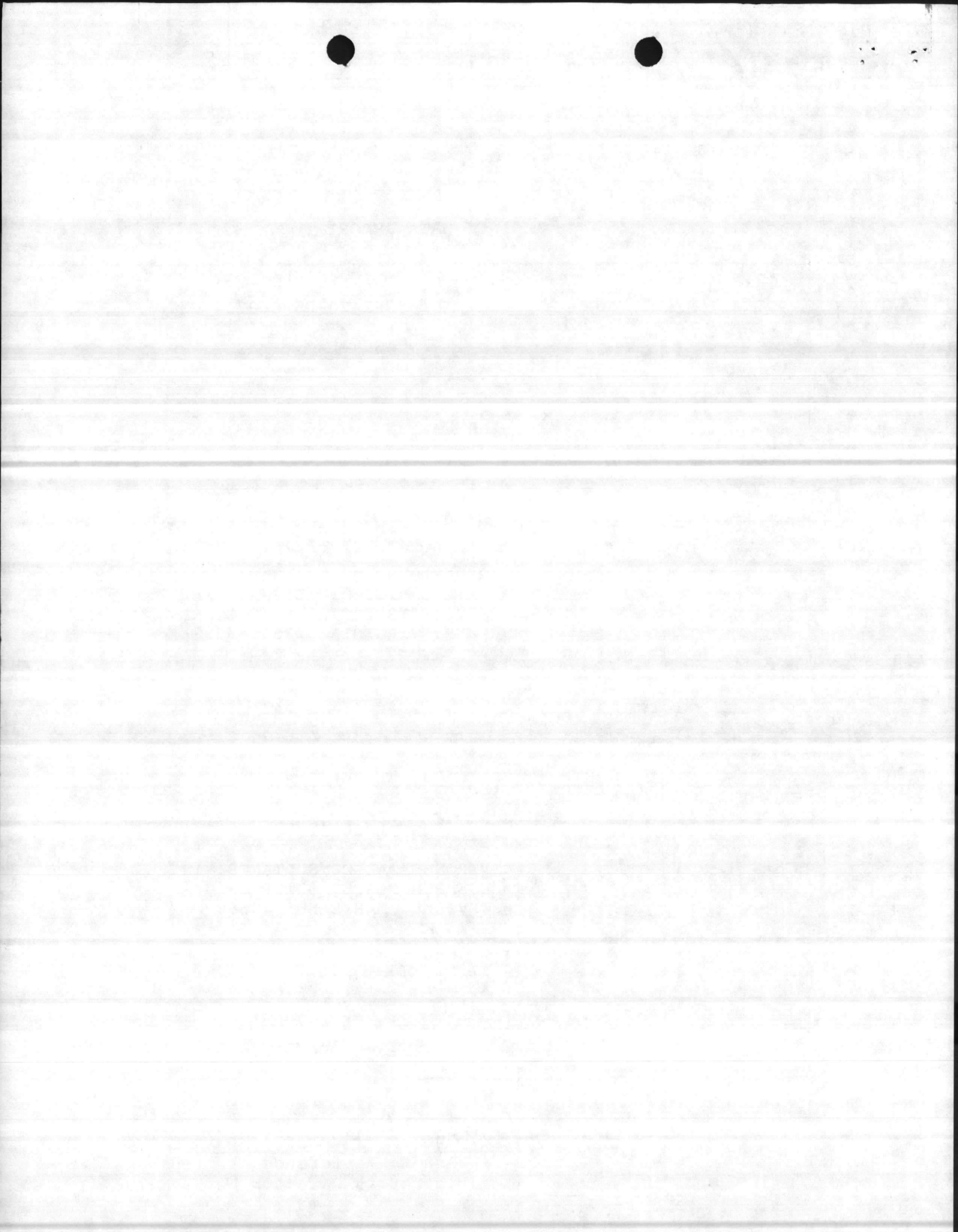
JTC ENVIRONMENTAL CONSULTANTS, INC.  
4 RESEARCH PLACE, SUITE L-10  
ROCKVILLE, MARYLAND 20850

JULY 8, 1987



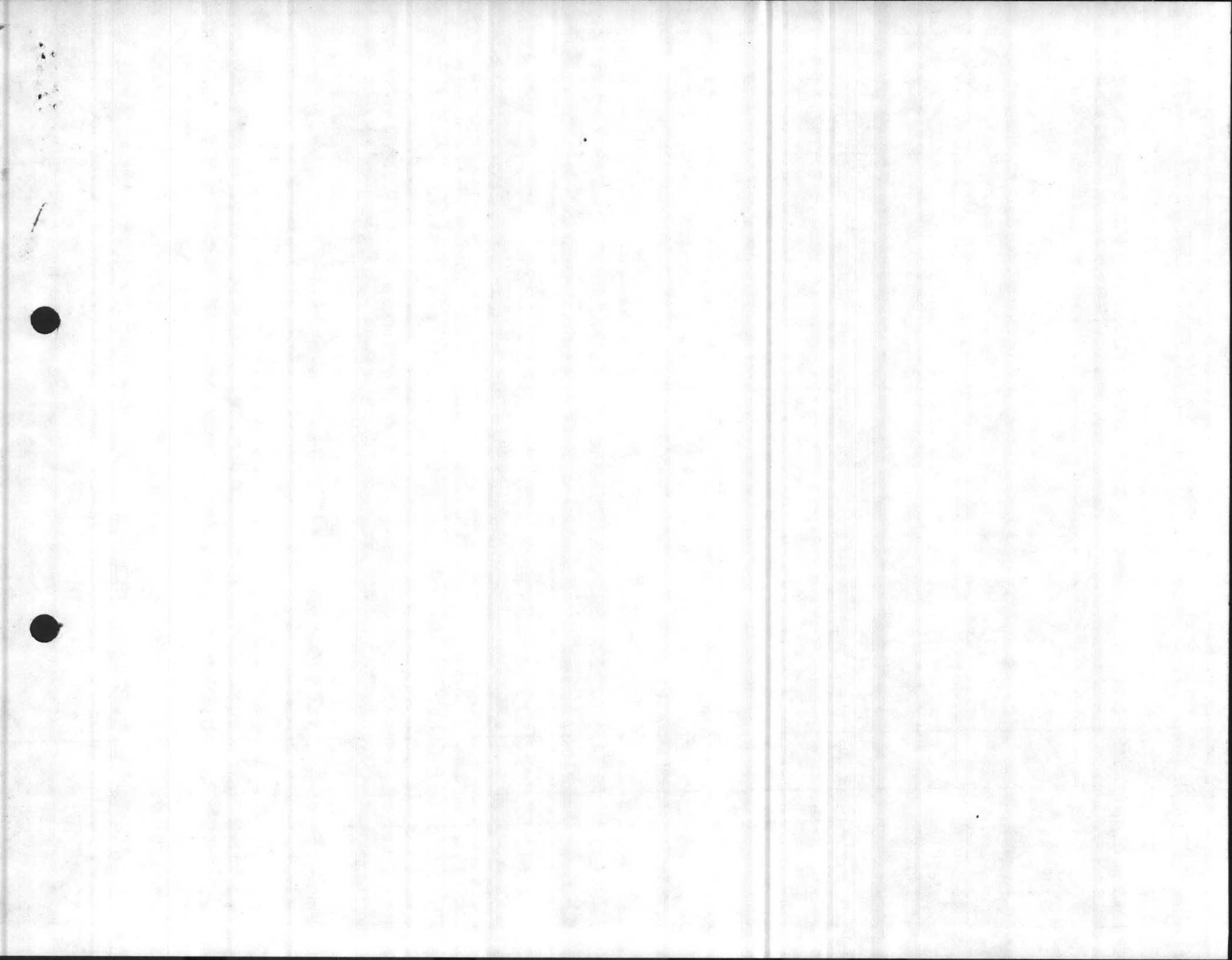
Ann E. Rosecrance  
Laboratory Director





Location: Camp Lejeune Date of Receipt: 6-5-87 Turnaround: routine  
 Date: 7-8-87 Case No. 42 Add to Naval Facilities Engineering Command, Norfolk, Virginia  
 TC Data Report No. 87-247 Table 1

NAVY SAMPLE ID	JTC SAMPLE ID	ANALYSIS PARAMETER					
		As mg/kg	Cd mg/kg	Cr mg/kg	Pb mg/kg		
87-49	61-0305	<5	2.0	1.7	75		





SUB  OUR COMMUNICATION (Type, Symbol, Date, Subject, etc.)

DLA200-87-1045 #L014 Received 14 Sep 87

ACTION TAKEN OR RECOMMENDED:

REQUEST DATE WHEN REPLY  
MAY BE EXPECTED

NEGATIVE REPLY/REPORT

REPLY WILL BE FURNISHED ON OR ABOUT (Date): \_\_\_\_\_

MATTER REFERRED TO THE FOLLOWING ORGANIZATION FOR  
DIRECT REPLY: \_\_\_\_\_

OTHER (Specify):

In Process

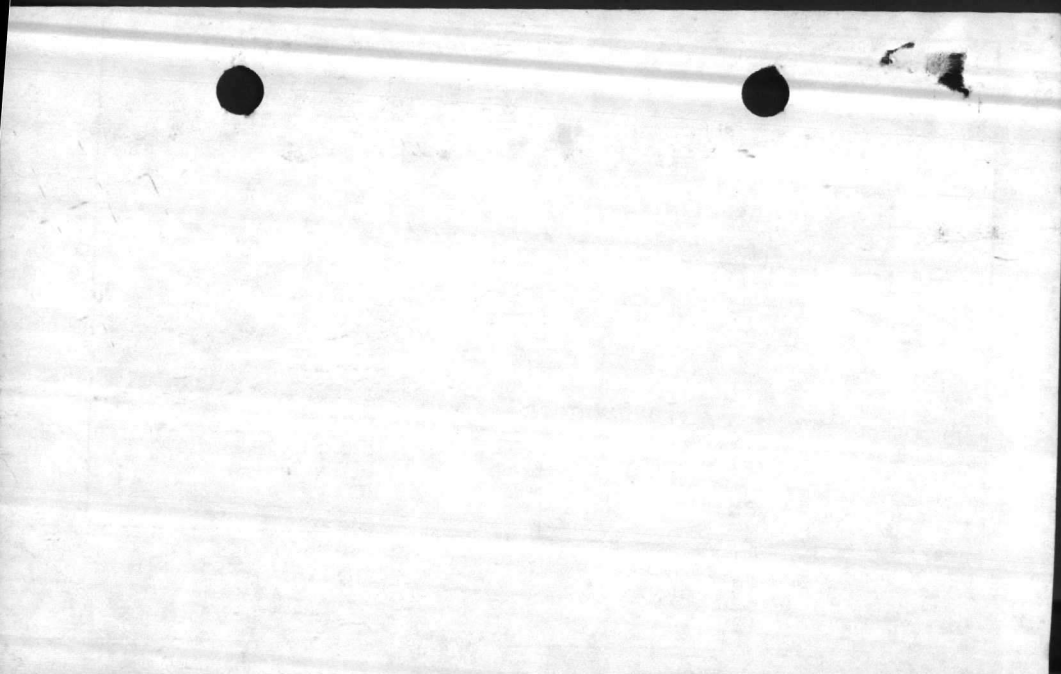
FROM (Typed or Printed Name and Title)

SIGNATURE AND DATE

DLA FORM 65-R  
OCT 80  
(DLSC O/P, Jun 85)

EDITION OF MAR 78  
IS OBSOLETE

NOTIFICATION FORM



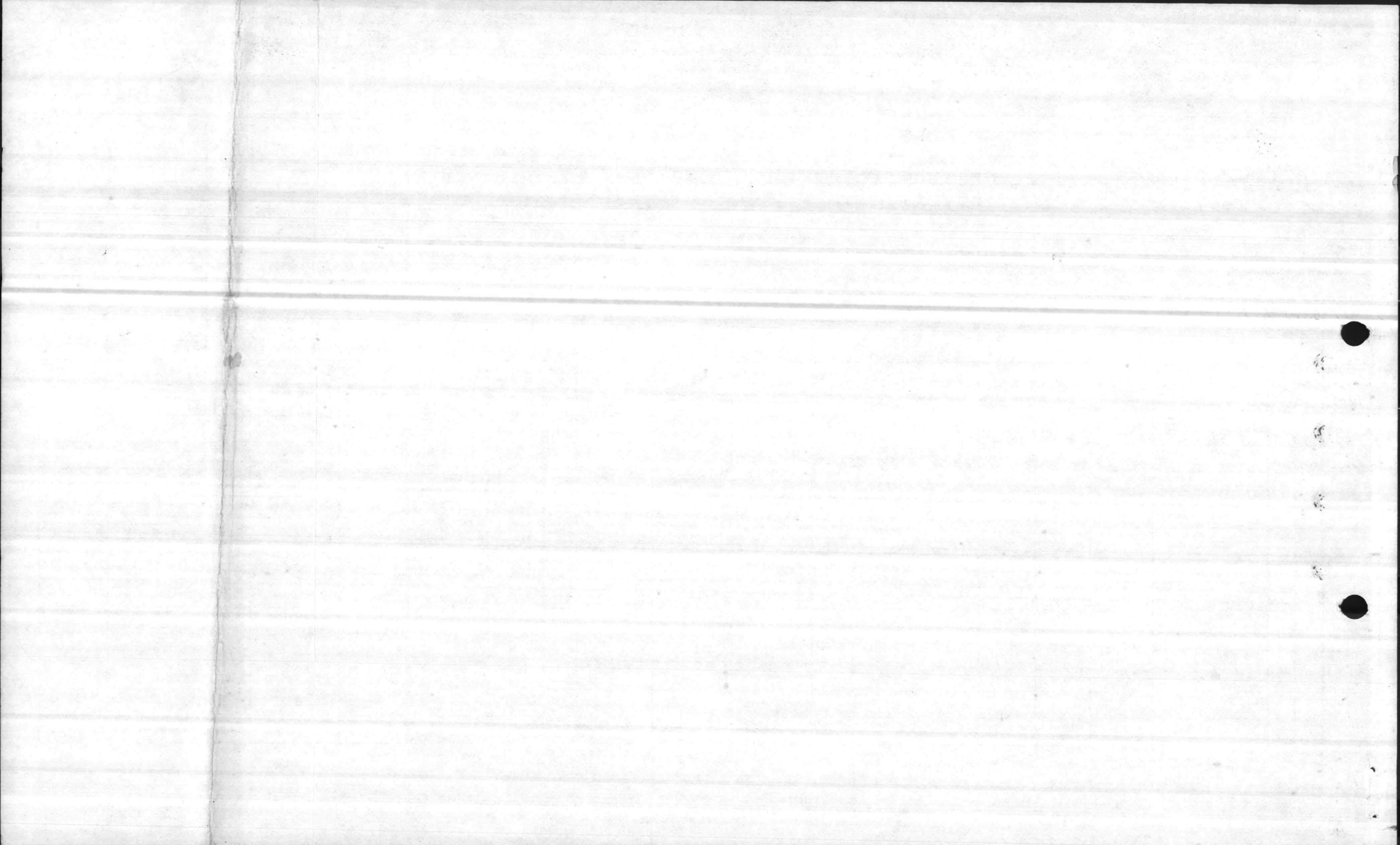
DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <b>MARINE CORPS BASE</b>		EPA NUMBER <b>NC 6170022580</b>	AWARDED CONTRACT NUMBER <b>DLA 200-87-D-0045</b>	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE	
COMPLETE ADDRESS <b>CAMP LEJEUNE NC 28542</b>		DRMO <b>LEJEUNE</b>	CONTRACT NUMBER	DELIVERY ORDER NUMBER	
COR <b>GEORGE EGGERS</b>		PICKUP LOCATION <b>TANK # 5891 TANKS 889 TANK ST761 TANK ST762</b>	AUTHORIZED TRANSPORTER NAME	EPA NUMBER	
COMMERCIAL PHONE NUMBER <b>(919) 451-5613 / 5652</b>		AUTOVON PHONE NUMBER <b>404-5613 / 5652</b>	TSDF NAME	EPA NUMBER	
GENERATOR REQUEST NUMBER <b>L014</b>		RIC CODE <b>SWA</b>	AUTHORIZED TRANSPORTER SIGNATURE		
DATE SENT TO CONTRACTING <b>11 SEPT 87</b>		DATE RECEIVED BY CONTRACTING	AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR)		

1 LINE	2 SUFFIX		3 NSN		4 DTID			5 ITEM NAME US DOT DESCRIPTION	6 STORAGE CONTAINER		7 STORAGE LOCATION	8 QUANTITY	9 UNIT	10 PRICE	11 AMOUNT	12 EPA WASTE CODE	13 PICKED UP		14 PICKUP MANIFEST NUMBER LINE CODE	15 DATE PICKED UP DDMMYY
	IN		LSN	DODAAC	DATE	SERIAL	DRUM NUMBER			QUANTITY							UNIT	QUANTITY		
4742 0143	00	AA	9150-00-OIL-WASTE	M93182	7245	0005	SEE ATTACHED SAMPLE 87-55	TANK ABOVE GROUND		TARAWA TERRACE STT-61	12,500	GL								
4742 0143	00	AB	9150-00-OIL-WASTE	M93182	7245	0006	SEE ATTACHED SAMPLE 87-56	" "		TARAWA TERRACE STT-62	12,500	GL								
4742 0143	00	AC	9150-00-OIL-WASTE	M93182	7245	0003	SEE ATTACHED SAMPLE 87-53	" "		HOLCOMB BLVD S-889	17,500	GL								
4742 0143	00	AD	9150-00-OIL-WASTE	M93182	7245	0004	SEE ATTACHED SAMPLE 87-52	" "		HOLCOMB BLVD S-891	17,500	GL								





20149

<b>COLLECTION SUMMARY REPORT</b>	<b>CONTRACT NO.</b> DLA 200-88-D-0033	<b>DELIVERY ORDER NO.</b> 0001
----------------------------------	--	-----------------------------------

Please complete this form and submit it to the DRMS Contracting Officer within ten (10) working days from the time that the contractor leaves the collection site. The address of the DRMS Contracting Officer is included on Page 1 of the enclosed contract and/or delivery order.

<b>A. DESCRIPTION OF CHEMICAL COLLECTION SITE</b>	1. Actual location of chemicals <i>MARINE Corps BASE</i>	2. RIC <i>SY 2014</i>	3. Accountable DRMO <i>LEJEUNE</i>
	<i>Camp Lejeune, N.C.</i>	<i>TANK ST-61</i> <i>ST-64</i>	

**B. DESCRIPTION OF MISCELLANEOUS CHEMICALS COLLECTED.** (Attach copy of DD-250 or DRMS-1697, Pickup Report, as applicable to your contract and delivery order. If not provided, state why and attach a description or copy of annotated inventory.

1. Please indicate any differences between the quantity of chemicals collected and the quantity of chemicals shown in the contract and/or delivery order. (attach additional documents as necessary)

2. Please fill in the columns describing the number of containers requiring overpacking, repacking, draining, etc., if any.

CLIN	ITEMS	QUANTITY	REMARKS

<b>C. EVALUATION OF CONTRACTOR'S PERFORMANCE</b>	1. Date of contractor arrival <i>12-16-87</i>	3. Please check either S (satisfactory) or U (unsatisfactory) for each phase of contractor's performance and specify any problems and/or positive actions encountered, if any.		
	2. Date of contractor departure <i>12-16-87</i>	a. Adequacy of Contractor/COR briefing/notification	X	
		b. Adequacy of repackaging	X	
		c. Final clean-up and decontamination	X	
		d. Safety of personnel	X	
	e. Number of trucks used	/		

<b>D. DOCUMENTATION RECEIVED</b> Check each document received by PDO for filing	a. Manifest	X	
	b. Form DD 250 (or DRMS Form 1697)	X	

**E. REMARKS – INCLUDE ANY SPECIFIC COMMENTS YOU MAY HAVE REGARDING OVERALL CONTRACTOR PERFORMANCE, ANY SUGGESTIONS OR COMMENTS (on improving this contract, COR letter, Summary Report, etc.)**

1. Name of PDO submitting report <i>Camp Lejeune NC DEMO</i>	3. COR Signature <i>Lawrence C. Hunter</i>
2. Printed or typed name of COR <i>HUNTER, L.E.</i>	4. Date this report submitted <i>11-17-87</i>

1952  
28 Jan 1952

1952  
1952

1952  
1952

1952  
1952

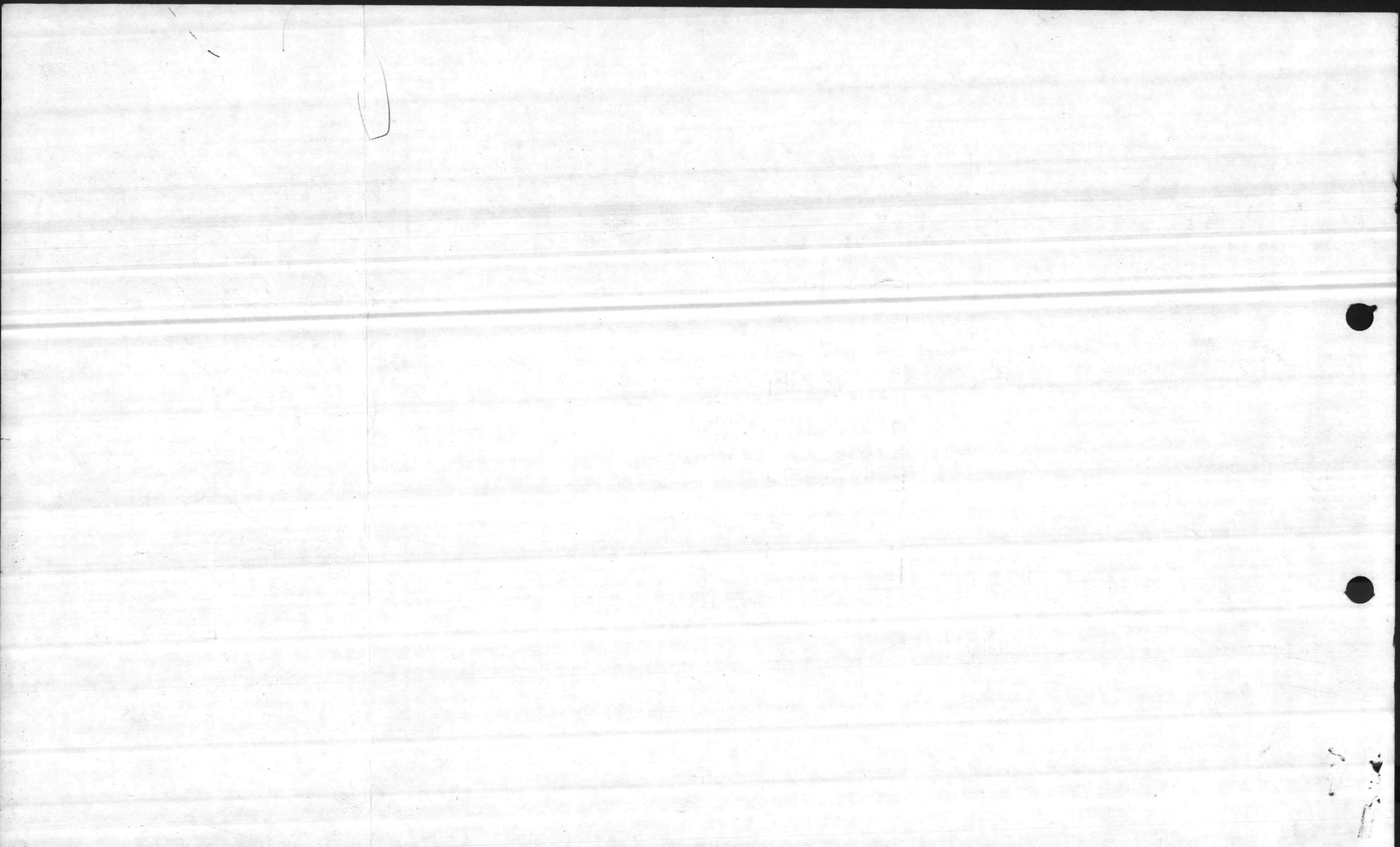


DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <i>MARINE CORPS BASE</i>	EPA NUMBER <i>NC 6170022580</i>	AWARDED CONTRACT NUMBER <i>DLA 200-88-D-0033</i>	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE	
COMPLETE ADDRESS <i>CAMP LEJEUNE, NC 28542</i>	DRMO <i>LEJEUNE</i>	CONTRACT NUMBER <i>88 D-0033</i>	DELIVERY ORDER NUMBER <i>0001</i>	
COR <i>GEORGE EGGERS</i>	PICKUP LOCATION <i>TANK #5891 - TANK #889 - TANK #STT-61 - TANK STT-62</i>	AUTHORIZED TRANSPORTER NAME <i>OSCO</i>	EPA NUMBER <i>TND 089558019</i>	
COMMERCIAL PHONE NUMBER <i>(919) 451-5613/5652</i>	AUTOVON PHONE NUMBER <i>484-5613/5652</i>	TSDF NAME <i>SWI</i>	EPA NUMBER <i>TND 034547141</i>	
GENERATOR REQUEST NUMBER <i>LO 14</i>	RIC CODE <i>SWA</i>	AUTHORIZED TRANSPORTER SIGNATURE <i>Brian Hughes</i>		
DATE SENT TO CONTRACTING <i>11 SEPT '87</i>	DATE RECEIVED BY CONTRACTING <i>9-15-87</i>	AUTHORIZED CONTRACTING OFFICER'S REPRESENTATIVE (COR) <i>Lawrence G. Hunter</i>		

CLIN	SUFFIX	NSM		DTID		ITEM NAME US DOT DESCRIPTION	STORAGE CONTAINER	STORAGE LOCATION	QUANTITY	UNIT	PRICE	AMOUNT	EPA WASTE CODE	PICKED UP		PICKUP MANIFEST NUMBER LINE CODE	DATE PICKED UP DDMMYY
		LSN	DODAAC	DATE	SERIAL		DRUM NUMBER							QUANTITY	UNIT		
4720AA	00 AA	9150-00-OIL WASTE	M93182	7245	0005	SEE ATTACHED SAMPLE 87-55	TANK Above Gal.	TANCOVA TANCOVA STT-61	12,500	GL	2.95		F001, F002 F003, F005 D001	2,200	GL	D0149 A	12/16/87
4720AA	00 AB	2150-00-OIL WASTE	M93182	7245	0006	SEE ATTACHED SAMPLE 87-55	TANK Above Gal.	TANCOVA TANCOVA STT-62	12,500	GL							
4720AA	00 AC	9150-00-OIL WASTE	M93182	7245	0003	SEE ATTACHED SAMPLE 87-55	TANK Above Gal.	Holcomb S-989	17,500	GL							
4720AA	00 AD	9150-00 OIL WASTE	M93182	7245	0004	SEE ATTACHED SAMPLE 87-55	TANK Above Gal.	Holcomb S-991	17,500	GL							





D-0147

COLLECTION SUMMARY REPORT

CONTRACT NO.

DLA 200-88-D0033

DELIVERY ORDER NO.

0001

Please complete this form and submit it to the DRMS Contracting Officer within ten (10) working days from the time that the contractor leaves the collection site. The address of the DRMS Contracting Officer is included on Page 1 of the enclosed contract and/or delivery order.

A. DESCRIPTION OF CHEMICAL COLLECTION SITE

1. Actual location of chemicals  
MARINE Corps. Base  
Camp Lejeune, NC

2. RIC  
Z7-2014

3. Accountable DRMO  
Lejeune, NC.

B. DESCRIPTION OF MISCELLANEOUS CHEMICALS COLLECTED. (Attach copy of DD-250 or DRMS-1697, Pickup Report, as applicable to your contract and delivery order. If not provided, state why and attach a description or copy of annotated inventory.)

1. Please indicate any differences between the quantity of chemicals collected and the quantity of chemicals shown in the contract and/or delivery order. (attach additional documents as necessary)

2. Please fill in the columns describing the number of containers requiring overpacking, repacking, draining, etc., if any.

CLIN	ITEMS	QUANTITY	REMARKS

C. EVALUATION OF CONTRACTOR'S PERFORMANCE

1. Date of contractor arrival  
12-16-87  
2. Date of contractor departure  
12-16-87

3. Please check either S (satisfactory) or U (unsatisfactory) for each phase of contractor's performance and specify any problems and/or positive actions encountered, if any.

S	U
X	
X	
X	
X	
Z	

D. DOCUMENTATION RECEIVED Check each document received by PDO for filing

	YES	NO
a. Manifest	X	
b. Form DD 250 (or DRMS Form 1697)	X	

E. REMARKS - INCLUDE ANY SPECIFIC COMMENTS YOU MAY HAVE REGARDING OVERALL CONTRACTOR PERFORMANCE, ANY SUGGESTIONS OR COMMENTS (on improving this contract, COR letter, Summary Report, etc.)

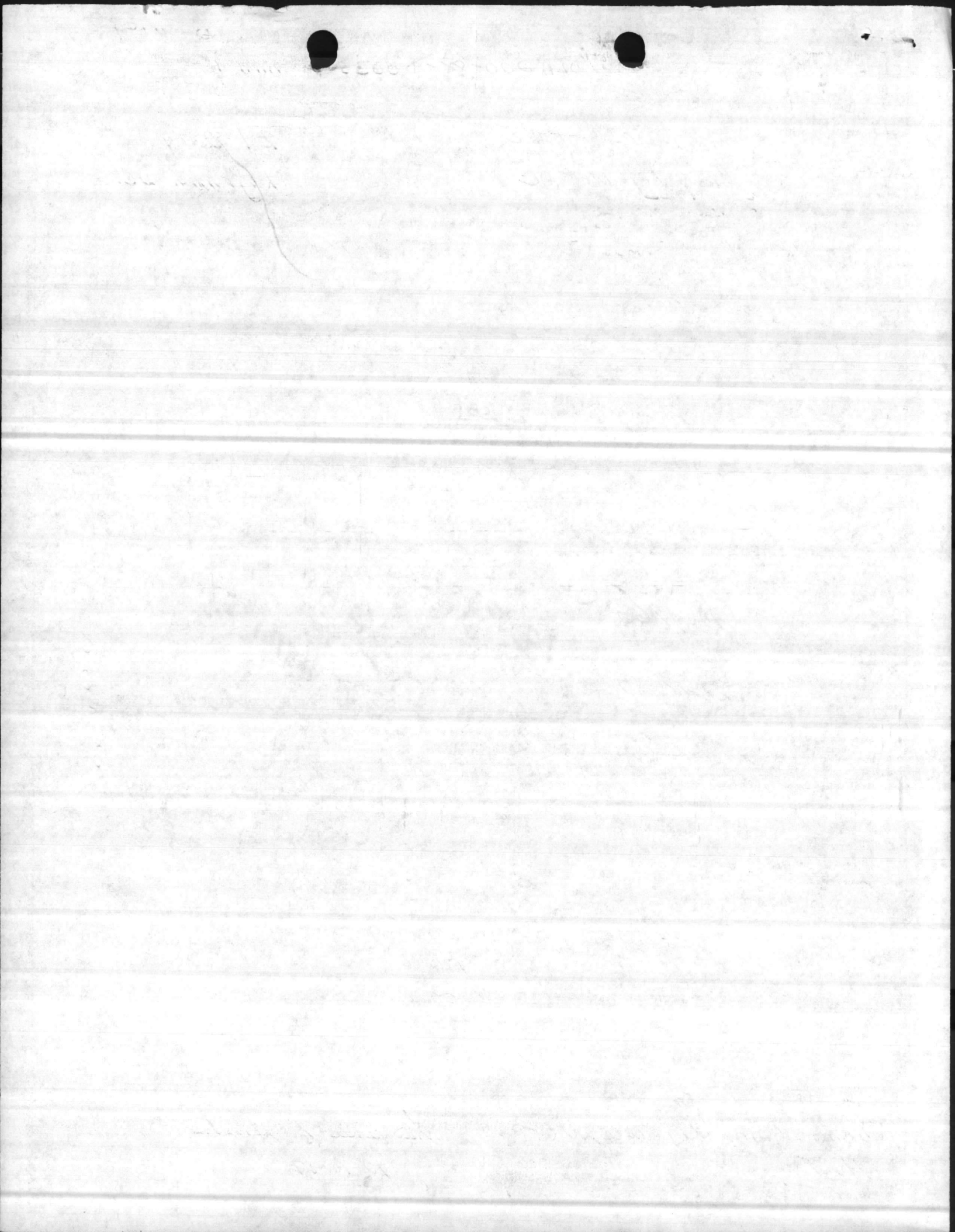
1. Name of PDO submitting report  
Demo Camp Lejeune, N.C.

2. Printed or typed name of COR  
Hunter, L.E.

3. COR Signature  
Laurence E. Hunter

4. Date this report submitted  
12-16-87



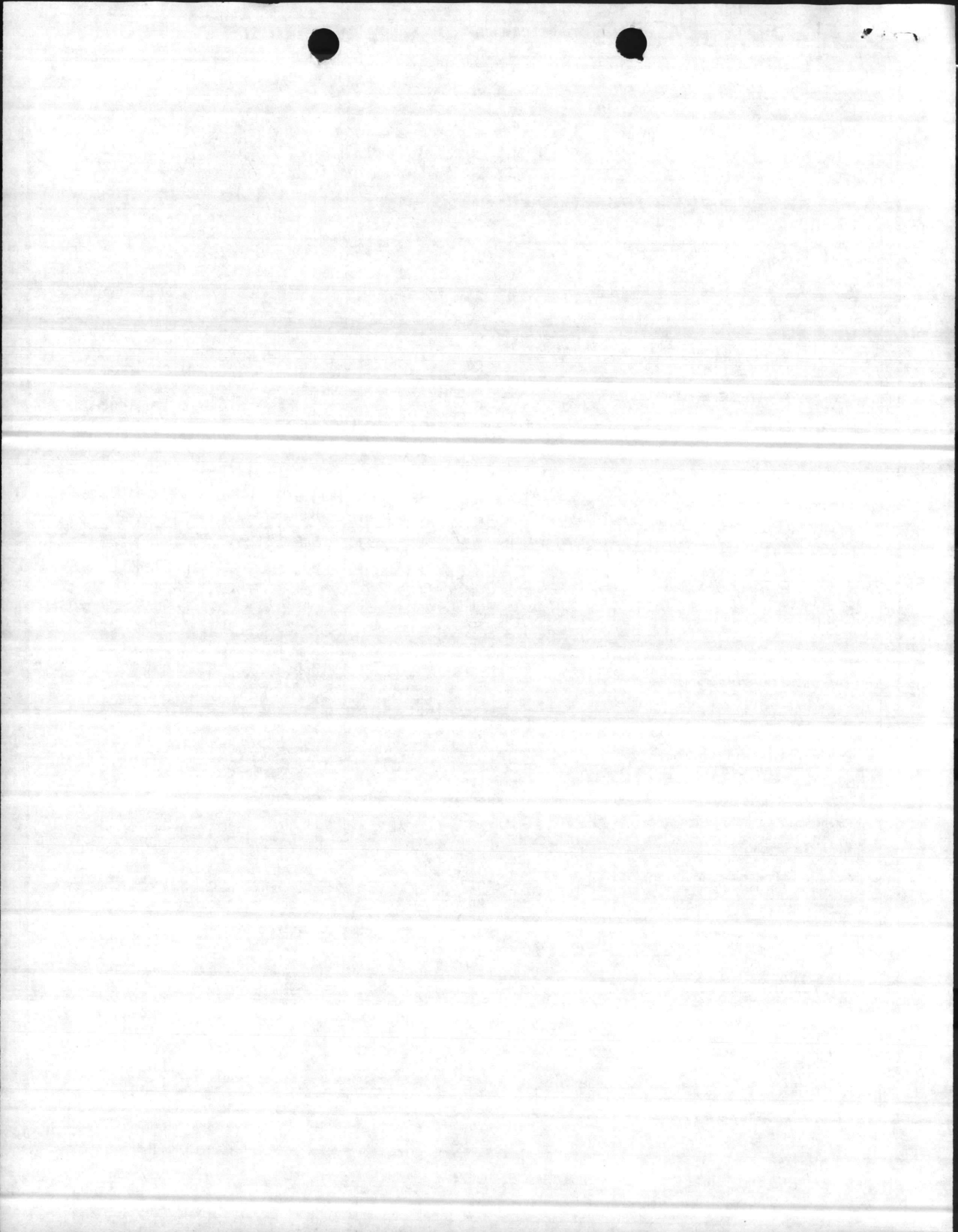


# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

Please print or type. (Form designed for use on 2-pitch typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

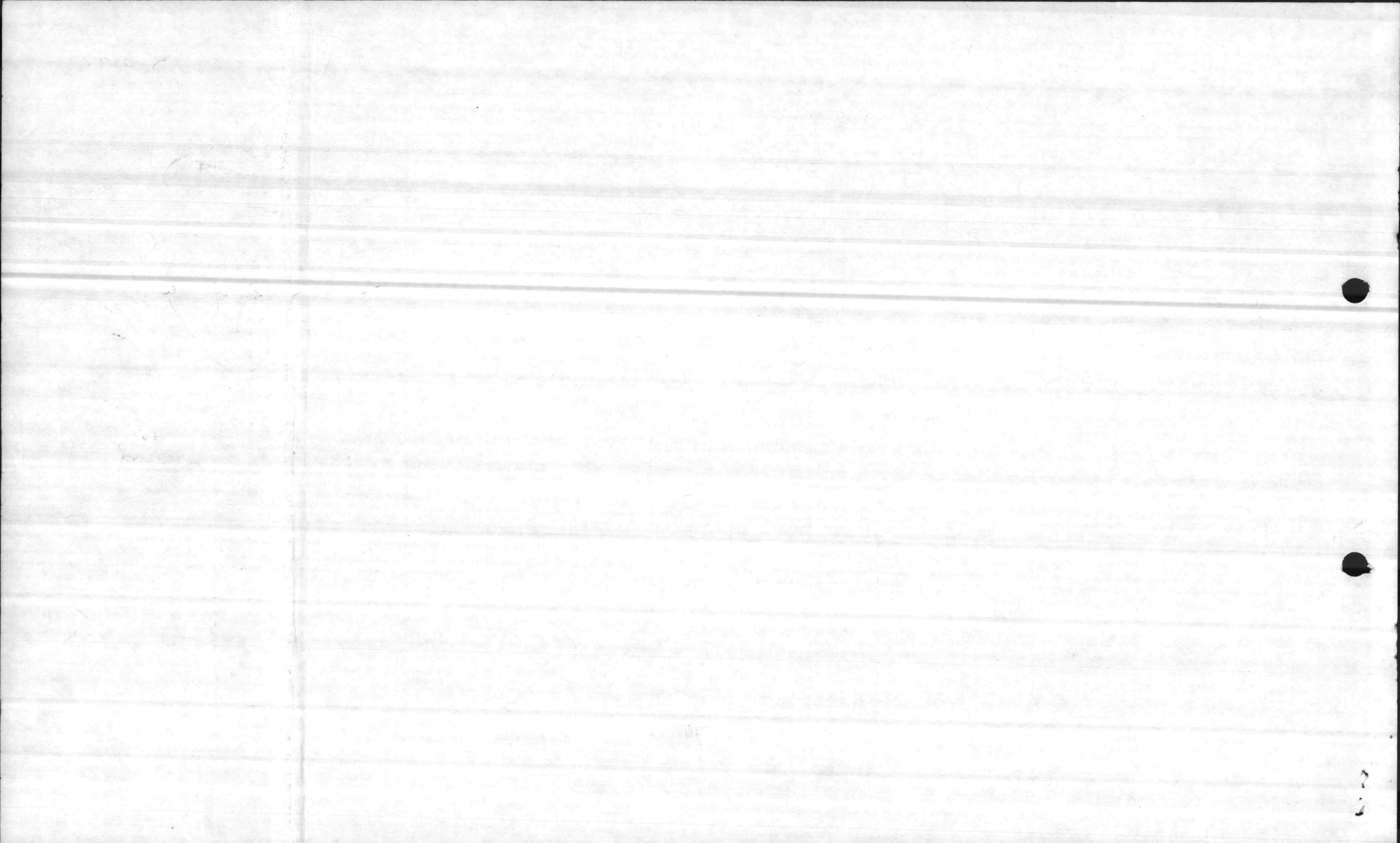
UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NC16117010121518010101147		Manifest Document No. 1147		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address DRMO-CAMP LEJUNE Bldg 906 CAMP LEJUNE, NC 28542		6. US EPA ID Number		C. State Transporter's ID		A. State Manifest Document Number		B. State Generator's ID	
4. Generator's Phone (919) 451-5613		5. Transporter 1 Company Name OSCO INC		6. US EPA ID Number TN01089558019		D. Transporter's Phone (615) 381-9999			
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone		G. State Facility's ID	
9. Designated Facility Name and Site Address Special Waste Inc 1713 LEGION RD ATHENS, TN 37303		10. US EPA ID Number TN01034547141		H. Facility's Phone (615) 745-9222					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
a. "RQ" 1 WASTE OIL COMBUSTIBLE LIQUID NA 1270, F001, F003, F003, D001		0 0 1 1 TT		0 5 5 0 0		G		F001, F002, F003, D001	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above A. 500026		K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information  DIA200-88-D-0033 / D.O # 0001									
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 Hunter, L.E.		Signature <i>L.E. Hunter</i>		Month Day Year 12/16/87					
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Ron Ackenberg		Signature <i>Ron Ackenberg</i>		Month Day Year 12/16/87			
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 Mark Saunders		Signature <i>Mark Saunders</i>		Month Day Year 11/21/87					





D-0147

DELIVERY ORDER INVENTORY (NON PCB)											PICKUP REPORT									
GENERATOR <i>MARINE CORPS BASE</i>			EPA NUMBER <i>NC 6170022580</i>				AWARDED CONTRACT NUMBER <i>DLA 200-88-D-0033</i>				SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE									
COMPLETE ADDRESS <i>CAMP LEJEUNE, NC 28542</i>			DRMO <i>LEJEUNE</i>				CONTRACT NUMBER <i>88 D-0033</i>		DELIVERY ORDER NUMBER <i>0001</i>											
COR <i>GEORGE EGGERS</i>			PICKUP LOCATION <i>TANK #5891 - TANK #889 - TANK #STT-61 - TANK STT-62</i>				AUTHORIZED TRANSPORTER NAME <i>OSCO</i>		EPA NUMBER <i>TND 089 558019</i>											
COMMERCIAL PHONE NUMBER <i>(919) 451-5613/5652</i>			AUTOVON PHONE NUMBER <i>484-5613/5652</i>				TSDF NAME <i>SWI</i>		EPA NUMBER <i>TND 034547141</i>											
GENERATOR REQUEST NUMBER <i>LO 14</i>			RIC CODE <i>SWA</i>				AUTHORIZED TRANSPORTER SIGNATURE <i>Brian Bepler</i>													
SENT TO CONTRACTING <i>11 SEPT '87</i>			DATE RECEIVED BY CONTRACTING <i>9-15-87</i>				AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR) <i>Lawrence L. Smith</i>													
1 CLIN	2 SUFFIX	3 NSN		4 DTID			5 ITEM NAME US DOT DESCRIPTION	6 STORAGE CONTAINER		7 STORAGE LOCATION	8 QUANTITY	9 UNIT	10 PRICE	11 AMOUNT	12 EPA WASTE CODE	13 PICKED UP		14 PICKUP MANIFEST NUMBER LINE CODE	15 DATE PICKED UP DDMMYY	
		LSN	DODAAC	DATE	SERIAL	DRUM NUMBER		QUANTITY	UNIT							QUANTITY	UNIT			
<i>4720AA</i>	<i>00 AA</i>	<i>9150-00-011</i>	<i>WA8E</i>	<i>M93182</i>	<i>7245</i>	<i>0005</i>	<i>SEE ATTACHED SAMPLE 87-55</i>	<i>TANK Above Gob.</i>	<i>TANANG STT-61</i>		<i>12,500</i>	<i>GL</i>								
<i>4720AA</i>	<i>00 AB</i>	<i>9150-00-011</i>	<i>WASTE</i>	<i>M93182</i>	<i>7245</i>	<i>0006</i>	<i>SEE ATTACHED SAMPLE 87-55</i>	<i>TANK Above Gob.</i>	<i>TANANG STT-82</i>		<i>12,500</i>	<i>GL</i>			<i>F001, F003 F002, D001</i>	<i>2500</i>	<i>GL</i>	<i>D0147 A</i>	<i>12/16/87</i>	
<i>4720AA</i>	<i>00 AC</i>	<i>9150-00-011</i>	<i>WASTE</i>	<i>M93182</i>	<i>7245</i>	<i>0003</i>	<i>SEE ATTACHED SAMPLE 87-55</i>	<i>TANK Above Gob.</i>	<i>Holcomb S-859</i>		<i>17,500</i>	<i>GL</i>								
<i>4720AA</i>	<i>00 AD</i>	<i>9150-00-011</i>	<i>WASTE</i>	<i>M93182</i>	<i>7245</i>	<i>0004</i>	<i>SEE ATTACHED SAMPLE 87-55</i>	<i>TANK Above Gob.</i>	<i>Holcomb S-991</i>		<i>17,500</i>	<i>GL</i>			<i>F001, F003 F002, D001</i>	<i>3000</i>	<i>GL</i>	<i>D0147 A</i>	<i>12/16/87</i>	





D0132 / D0133 / D0134

<b>COLLECTION SUMMARY REPORT</b>	<b>CONTRACT NO.</b> SLA 200 88-D 0033	<b>DELIVERY ORDER NO.</b> 0001
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Please complete this form and submit it to the DRMS Contracting Officer within ten (10) working days from the time that the contractor leaves the collection site. The address of the DRMS Contracting Officer is included on Page 1 of the enclosed contract and/or delivery order.

<b>A. DESCRIPTION OF CHEMICAL</b>	1. Actual location of chemicals MARINE Camp BASE	2. RIC 54-2014	TANKS ST-61 ST-62
<b>COLLECTION SITE</b>	Camp Lejeune, NC	3. Accountable DRMO Lejeune	ST- <del>61</del>

**B. DESCRIPTION OF MISCELLANEOUS CHEMICALS COLLECTED.** (Attach copy of DD-250 or DRMS-1697, Pickup Report, as applicable to your contract and delivery order. If not provided, state why and attach a description or copy of annotated inventory.)

1. Please indicate any differences between the quantity of chemicals collected and the quantity of chemicals shown in the contract and/or delivery order. (attach additional documents as necessary)

2. Please fill in the columns describing the number of containers requiring overpacking, repacking, draining, etc., if any.

CLIN	ITEMS	QUANTITY	REMARKS

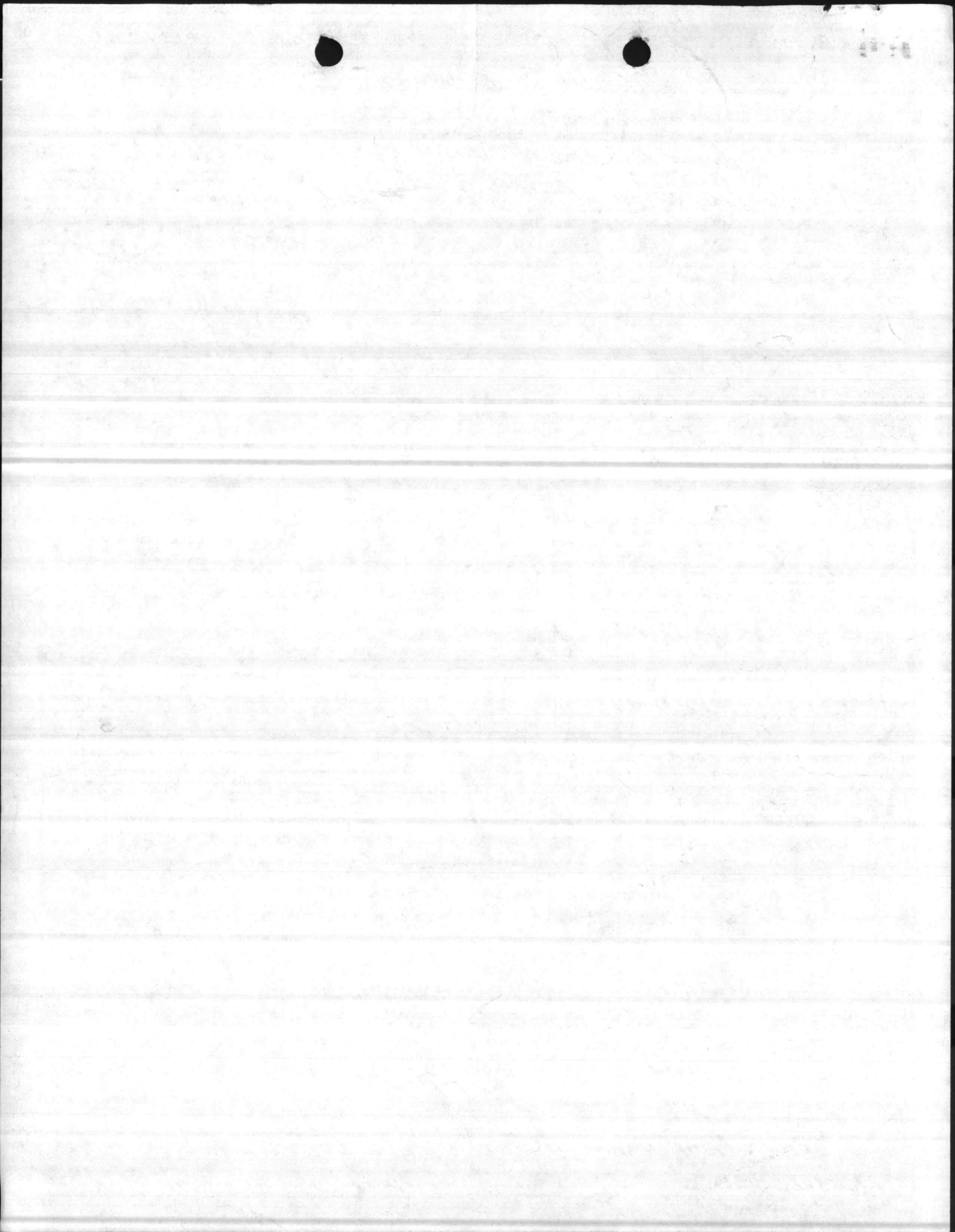
<b>C. EVALUATION OF CONTRACTOR'S PERFORMANCE</b>	1. Date of contractor arrival 12-08-87	3. Please check either S (satisfactory) or U (unsatisfactory) for each phase of contractor's performance and specify any problems and/or positive actions encountered, if any.	S	U
	2. Date of contractor departure 12-08-87			
		a. Adequacy of Contractor/COR briefing/notification	X	
		b. Adequacy of repackaging	X	
		c. Final clean-up and decontamination	X	
		d. Safety of personnel	X	
	e. Number of trucks used	3		

<b>D. DOCUMENTATION RECEIVED</b> Check each document received by PDO for filing	a. Manifest	YES	NO
	b. Form DD 250 (or DRMS Form 1697)	X	

**E. REMARKS - INCLUDE ANY SPECIFIC COMMENTS YOU MAY HAVE REGARDING OVERALL CONTRACTOR PERFORMANCE, ANY SUGGESTIONS OR COMMENTS (on improving this contract, COR letter, Summary Report, etc.)**

1. Name of PDO submitting report DRMO Camp Lejeune, NC	3. COR Signature Laura C. Hunter
2. Printed or typed name of COR Hunter, L.E	4. Date this report submitted 12-08-87





Division of Land Pollution Control - Manifest  
 Indiana State Board of Health  
 P.O. Box 7035  
 Indianapolis, IN 46207-7035  
 Please print or type. (Form designed for use on elite (12-pitch) typewriter)

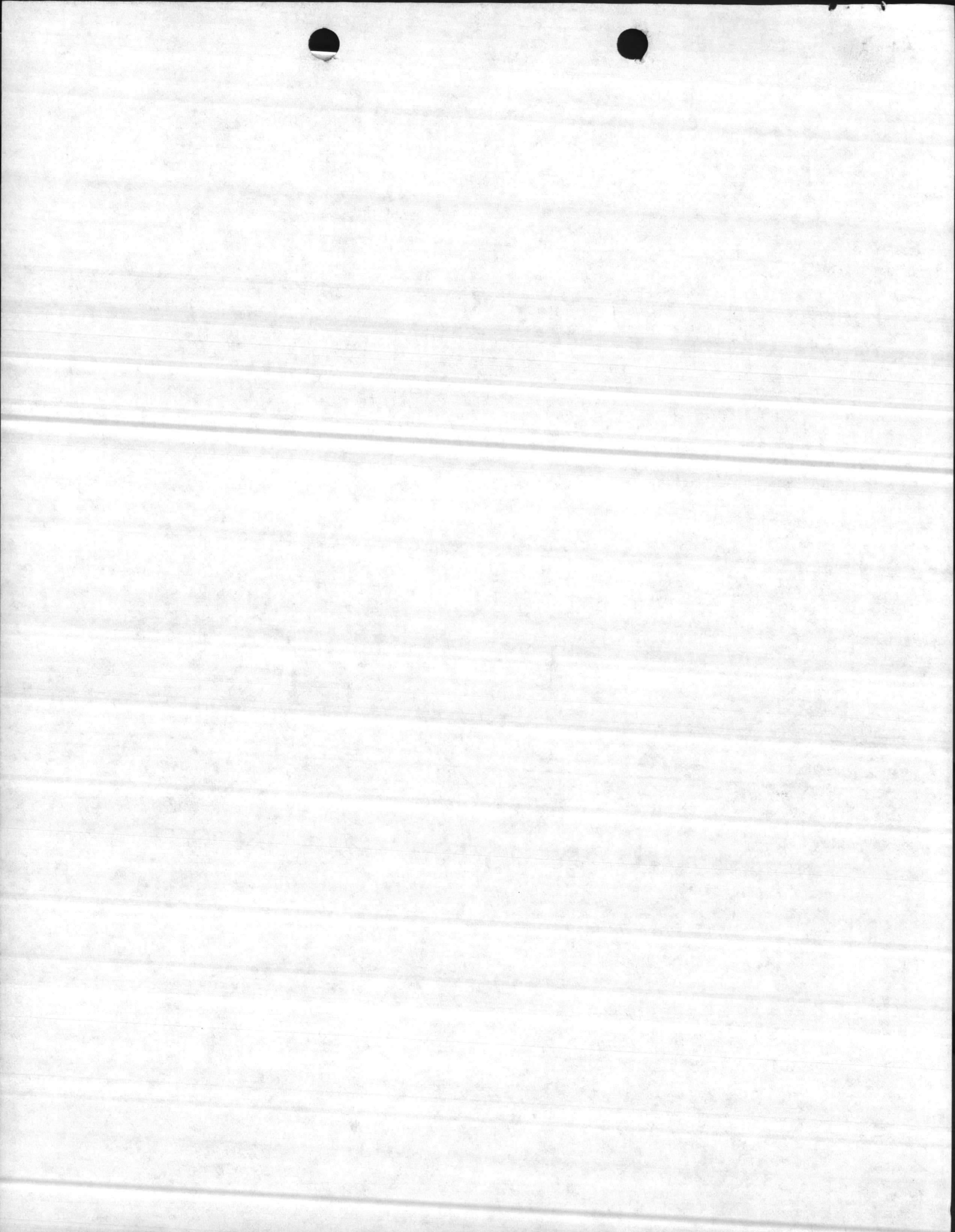
DO NOT WRITE IN THIS SPACE

200-0039 9-30-86  
 Form Approved OMB No. 2000-0404 Expires 7-31-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>	1. Generator's US EPA ID No. <b>NC6117100225800101133</b>	Manifest Document No. <b>1</b>	2. Page 1 of Information in the shaded areas is not required by Federal law					
	3. Generator's Name <b>DRMO Bldg 906 ATTN: GEORGE EGGERS MARINE CORPS BASE CAMP LEJEUNE, NC 28542</b>		A. State Manifest Document Number <b>IN 053935</b>					
4. Generator's Phone <b>919 451-5613</b>		B. State Generator's ID						
5. Transporter 1 Company Name <b>OSSCO INC</b>		6. US EPA ID Number <b>IND101891550019</b>	C. State Transporter's ID					
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone <b>651/381-4443</b>					
9. Designated Facility Name and Site Address <b>SYSTECH CORPORATION / LONGVIEW CEMENT LIMEDALE RD GREENDALE, IN</b>		10. US EPA ID Number <b>IND1010164119213</b>	E. State Transporter's ID					
			F. Transporter's Phone					
			G. State Facility's ID					
			H. Facility's Phone <b>317-653-2606</b>					
<b>GENERATOR</b>	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) <b>RQ.1 WASTE OIL NOS, FLAMMABLE Liquid, NA 1270 (D001, F001, F002, F003, F005)</b>		12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	
			No.	Type				
16. Additional Descriptions for Materials Listed Above <b>(1) F001, F002, F003, F005</b>		K. Handling Codes for Wastes Listed Above						
17. Special Handling Instructions and Additional Information <b>TRUCK RR P.O. # 0585 D.A. 200-88-00033 D.O. / D.O. # CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL BILLING AND CORRESPONDENCE to: P.O. Box B, SAUKVILLE, WI 53080</b>								
18. 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.  Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also 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 I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.								
Printed/Typed Name <b>Hunter L.E.</b>		Signature <i>Lester E. Hunter</i>			Month <b>12</b>	Day <b>08</b>	Year <b>87</b>	
<b>TRANSPORTER</b>	17. Transporter 1 Acknowledgement of Receipt of Materials							
	Printed/Typed Name <b>JEFF JONES</b>		Signature <i>Jeff Jones</i>			Month <b>12</b>	Day <b>01</b>	Year <b>87</b>
	18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name		Signature			Month	Day	Year	
19. Discrepancy Indication Space								
<b>ACILITY</b>	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 10.							
	Printed/Typed Name		Signature			Month	Day	Year

IN 053935







Division of Land Pollution Control - Manifest  
 Indiana State Board of Health  
 P.O. Box 7035  
 Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

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Form Approved OMB No. 2000-0404 Expires 7-31-86

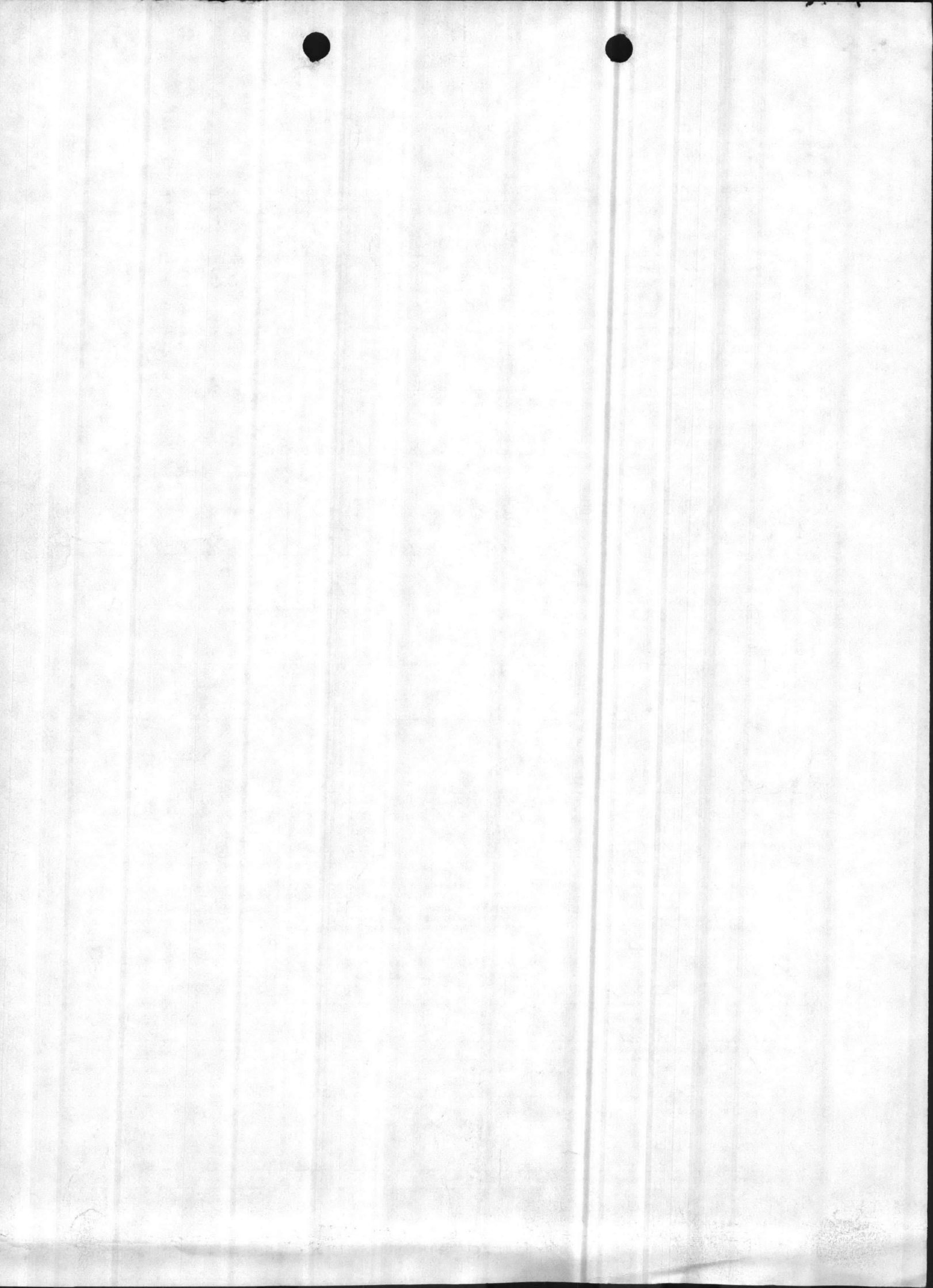
200-0037 9-30-87

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <i>NC161170102258101134</i>		Manifest Document No. <i>1</i>		2. Page 1 of <i>1</i>		Information in the shaded areas is not required by Federal law			
3. Generator's Name <i>DRMO Bldg 906 ATTN. GEORGE EGGERS MARINE Corps base CAMP LEJEUNE, NC 28542</i>		6. US EPA ID Number <i>IND00189558019</i>		C. State Transporter's ID		A. State Manifest Document Number <b>IN 053936</b>		B. State Generator's ID			
4. Generator's Phone <i>919 451-5613</i>		7. Transporter 2 Company Name		D. Transporter's Phone <i>615/381-4999</i>		E. State Transporter's ID		F. Transporter's Phone			
5. Transporter 1 Company Name <i>OSCO INC</i>		8. US EPA ID Number		G. State Facility's ID		H. Facility's Phone <i>317-453-2606</i>		9. Designated Facility Name and Site Address <i>SYSTECH CORPORATION / LONESOME CEMENT LIME DALE RD GREENCASTLE, IN</i>			
10. US EPA ID Number <i>IND101064192V12</i>		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) <i>RQ1 WASTE OF NOS, COMBUSTIBLE Liquid, NA 1270 (D001, F001, F002, F003, F005) D001</i>		12. Containers No.   Type		13. Total Quantity 0601006		14. Unit Wt/Vol G		15. Waste No. <i>D001</i>	
J. Additional Descriptions for Materials Listed Above <i>A) F001, F002, F003, F005</i>		K. Handling Codes for Wastes Listed Above		15. Special Handling Instructions and Additional Information <i>TRUCK pp P.O.# 0585 SPECIAL WASTE INC is this facility's contractor for HAZARDOUS WASTE. PLEASE ROUTE ALL BILLING AND CORRESPONDENCE to: P.O. BOX B, SAUKVILLE, WI 53080 DLA 200-88-00033</i>		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. <small>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.</small>		IN 053936			
Printed/Typed Name <i>Monty L.E.</i>		Signature <i>James E. Hunter</i>		Month Day Year <i>11 20 87</i>							
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Lance Crumley</i>		Signature <i>Lance Crumley</i>		Month Day Year <i>11 20 87</i>							
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 Item 19. Printed/Typed Name		Signature		Month Day Year					

GENERATOR

TRANSPORTER

FACILITY





Division of Land Pollution Control - Manifest  
Indiana State Board of Health  
P.O. Box 7035  
Indianapolis, IN 46207-7035

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209-0037 9-30-88

Please print or type: (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000-0494 Expires 7-31-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <i>NC6170022580D01132</i>	Manifest Document No. <i>1</i>	2. Page 1 of Information in the shaded areas is not required by Federal law	
3. Generator's Name <i>DRMO Bldg 906 ATTN: GEORGE ESCOFFERS MARINE CORP BASE CAMP LEJOLNE, NC 28542</i>		A. State Manifest Document Number <i>IN 053934</i>		B. State Generator's ID	
4. Generator's Phone <i>(919) 451-5613</i>		C. State Transporter's ID		D. Transporter's Phone <i>615/381-4449</i>	
5. Transporter 1 Company Name <i>OSCO INC</i>		6. US EPA ID Number <i>IND101891558919</i>		E. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone	
9. Designated Facility Name and Site Address <i>SYSTECH CORPORATION / LONESTAR CEMENT LIMEDOME RD GREENCASTLE, IN</i>		10. US EPA ID Number <i>IND10064119212</i>		G. State Facility's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. <i>RQ1 WASTE 0.2 NOS, COMBUSTIBLE LIQUID, NA 1270 (D001, F001, F002, F003 F005)</i>		No. Type		14. Unit Wt/Vol	
b. <i>001/TIT 0100100G</i>		Waste No. <i>001</i>			
c.					
d.					
J. Additional Descriptions for Materials Listed Above <i>A) F001, F002, F003, F005</i>		K. Handling Codes for Wastes Listed Above			
<i>TRUCK 00 P.O. # 0585 DLA000-08-D0033/dio.001</i>					
15. Special Handling Instructions and Additional Information <i>SPECIAL WASTE INC, IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL BILLING AND CORRESPONDANCE TO: P.O. BOX B, SAUKVILLE, WI 53080</i>					
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.  Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also 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 I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name <i>HUNTER, L.E.</i>		Signature <i>L. E. Hunter</i>		Month Day Year <i>11 9 87</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name <i>William J Hardin</i>		Signature <i>William J Hardin</i>		Month Day Year <i>11 2 87</i>	
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 Item 19.					
Printed/Typed Name		Signature		Month Day Year	

GENERATOR

TRANSPORTER

FACILITY

IN 053934





DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR **MARINE CORPS BASE**  
 COMPLETE ADDRESS **CAMP LEJEUNE, NC 28542**  
 COR **GEORGE EGGERS**  
 COMMERCIAL PHONE NUMBER **(919) 451-5613/5652**  
 GENERATOR REQUEST NUMBER **LO 14**  
 DATE SENT TO CONTRACTING **11 SEPT '87**

EPA NUMBER **NC 6170022580**  
 DRMO **LEJEUNE**  
 PICKUP LOCATION **TANK #5891 - TANK #889 - TANK #STT-61 - TANK STT-62**  
 AUTOVON PHONE NUMBER **484-5613/5652**  
 RIC CODE **SWA**  
 DATE RECEIVED BY CONTRACTING **9-15-87**

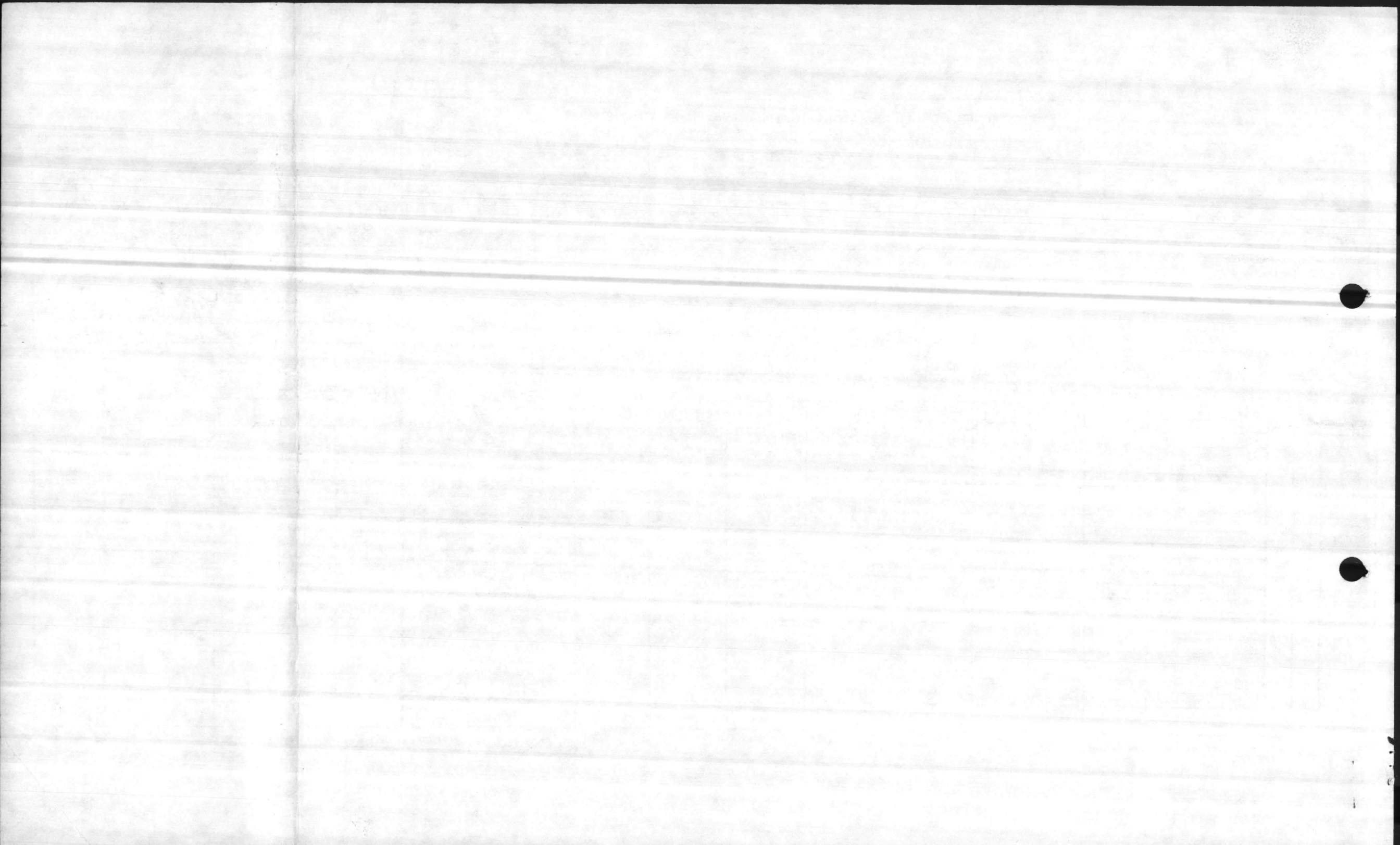
AWARDED CONTRACT NUMBER **DLA 200-88-D-0033**  
 CONTRACT NUMBER **88 D-0033**  
 AUTHORIZED TRANSPORTER NAME **OCSO**  
 TSDF NAME **SYSTEM**  
 AUTHORIZED TRANSPORTER SIGNATURE *W.A. Lindley*  
 AUTHORIZED CONTRACTING OFFICER'S REPRESENTATIVE (COR) *Norman K. Smith*

SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE

DELIVERY ORDER NUMBER **0001**  
 EPA NUMBER **IND089558019**  
 EPA NUMBER **IND0006419213**

1	2	3	4			5	6	7	8	9	10	11	12	13		14	15	
			CLIN	SUFFIX	NSN									DODAAC	DTID			ITEM NAME US DOT DESCRIPTION
4720AA	00	AA	9150-00-011 WASTE	M93182	7245	0005	SEE ATTACHED SAMPLE 87-55	TANK Above Gnd.	TANCOVA TANCOVA STT-61	12,500	G	2.95		F001 F002 F003 F006	10000	G	DO134	12-8-87
4720AA	00	AB	9150-00-011 WASTE	M93182	7245	0006	SEE ATTACHED SAMPLE 87-55	TANK Above Gnd.	TANCOVA TANCOVA STT-62	12,500	G	2.95		F001 F002 F003 F005	1500	G	DO133 DO132	12-8-87
4720AA	00	AC	9150-00-011 WASTE	M93182	7245	0003	SEE ATTACHED SAMPLE 87-55	TANK Above Gnd.	Holcomb S-889	17,500	G	2.95						
4720AA	00	AD	9150-00-011 WASTE	M93182	7245	0004	SEE ATTACHED SAMPLE 87-55	TANK Above Gnd.	Holcomb S-991	17,500	G	2.95						







D-0127 thru D-0131

COLLECTION SUMMARY REPORT	CONTRACT NO. DLA 260-88-D0033	DELIVERY ORDER NO. 0001
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Please complete this form and submit it to the DRMS Contracting Officer within ten (10) working days from the time that the contractor leaves the collection site. The address of the DRMS Contracting Officer is included on Page 1 of the enclosed contract and/or delivery order.

A. DESCRIPTION OF CHEMICAL	1. Actual location of chemicals Marine Corps Base	Tanks 889 61 62	2. RIC SY-2014
COLLECTION SITE	Camp Lejeune, NC		3. Accountable DRMO Lejeune

B. DESCRIPTION OF MISCELLANEOUS CHEMICALS COLLECTED. (Attach copy of DD-250 or DRMS-1697, Pickup Report, as applicable to your contract and delivery order. If not provided, state why and attach a description or copy of annotated inventory.)

1. Please indicate any differences between the quantity of chemicals collected and the quantity of chemicals shown in the contract and/or delivery order. (attach additional documents as necessary)

2. Please fill in the columns describing the number of containers requiring overpacking, repacking, draining, etc., if any.

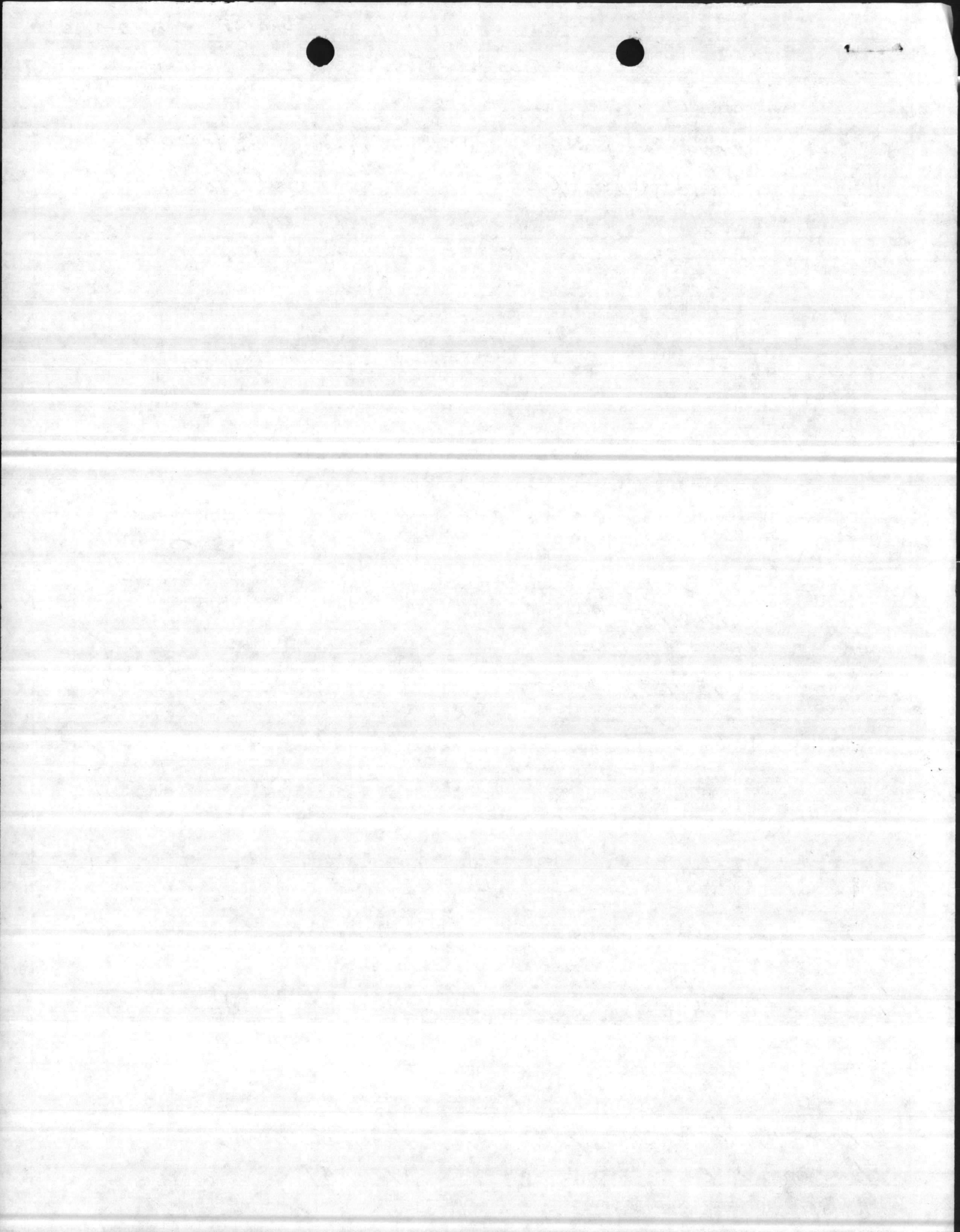
CLIN	ITEMS	QUANTITY	REMARKS

C. EVALUATION OF CONTRACTOR'S PERFORMANCE	1. Date of contractor arrival 12-7-87	3. Please check either S (satisfactory) or U (unsatisfactory) for each phase of contractor's performance and specify any problems and/or positive actions encountered, if any.	S	U	
	2. Date of contractor departure 12-7-87		a. Adequacy of Contractor/COR briefing/notification	X	
			b. Adequacy of repackaging	X	
			c. Final clean-up and decontamination	X	
			d. Safety of personnel	X	
			e. Number of trucks used	5	

D. DOCUMENTATION RECEIVED Check each document received by PDO for filing	a. Manifest	X	YES	NO
	b. Form DD 250 (or DRMS Form 1697)	X		

E. REMARKS - INCLUDE ANY SPECIFIC COMMENTS YOU MAY HAVE REGARDING OVERALL CONTRACTOR PERFORMANCE, ANY SUGGESTIONS OR COMMENTS (on improving this contract, COR letter, Summary Report, etc.)

1. Name of PDO submitting report Demo Camp Lejeune, N.C.	3. COR Signature Lawrence B. Hunter
2. Printed or typed name of COR HUNTER, L. E.	4. Date this report submitted 12-7-87





Division of Land Pollution Control - Manifest  
 Indiana State Board of Health  
 P.O. Box 7035  
 Indianapolis, IN 46207-7035

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2050-0039 9-30-88

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Form Approved OMB No. 2000-0404 Expires 7-31-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NC601700022580D01131</b>		Manifest Document No. <b>1</b>		2. Page 1 of <b>1</b>		Information in the shaded areas is not required by Federal law			
3. Generator's Name <b>DRMO Bldg 906 MARINE CORPS BASE CAMP LESEUNE, NC</b>		6. US EPA ID Number <b>TND1089558019</b>		A. State Manifest Document Number <b>IN 053942</b>		B. State Generator's ID					
4. Generator's Phone ( <b>919</b> ) <b>451-5613</b>		7. Transporter 2 Company Name		C. State Transporter's ID		D. Transporter's Phone <b>415/381-4999</b>		E. State Transporter's ID			
5. Transporter 1 Company Name <b>OSCO INC.</b>		8. US EPA ID Number		F. Transporter's Phone		G. State Facility's ID		H. Facility's Phone			
9. Designated Facility Name and Site Address <b>SYSTech CORPORATION / LONESTAR CEMENT LIMEDALE RD GREENCASTLE, INDIANA</b>		10. US EPA ID Number <b>IND10064192112</b>		317-653-2606							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.			
a. <b>ROI WASTE OIL NOS, COMBUSTIBLE Liquid, NA1270, F001, F002, F003, F005, D001</b>		No. <b>01</b> Type <b>TT</b>		<b>060100</b>		<b>G</b>		<b>D001</b>			
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above <b>A) F001, F002, F003, F005</b>		K. Handling Codes for Wastes Listed Above									
15. Special Handling Instructions and Additional Information <b>TRUCK MM P.O.# 0585 SPECIAL WASTE INC. IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. Box B, SAUKVILLE, WI 53080 DLA 200-88-0033 D.O. 01</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 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 <b>Kenneth Bryant</b>		Signature <i>Kenneth Bryant</i>		Month <b>11</b>		Day <b>20</b>		Year <b>1987</b>	
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 Item 19.		Printed/Typed Name		Signature		Month		Day		Year	

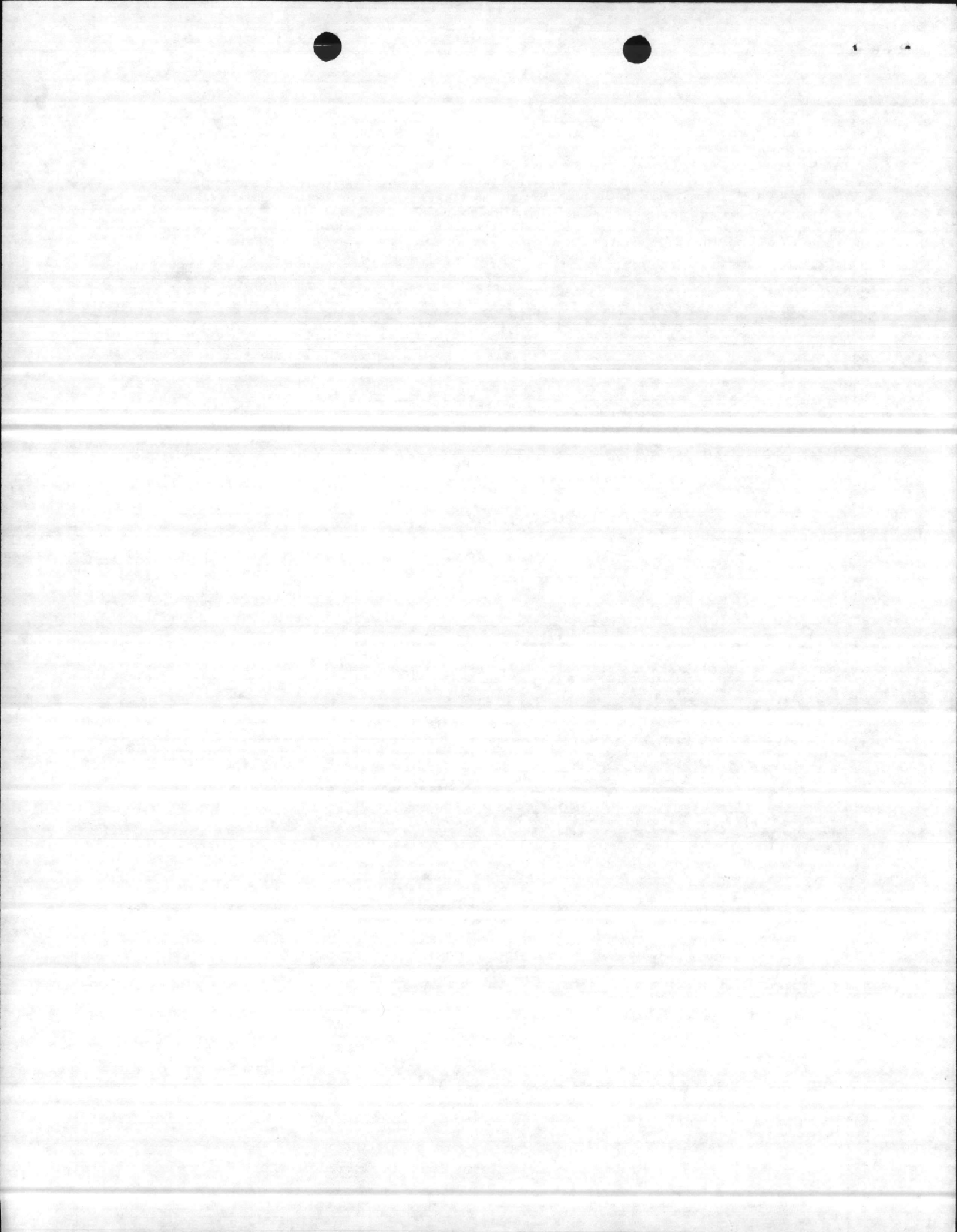
GENERATOR

TRANSPORTER

FACILITY

IN 053942





Division of Land Pollution Control - Manifest  
 Indiana State Board of Health  
 P.O. Box 7035  
 Indianapolis, IN 46207-7035

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2050-0039 9-30-88  
 Form Approved OMB No. 2000-0404 Expires 7-31-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NIC61170022580D0130</b>		Manifest Document No. <b>1</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law			
3. Generator's Name <b>DRMO Bldg 906 MARINE CORPS BASE CAMP LESEUNE, NC 28542</b>		4. Generator's Phone <b>(919) 451-5613 ATTN: GEORGE EGGERS</b>		A. State Manifest Document Number <b>IN 053944</b>		B. State Generator's ID					
5. Transporter 1 Company Name <b>OSCO INC.</b>		6. US EPA ID Number <b>TND0819559019</b>		C. State Transporter's ID <b>615/381-4999</b>		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 <b>SYSTECH CORPORATION/LONESTAR CEMENT LIMEDALE RD GREENCASTLE INDIANA</b>		10. US EPA ID Number <b>IND00064192112</b>		G. State Facility's ID		H. Facility's Phone <b>317 653-2606</b>					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit Wt/Vol			
a. <b>RQ1 WASTE OIL NOS, COMBUSTIBLE                  Liquid, NA 1270 (FOO2, FOO3, FOO5, FOO4, D001)</b> b. c. d.				No.		Type		I. Waste No.			
				011		TTT		055006		D001	
J. Additional Descriptions for Materials Listed Above <b>A) FOO1, FOO2, FOO3, FOO5 TRUCK KK P.O. BOX 0585</b>				K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information <b>SWI IS THE CONTRACTOR FOR THIS FACILITY'S HAZARDOUS WASTE. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. BOX B SAUKVILLE, WI 53080 DL200-88-00033 D.O.I</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 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 <b>HUNTER, L.E.</b>		Signature <i>Lance E. Hunter</i>		Month Day Year <b>12/07/87</b>		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name <b>DWIGHT WALLS</b>		Signature <i>Dwight Walls</i>		Month Day Year <b>12/07/87</b>		
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 Item 19.

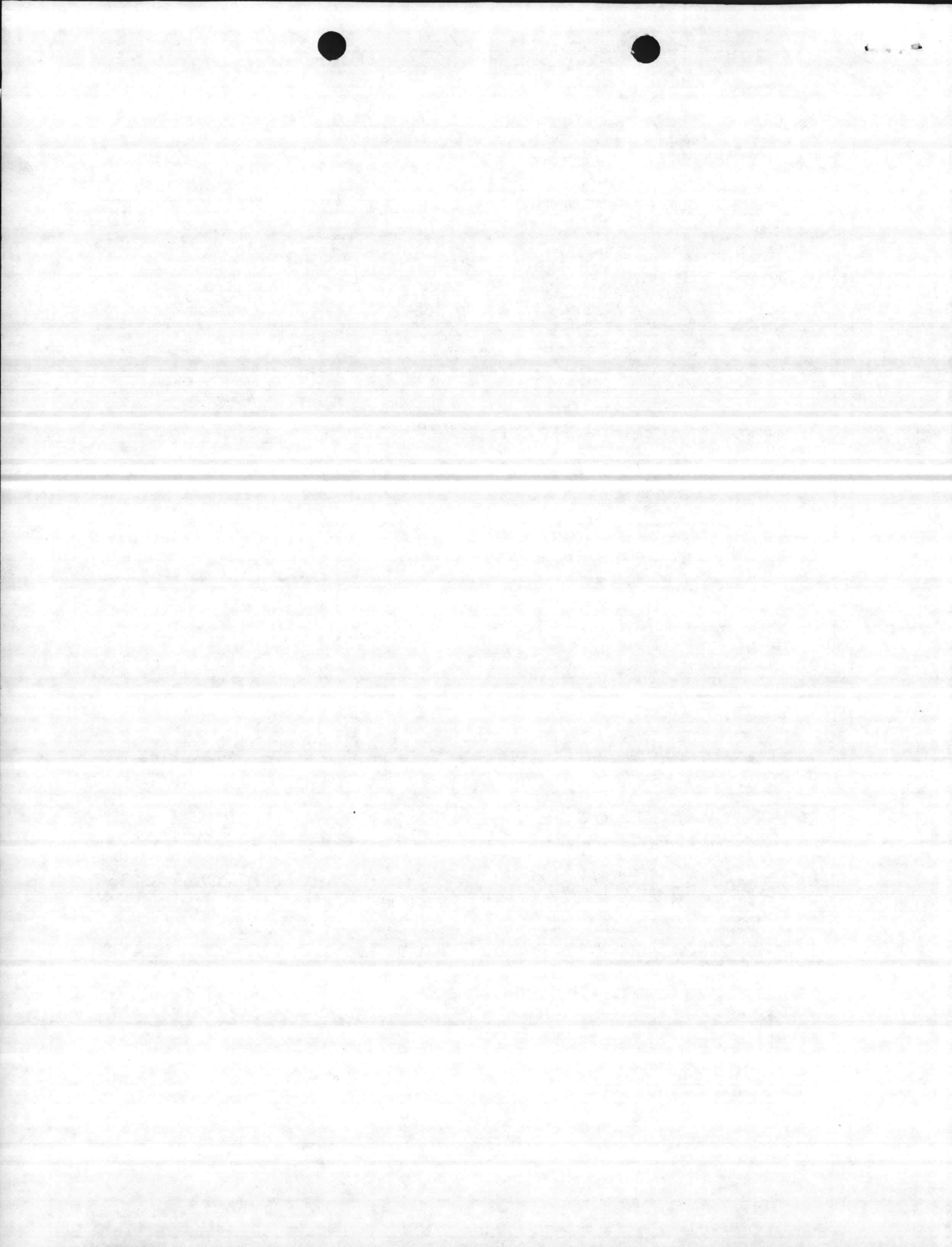
Printed/Typed Name		Signature		Month Day Year		
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GENERATOR

TRANSPORTER

FACILITY

IN 053944





Division of Land Pollution Control - Manifest  
 Indiana State Board of Health  
 P.O. Box 7035  
 Indianapolis, IN 46207-7035

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2050-0039 9-30-88

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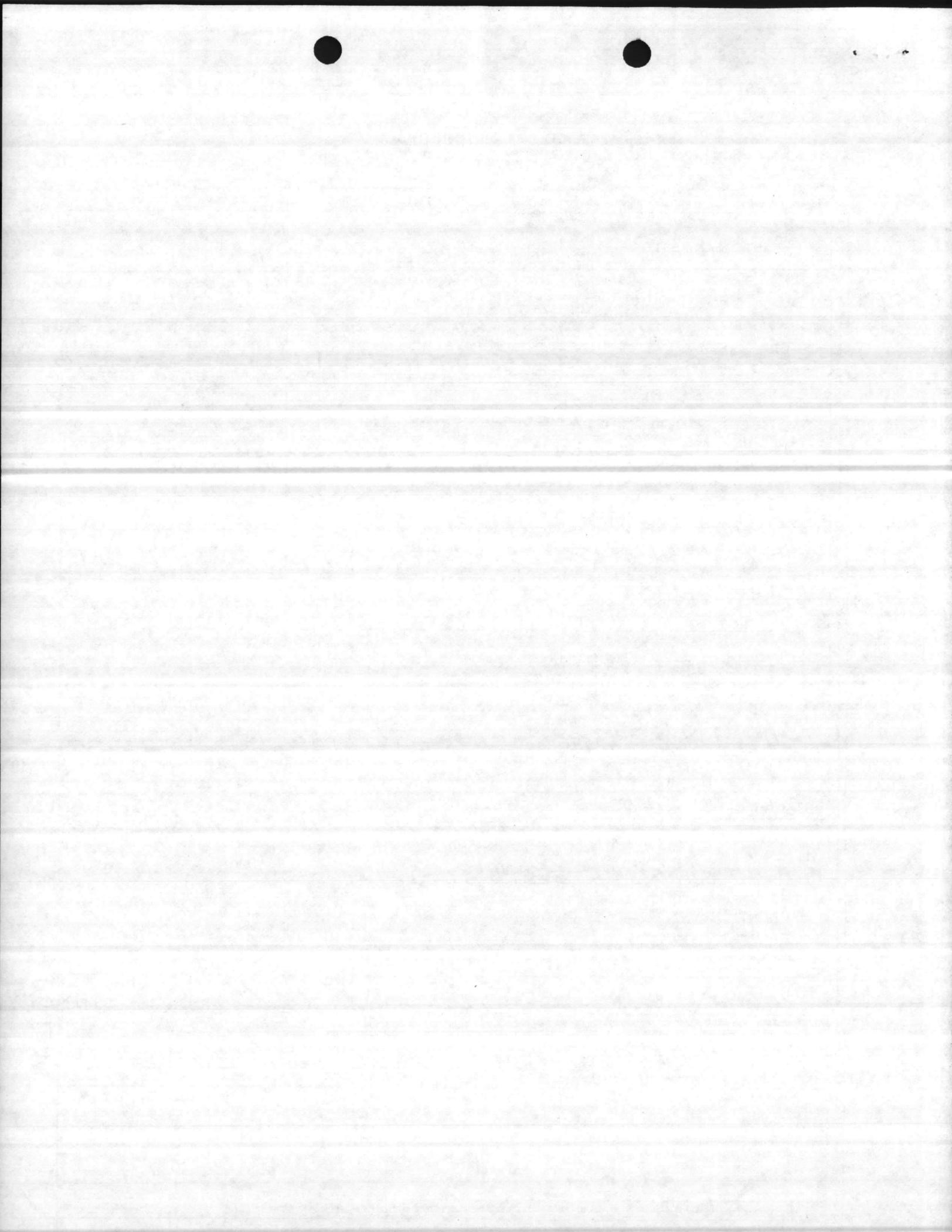
<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <i>N 46170 0022 580001 29</i>		Manifest Document No. <i>1</i>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law		
3. Generator's Name <i>DRMO Bldg 906 MARINE CORPS BASE CAMP LESEUNE, NC</i>						A. State Manifest Document Number <b>IN 053943</b>				
4. Generator's Phone ( <i>919</i> ) <i>451-5613</i> <i>ATTN: GEORGE EGGERS</i>						B. State Generator's ID				
5. Transporter 1 Company Name <i>OSCO INC.</i>						6. US EPA ID Number <i>TN D089 558 019</i>		C. State Transporter's ID		
7. Transporter 2 Company Name						8. US EPA ID Number		D. Transporter's Phone <i>615/381-4999</i>		
9. Designated Facility Name and Site Address <i>SYSTECH CORPORATION / HONESTIA CEMENT LIMEDALE RD GREENCASTLE, INDIANA</i>						10. US EPA ID Number <i>IND 0106 419 21 12</i>		E. State Facility's ID		
								F. Facility's Phone <i>317-653-2600</i>		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
						No. Type				
a. <i>RQ1 WASTE OIL NOS, COMBUSTIBLE Liquid, NA 1270 (FOO1, FOO2, FOO3, FOO5, 0001)</i>						<i>001 TT</i>		<i>0155010</i>	<i>G</i>	<i>001</i>
b.										
c.										
d.										
J. Additional Descriptions for Materials Listed Above <i>A.) FOO1, FOO2, FOO3, FOO5</i>						K. Handling Codes for Wastes Listed Above				
TRUCK LL P.O. 0585 15. Special Handling Instructions and Additional Information <i>SPECIAL WASTE IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. BOX B, SAUKVILLE, WI 53080 DLA 200-88-00033 D.O. 01</i>										
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 <i>Hunter, L.F.</i>				Signature <i>L.F. Hunter</i>		Month Day Year <i>12 27 87</i>		Date		
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name <i>KENNETH TUBVILLE</i>				Signature <i>Kenneth Tubville</i>		Month Day Year <i>12 27 87</i>		Date		
18. Transporter 2 Acknowledgement of Receipt of Materials										
Printed/Typed Name				Signature		Month Day Year		Date		
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		Month Day Year		Date		

GENERATOR

TRANSPORTER

FACILITY

IN 053943





Division of Land Pollution Control - Manifest  
 Indiana State Board of Health  
 P.O. Box 7035  
 Indianapolis, IN 46207-7035  
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Form Approved OMB No. 2000-0404 Expires 7-31-86  
 2050-0039 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <i>NC9617002258000128</i>		Manifest Document No. <i>1</i>	2. Page 1 of Information in the shaded areas is not required by Federal law	
3. Generator's Name <i>ATTN: GEORGE EBBERS DRMO Bldg 906 MARINE CORPS BASE CAMP LEJUNE, NC 28542</i>				A. State Manifest Document Number <i>IN 053940</i>		
4. Generator's Phone <i>(919) 451-5613</i>				B. State Generator's ID		
5. Transporter 1 Company Name <i>OSCO INC.</i>		6. US EPA ID Number <i>IND0895580119</i>		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone <i>615/381-4999</i>		
9. Designated Facility Name and Site Address <i>SYSTEMA CORPORATION / LONESTAR CEMENT LIME DALE RD GREENCASTLE, INDIANA</i>				E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone <i>317-653-2606</i>		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. <i>RQ1 WASTE O.L.N.O.S., COMBUSTIBLE LIQUID, NA 1270 (D001, F001, F002, F003, F005)</i>		No. Type <i>001 TT</i>		<i>01551010</i>	<i>G</i>	<i>D001</i>
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above <i>A) F001, F002, F003, F005</i>				K. Handling Codes for Wastes Listed Above		
TRUCK CO P.O.# 0585						
15. Special Handling Instructions and Additional Information <i>SPECIAL WASTE INC. IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. BOX B, SAUKVILLE, WI 53080 DLA 200-88-D0033 D.O.1</i>						
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 <i>HUNTER, L.E.</i>		Signature <i>L.E. Hunter</i>		Month Day Year <i>12 27 87</i>		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name <i>RON HILTON</i>		Signature <i>Ron Hilton</i>		Month Day Year <i>12 27 87</i>		
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 Item 19.						
Printed/Typed Name		Signature		Month Day Year		

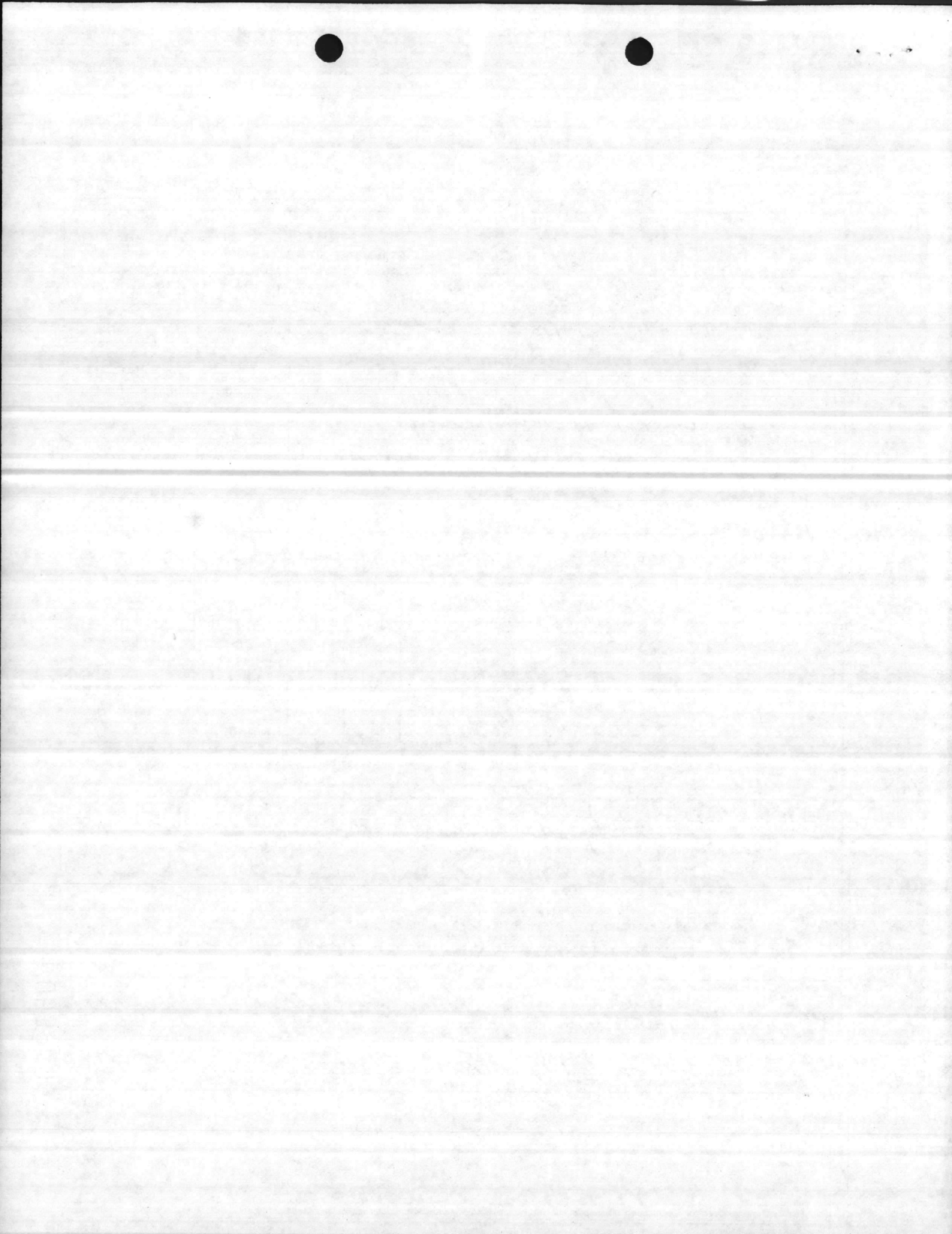
GENERATOR

TRANSPORTER

FACILITY

IN 053940





Division of Land Pollution Control - Manifest  
 Indiana State Board of Health  
 P.O. Box 7035  
 Indianapolis, IN 46207-7035

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2050-0039 9-30-86

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Form Approved OMB No: 2000-0404 Expires 7-31-86

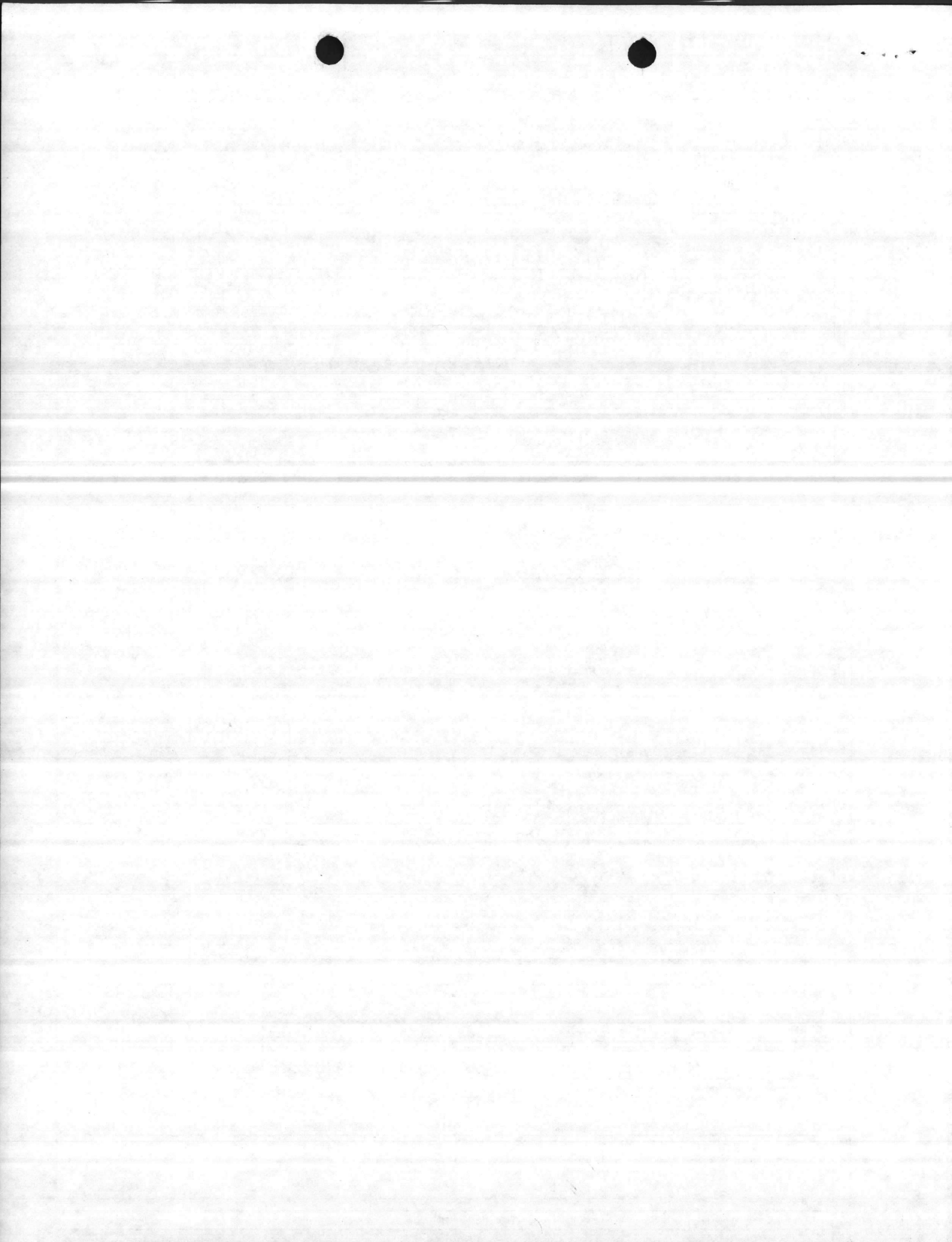
<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>	1. Generator's US EPA ID No. <b>NC1617010225810D10127</b>		Manifest Document No. <b>1</b>		2. Page 1 of Information in the shaded areas is not required by Federal law	
	3. Generator's Name <b>ATTN. GEORGE SEBORG DRMO Bldg 906 MARINE CORPS BASE CAMP LEJEUNE, NC 28542</b>		A. State Manifest Document Number <b>IN 053941</b>		B. State Generator's ID	
4. Generator's Phone ( <b>919</b> ) <b>451-5013</b>		6. US EPA ID Number <b>TW0089558019</b>		C. State Transporter's ID <b>615/3</b>		D. Transporter's Phone <b>615/381-4999</b>
5. Transporter 1 Company Name <b>OSCO INC</b>		7. Transporter 2 Company Name		E. State Transporter's ID		F. Transporter's Phone
9. Designated Facility Name and Site Address <b>SYSTECH CORPORATION / HONESTAR CEMENT LIMDALE RD GREEN CASTLE, INDIANA</b>		10. US EPA ID Number <b>IND0101064119212</b>		G. State Facility's ID		H. Facility's Phone <b>317-653-2606</b>
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers		13. Total Quantity	14. Unit Wt/Vol
			No.	Type		
a. <b>RQ1 WASTE OIL NOS, COMBUSTIBLE Liquid, NA1270 (D001, F001, F002, F003, F005)</b>			<b>0101</b>	<b>TT</b>	<b>0560</b>	<b>10 G</b>
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above <b>A) F001, F002, F003, F005</b>			K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information <b>TRUCK NN P.O. # 0585                  SPECIAL WASTE INC. IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE, PLEASE ROUTE ALL CORRESPONDENCE                  ALL BILLING TO: P.O. BOX B, SAUKVILLE, WI, 53080 DLA 200-88100330.0.1</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 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 <b>HUNTER L.E.</b>		Signature <i>L. E. Hunter</i>		Month Day Year <b>12 07 87</b>		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name <b>Eugene Smith</b>		Signature <i>Eugene Smith</i>		Month Day Year <b>12 07 87</b>		
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 Item 19.						
Printed/Typed Name		Signature		Month Day Year		

GENERATOR

TRANSPORTER

FACILITY

IN 053941





DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <b>MARINE CORPS BASE</b>	EPA NUMBER <b>NC 6170022580</b>	AWARDED CONTRACT NUMBER <b>DLA 200-88-D-0033</b>	PHASED PORTIONS DELIVERED BY CONTRACTOR'S OFFICE
COMPLETE ADDRESS <b>CAMP LEJEUNE, NC 28542</b>	DRMO <b>LEJEUNE</b>	CONTRACT NUMBER <b>88 D-0033</b>	DELIVERY ORDER NUMBER <b>0001</b>
CDR <b>GEORGE EGGERS</b>	PICKUP LOCATION <b>TANK #5891 - TANK #889 - TANK #STT-61 - TANK STJ-62</b>	AUTHORIZED TRANSPORTER NAME <b>OCCO INC</b>	EPA NUMBER <b>20558019</b>
COMMERCIAL PHONE NUMBER <b>(919) 451-5613/5652</b>	AUTOVON PHONE NUMBER <b>484-5613/5652</b>	TSDF NAME <b>SYSTECH</b>	EPA NUMBER <b>IND0006419212</b>
GENERATOR REQUEST NUMBER <b>2014</b>	RIG CODE <b>SWA</b>	AUTHORIZED TRANSPORTER SIGNATURE <i>Wm Liddy</i>	
SENT TO CONTRACTING <b>11 SEPT '87</b>	DATE RECEIVED BY CONTRACTOR <b>9/15/87</b>	AUTHORIZED CONTRACTING OFFICER'S REPRESENTATIVE (COR) <i>Lawrence E. Hunter</i>	

1 CLIN	2 SUFFIX	3 NSN LSN	4 DTID			6 ITEM NAME US DOT DESCRIPTION	5 STORAGE CONTAINER		7 STORAGE LOCATION	8 QUANTITY	9 UNIT	10 PRICE	11 REMARKS	12 EPA WASTE CODE	13 PICKED UP		14 PICKUP MANIFEST NUMBER	15 DATE PICKED UP DDMMYY
			DODAAC	DATE	SERIAL		DRUM NUMBER	QUANTITY							UNIT	QUANTITY		
4720AA	00 AA	9150-00-011 WASTE	M93182	7245	0005	SEE ATTACHED SAMPLE 87-55	TANK Above Gcd.	TANSON ST-61	12,500	G	2.95		FOU F003 FOU F005	6000	G1	DO131		
4720AA	00 AB	9150-00-011 WASTE	M93182	7245	0006	SEE ATTACHED SAMPLE 87-55	TANK Above Gcd.	TANSON ST-62	12,500	G	2.95		FOU F003 FOU F005	5500	G1	DO130		12-7-87
4720AA	00 AC	9150-00-011 WASTE	M93182	7245	0003	SEE ATTACHED SAMPLE 87-55	TANK Above Gcd.	Halcomb S-889	17,500	G	2.95		FOU F003 FOU F005	2500	G1	DO128		12-7-87
4720AA	00 AD	9150-00-011 WASTE	M93182	7245	0004	SEE ATTACHED SAMPLE 87-55	TANK Above Gcd.	Halcomb S-891	17,500	G	2.95		FOU F003 FOU F005	5600	G1	DO127		12-7-87

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D 0126

<b>COLLECTION SUMMARY REPORT</b>	<b>CONTRACT NO.</b> DLA 200-88-D 0033	<b>DELIVERY ORDER NO.</b> 0001
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Please complete this form and submit it to the DRMS Contracting Officer within ten (10) working days from the time that the contractor leaves the collection site. The address of the DRMS Contracting Officer is included on Page 1 of the enclosed contract and/or delivery order.

<b>A. DESCRIPTION OF CHEMICAL COLLECTION SITE</b>	1. Actual location of chemicals MARINE CORPS BASE Tank-S-891 CAMELEJEUNE, N.C. S-889	2. RIC SY-2019
		3. Accountable DRMO LEJEUNE

**B. DESCRIPTION OF MISCELLANEOUS CHEMICALS COLLECTED.** (Attach copy of DD-250 or DRMS-1697, Pickup Report, as applicable to your contract and delivery order. If not provided, state why and attach a description or copy of annotated inventory.)

1. Please indicate any differences between the quantity of chemicals collected and the quantity of chemicals shown in the contract and/or delivery order. (attach additional documents as necessary)

2. Please fill in the columns describing the number of containers requiring overpacking, repacking, draining, etc., if any.

CLIN	ITEMS	QUANTITY	REMARKS

<b>C. EVALUATION OF CONTRACTOR'S PERFORMANCE</b>	1. Date of contractor arrival 12-4-87	3. Please check either S (satisfactory) or U (unsatisfactory) for each phase of contractor's performance and specify any problems and/or positive actions encountered, if any.	S	U	
	2. Date of contractor departure 12-4-87		a. Adequacy of Contractor/COR briefing/notification	X	
			b. Adequacy of repackaging	X	
			c. Final clean-up and decontamination	X	
			d. Safety of personnel	X	
	e. Number of trucks used	/			

<b>D. DOCUMENTATION RECEIVED</b> Check each document received by PDO for filing	a. Manifest	YES	NO
	b. Form DD 250 (or DRMS Form 1697)	X	

**E. REMARKS - INCLUDE ANY SPECIFIC COMMENTS YOU MAY HAVE REGARDING OVERALL CONTRACTOR PERFORMANCE, ANY SUGGESTIONS OR COMMENTS (on improving this contract, COR letter, Summary Report, etc.)**

1. Name of PDO submitting report DRMO CAMP LEJEUNE, N.C.	3. COR Signature <i>Lawrence B. Hunter</i>
2. Printed or typed name of COR HUNTER, L.E.	4. Date this report submitted 12-4-87



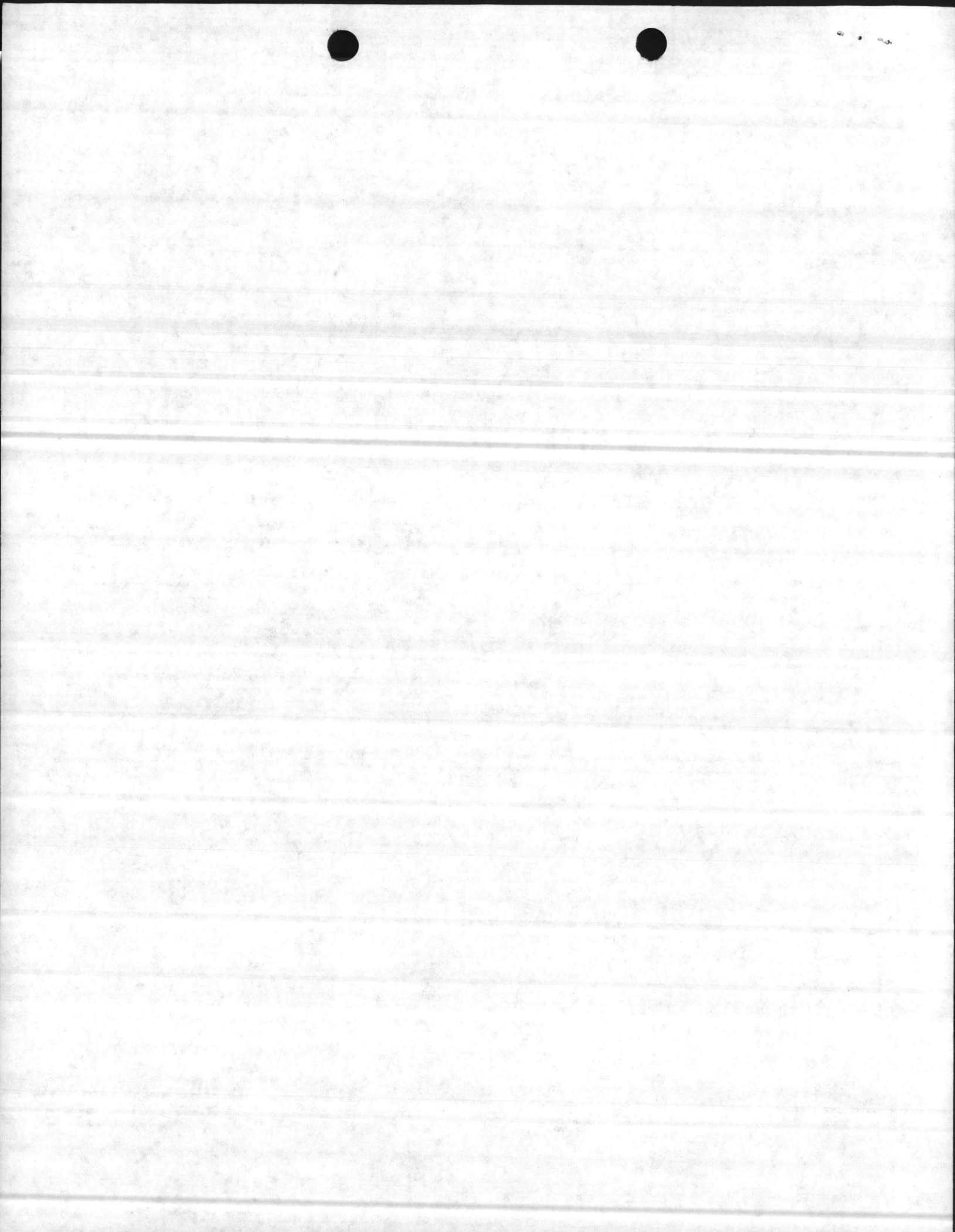


# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NC1611701013251810101126</b>		Manifest Document No. <b>1126</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address <b>MARINE CORPS BASE DRMO CAMP LE JEUNE, N.C. 28542 BLDG 906</b>						A. State Manifest Document Number											
4. Generator's Phone (919) <b>451-5613</b> <b>ATTN: MR EGGERS</b>						B. State Generator's ID											
5. Transporter 1 Company Name <b>ENVIRONMENTAL TRANSPORTATION SERVICES INC</b>						C. State Transporter's ID											
6. US EPA ID Number <b>NC1611701013251810101126</b>						D. Transporter's Phone <b>405/745-2008</b>											
7. Transporter 2 Company Name						E. State Transporter's ID											
8. US EPA ID Number						F. Transporter's Phone											
9. Designated Facility Name and Site Address <b>SPECIAL WASTE INC. 1713 LEGION BL. ATHENS, TN 37303</b>						G. State Facility's ID											
10. US EPA ID Number <b>TN101013415147141</b>						H. Facility's Phone <b>615/745-9222</b>											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt./Vol		15. Waste No.					
						No. Type											
GENERATOR a. <b>RQ1 WASTE OIL, COMBUSTIBLE LIQUID, NA1270 (FOO1, FOO2, <del>FOO3</del>, D001) (FOO3)</b>						001 TT		4800 G				FOO1, FOO2 5 FOO3 D001					
						b.											
						c.											
						d.											
J. Additional Descriptions for Materials Listed Above <b>APPROVAL 580026</b>						K. Handling Codes for Wastes Listed Above											
<b>DLA 200-88-D0033 D.O. 0001 P.O. 0577</b> <b>TRUCK CC</b>																	
15. Special Handling Instructions and Additional Information <b>SPECIAL WASTE INC. IS THIS FACILITIES HAZARDOUS WASTE CONTRACTOR. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. BOX B SANKVILLE, WI 53080</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 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 <b>Thomas E. Hunter</b>					Signature <i>Thomas E. Hunter</i>			Month Day Year <b>11 12 1987</b>									
TRANSPORTER						17. Transporter 1 Acknowledgement of Receipt of Materials											
						Printed/Typed Name <b>FRED WILLIAMS</b>			Signature <i>Fred Williams</i>		Month Day Year <b>11 14 1987</b>						
FACILITY						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									





~~0126~~  
D 0126 ✓

DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <b>MARINE CORPS BASE</b>	EPA NUMBER <b>NC 6170022580</b>	AWARDED CONTRACT NUMBER <b>DLA 200-88-D-0045</b> <span style="float: right;">0033</span>
COMPLETE ADDRESS <b>CAMP LEJEUNE NC 28542</b>	DRMO <b>LEJEUNE</b>	
COR <b>GEORGE EGGERS</b>	PICKUP LOCATION <b>TANK # 5891 TANK 5889 TANK ST761 TANK ST762</b>	
COMMERCIAL PHONE NUMBER <b>(919) 451-5613 / 5652</b>	AUTOVON PHONE NUMBER <b>484-5613 / 5652</b>	
GENERATOR REQUEST NUMBER <b>L014</b>	RIC CODE <b>SWA</b>	<b>2.95/gal.</b>
DATE SENT TO CONTRACTING <b>11 Sept 87</b>	DATE RECEIVED BY CONTRACTING <b>9-15-87</b>	

SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE	
CONTRACT NUMBER <b>SP 2033</b>	DELIVERY ORDER NUMBER <b>8891</b>
AUTHORIZED TRANSPORTER NAME <b>ETS</b>	EPA NUMBER <b>OKD 981056605</b>
TSDF NAME <b>SWI</b>	EPA NUMBER <b>TNDO34547141</b>
AUTHORIZED TRANSPORTER SIGNATURE <i>W.M. ...</i>	
AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR) <i>...</i>	

1	2	3	4			5	6	7	8	9	10	11	12	13		14	15
			CLIN	SUFFIX	NSN									DODAAC	DTID		
		LSN		DATE	SERIAL		DRUM NUMBER							QUANTITY	UNIT	LINE CODE	
4720AA	00 AA	9150-00-OIL-WASTE	M93182	7245	0005	SEE ATTACHED SAMPLE 87-55	TANK ABOVE GROUND	TARAWA TERRACE STT-61	12,500	GL	2.95	36875.00					
4720AA	00 AB	9150-00-OIL-WASTE	M93182	7245	0006	SEE ATTACHED SAMPLE 87-5L	" "	TARAWA TERRACE STT-62	12,500	GL	2.95	36,875.00	F001 F005 F002 F005			00126	12-4-87
4720AA	00 AC	9150-00-OIL-WASTE	M93182	7245	0003	SEE ATTACHED SAMPLE 87-50	" "	HOLCOMB BLVD S-889	17,500	GL	2.95	51,625.00	F001 F003 F002	1300	61	00126	12-4-87
4720AA	00 AD	9150-00-OIL-WASTE	M93182	7245	0004	SEE ATTACHED SAMPLE 87-52	" "	HOLCOMB BLVD S-891	17,500	GL	2.95	51,625.00	F001 F003 F002	3500	61	00126	12-4-87





J-0124 / D-0125

<b>COLLECTION SUMMARY REPORT</b>	<b>CONTRACT NO.</b> DLA 200-85A 0033	<b>DELIVERY ORDER NO.</b> 0001
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Please complete this form and submit it to the DRMS Contracting Officer within ten (10) working days from the time that the contractor leaves the collection site. The address of the DRMS Contracting Officer is included on Page 1 of the enclosed contract and/or delivery order.

<b>A. DESCRIPTION OF CHEMICAL COLLECTION SITE</b>	1. Actual location of chemicals MANNE Camps Base Camp Lejeune, NC. Tank 5-291	2. RIC S4-2014
		3. Accountable DRMO Camp Lejeune, NC

**B. DESCRIPTION OF MISCELLANEOUS CHEMICALS COLLECTED.** (Attach copy of DD-250 or DRMS-1697, Pickup Report, as applicable to your contract and delivery order. If not provided, state why and attach a description or copy of annotated inventory.

1. Please indicate any differences between the quantity of chemicals collected and the quantity of chemicals shown in the contract and/or delivery order. (attach additional documents as necessary)

2. Please fill in the columns describing the number of containers requiring overpacking, repacking, draining, etc., if any.

CLIN	ITEMS	QUANTITY	REMARKS

<b>C. EVALUATION OF CONTRACTOR'S PERFORMANCE</b>	1. Date of contractor arrival	3. Please check either S (satisfactory) or U (unsatisfactory) for each phase of contractor's performance and specify any problems and/or positive actions encountered, if any.	S	U
	12-3-87	a. Adequacy of Contractor/COR briefing/notification	✓	
	2. Date of contractor departure	b. Adequacy of repackaging	✓	
	12-3-87	c. Final clean-up and decontamination	✓	
		d. Safety of personnel	✓	
		e. Number of trucks used	2	

<b>D. DOCUMENTATION RECEIVED</b> Check each document received by PDO for filing	a. Manifest	YES	NO
	b. Form DD 250 (or DRMS Form 1697)	✓	

**E. REMARKS – INCLUDE ANY SPECIFIC COMMENTS YOU MAY HAVE REGARDING OVERALL CONTRACTOR PERFORMANCE, ANY SUGGESTIONS OR COMMENTS (on improving this contract, COR letter, Summary Report, etc.)**

1. Name of PDO submitting report J. R. Camp Lejeune, NC.	3. COR Signature Laurie K. Hunt
2. Printed or typed name of COR Hunter, L. E.	4. Date this report submitted 12-3-87



ORDER NO.

DATE

11-28-87

11-28-87

11-28-87

11-28-87

11-28-87

11-28-87

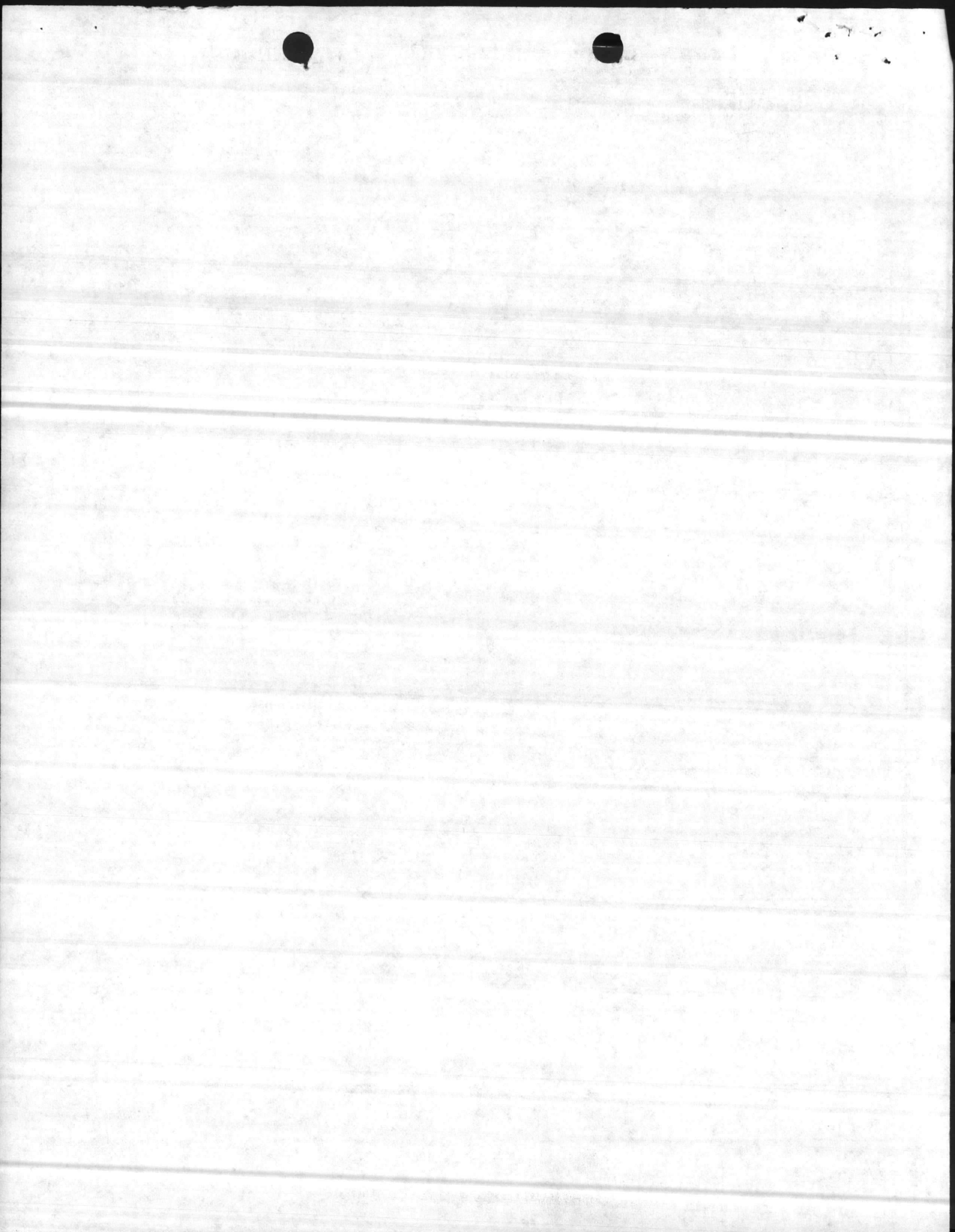
11-28-87

# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

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

Form Approved. OMB No. 2050-0039. Expires 9-30-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NC161171012158101125</b>		Manifest Document No. <b>101125</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address <b>MARINE CORPS BASE DRMO CAMP LEJEUNE, NC 28542 BLDG 906</b>				A. State Manifest Document Number											
4. Generator's Phone (919) 451-5613 ATTN: MR EGGERS				B. State Generator's ID											
5. Transporter 1 Company Name <b>OSCO INC.</b>		6. US EPA ID Number <b>IND10199155810119</b>		C. State Transporter's ID											
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone <b>615/381-4989</b>		E. State Transporter's ID									
9. Designated Facility Name and Site Address <b>SPECIAL WASTE INC. 1713 LEGION BL. ATHENS, TN 37303</b>		10. US EPA ID Number <b>IND103145971191</b>		F. Transporter's Phone		G. State Facility's ID									
				H. Facility's Phone <b>615/745-9222</b>											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.			
						No.		Type							
						a. <b>RQ1 WASTE OIL, COMBUSTIBLE LIQUID, NA1270 (FOO1, FOO2, FOO3, DOOL)</b>		<b>0101TT</b>		<b>5500 G</b>		<b>G</b>		<b>FOO1, FOO2 FOO3, DOOL</b>	
						b.									
						c.									
J. Additional Descriptions for Materials Listed Above <b>APPROVAL BY SPECIAL WASTE INC. TRUCK FF DLA200-98-D-0033 D.O.0001 PO.0519</b>						K. Handling Codes for Wastes Listed Above									
15. Special Handling Instructions and Additional Information <b>HAZARDOUS WASTE CONTRACTOR - SPECIAL WASTE INC. IS THIS FACILITIES BILLING TO: PO. BOX B SAUKVILLE, WI 53080</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 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 <b>Hunter, L.E.</b>				Signature <i>L. E. Hunter</i>				Month Day Year <b>11 20 87</b>							
17. Transporter 1 Acknowledgement of Receipt of Materials															
Printed/Typed Name <b>Kenny wells</b>				Signature <i>Kenny wells</i>				Month Day Year <b>12 10 87</b>							
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							





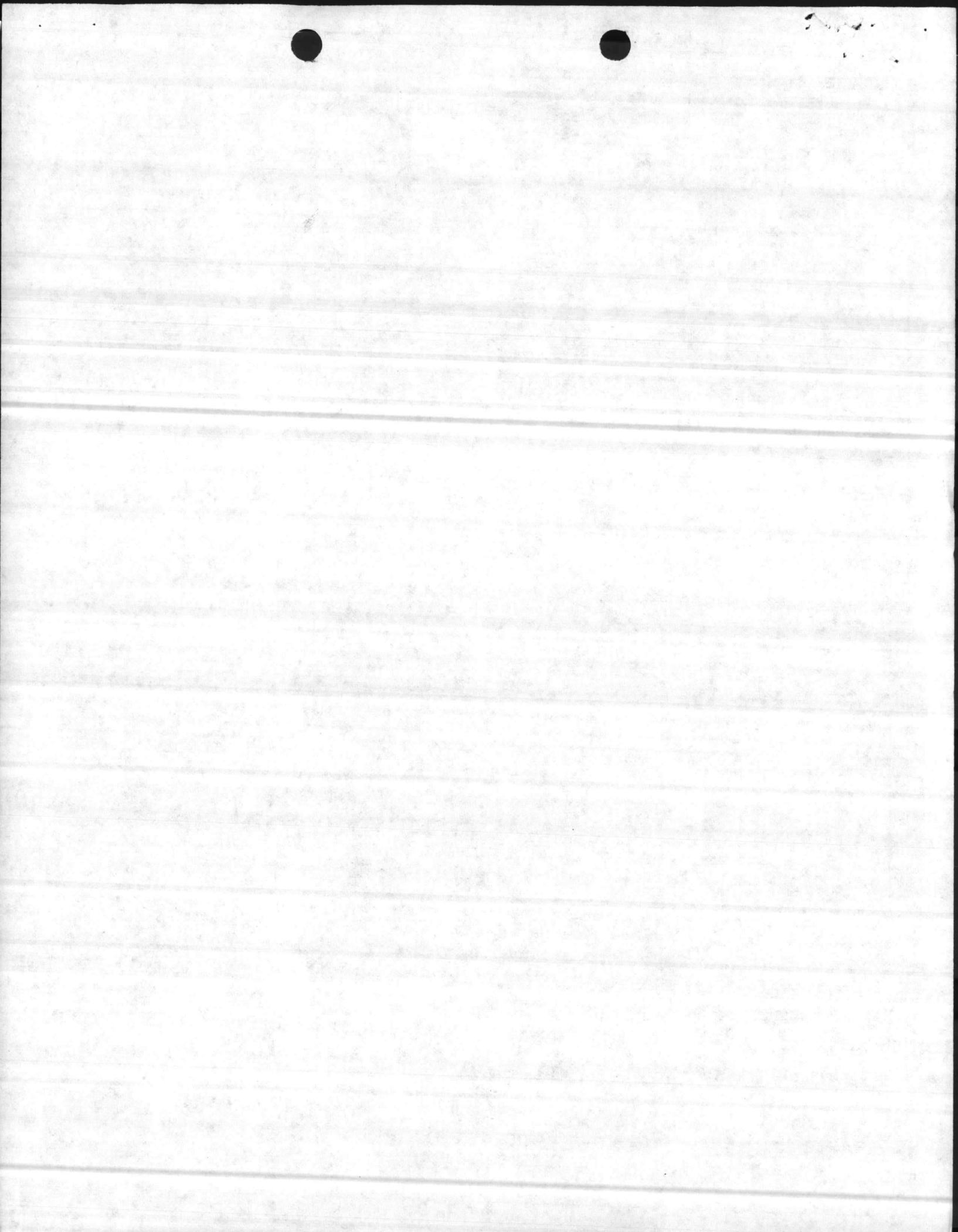
# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

20124

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

Form Approved. OMB No. 2050-0039. Expires 9-30-86.

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. NC 61170022580101124		Manifest Document No. 1124		2. Page 1 of information in the shaded areas is not required by Federal law.											
3. Generator's Name and Mailing Address MARINE CORPS BASE DRMO CAMP LEJEUNE, NC 28542 BLDG 906				A. State Manifest Document Number													
4. Generator's Phone (919) 451-5613 ATTN: MR EGGERS				B. State Generator's ID													
5. Transporter 1 Company Name OSCO INC.		6. US EPA ID Number TN D10895580119		C. State Transporter's ID		D. Transporter's Phone 615/381-4999											
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 SPECIAL WASTE INC. 1713 LEGION RD. ATHENS, TN 37303				10. US EPA ID Number TN D1034547141		G. State Facility's ID											
				H. Facility's Phone 615/745-9222													
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
						No.		Type									
GENERATOR						a. RD 1 WASTE OIL, COMBUSTIBLE LIQUID, NA1270 (FOO1, FOO2, FOO3, D001)		0101 TT		5500 G		FOO1, FOO2 FOO3, D001					
						b.											
						c.											
						d.											
J. Additional Descriptions for Materials Listed Above APPROVAL 58026 TRUCK EE DLA 200-88-D-0033 P.O. 0001 P.O. 0579						K. Handling Codes for Wastes Listed Above											
15. Special Handling Instructions and Additional Information HAZARDOUS WASTE CONTRACTOR. SPECIAL WASTE INC IS THIS FACILITIES PLEASE DIRECT ALL CORRESPONDENCE AND BILLING TO: P.O. BOX B SAUKVILLE, WI 53080																	
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 Hunter, L.E.				Signature <i>L. E. Hunter</i>				Month Day Year 11 21 1987									
TRANSPORTER												17. Transporter 1 Acknowledgement of Receipt of Materials					
												Printed/Typed Name Frank Hancock				Signature <i>Frank Hancock</i>	
FACILITY												18. Transporter 2 Acknowledgement of Receipt of Materials					
												Printed/Typed Name				Signature	
19. Discrepancy Indication Space																	
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.																	
Printed/Typed Name				Signature				Month Day Year									





DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <i>MARINE Corps BASE</i>		EPA NUMBER <i>NC 617002258</i>	AWARDED CONTRACT NUMBER	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE	
COMPLETE ADDRESS <i>CAMP LEJUENE NC 28542</i>		DRMO <i>LEJUENE</i>	CONTRACT NUMBER <i>88D-0033</i>	DELIVERY ORDER NUMBER <i>0001</i>	
COR <i>GEORGE EGGERS</i>		PICKUP LOCATION <i>TANK # 5891 TANKS 889 TANK 5TT61 TANK 5TT62</i>	AUTHORIZED TRANSPORTER NAME <i>OSCO INC.</i>	EPA NUMBER <i>TND089558019</i>	
COMMERCIAL PHONE NUMBER <i>(919) 451-5613 / 5652</i>		AUTOVON PHONE NUMBER <i>484-5613 / 5652</i>	TSD NAME <i>SPECIAL WASTE INC.</i>	EPA NUMBER <i>TND034547141</i>	
GENERATOR REQUEST NUMBER <i>L014</i>		RIC CODE <i>SWA</i>	AUTHORIZED TRANSPORTER SIGNATURE <i>David Chabroch</i>		
DATE SENT TO CONTRACTING <i>11 SEPT 87</i>		DATE RECEIVED BY CONTRACTING <i>9-15-87</i>	AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR) <i>Louise J. Luter</i>		

1 CLIN	2 SUFFIX	3 NSN LSN	4 DTID			5 ITEM NAME US DOT DESCRIPTION	6 STORAGE CONTAINER		7 STORAGE LOCATION	8 QUANTITY	9 UNIT	10 PRICE	11 AMOUNT	12 EPA WASTE CODE	13 PICKED UP		14 PICKUP MANIFEST NUMBER	15 DATE PICKED UP DDMMYY
			DODAAC	DATE	SERIAL		DRUM NUMBER	QUANTITY							UNIT	LINE CODE		
4720AA	00 AA	9150-00-01 WASTE	M93182	7245	0005	SEE ATTACHED SAMPLE 87-55	TANK	TARAWA TERRACE 5TT-61	12,500	61	2.95							
4720AA	00 AB	9150-00-01 WASTE	M93182	7245	0006	SEE ATTACHED SAMPLE 87-56	" "	TARAWA TERRACE 5TT-62	12,500	61	2.95							
4720AA	60 AC	9150-00-01 WASTE	M93182	7245	0003	SEE ATTACHED SAMPLE 87-50	" "	HOLCOMB BLVD 5-889	17,500	61	2.95							
4720AA	00 AD	9150-00-01 WASTE	M93182	7245	0004	SEE ATTACHED SAMPLE 87-52	" "	HOLCOMB BLVD 5-891	17,500	61	2.95	516250	F001; F002 F003; F005 D001	550DG	G	D0125	12-3-87	



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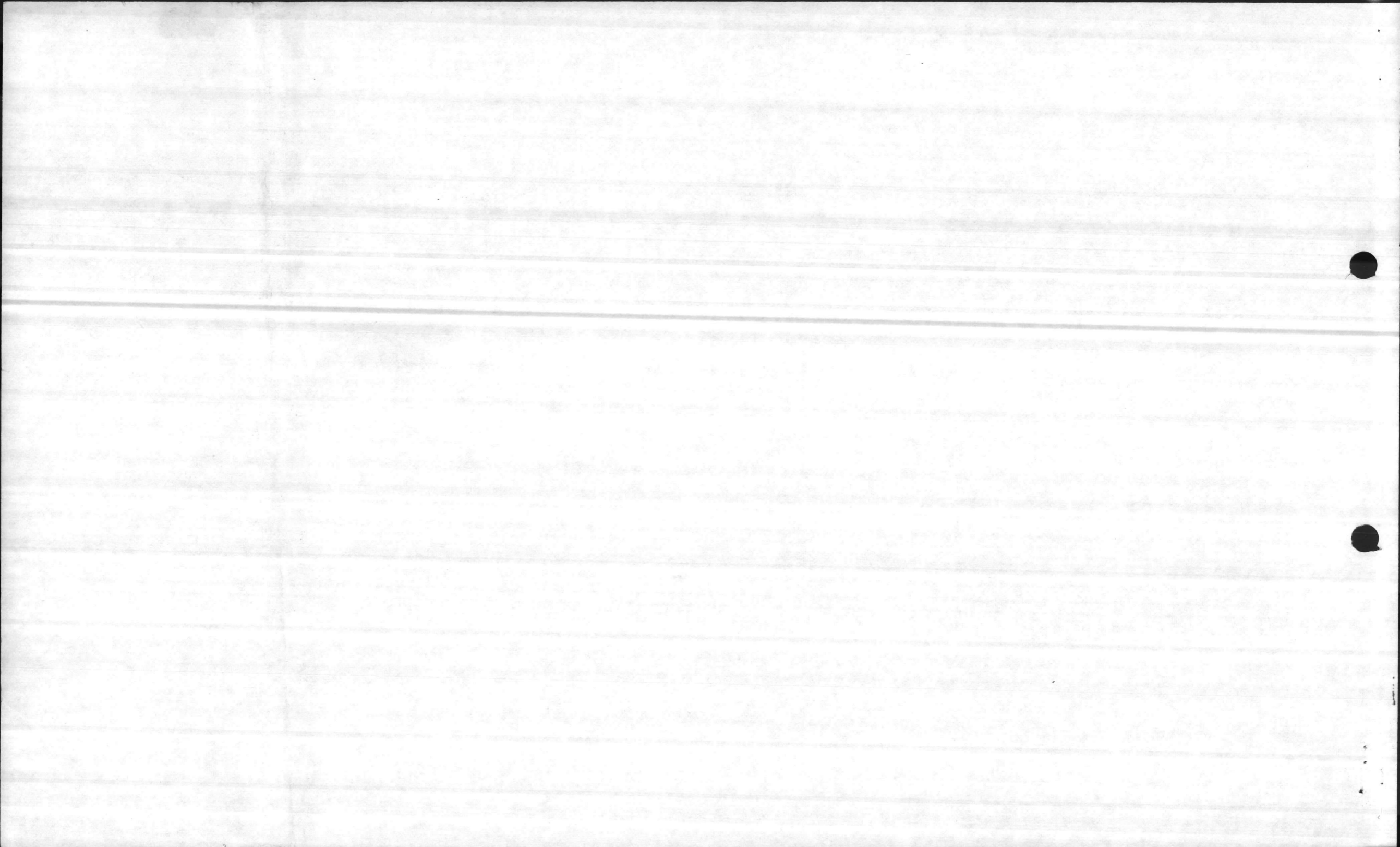


DELIVERY ORDER (EXCEPT FOR PCB)

PICKUP REPORT

GENERATOR <i>LEWIS &amp; CLARK</i>	EPA NUMBER <i>MS 87702</i>	AWARDED CONTRACT NUMBER	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE	
COMPLETE ADDRESS <i>LEWIS &amp; CLARK NC 28592</i>	DRMO <i>LEWIS</i>	CONTRACT NUMBER <i>RED-0083</i>	DELIVERY ORDER NUMBER <i>0001</i>	
COR <i>GENCO EGGERS</i>	PICKUP LOCATION <i>TANK # 5491 TANKS 381 TANK STIG TANK STIG</i>	AUTHORIZED TRANSPORTER NAME <i>OSCO INC.</i>	EPA NUMBER <i>IND081558019</i>	
COMMERCIAL PHONE NUMBER <i>(919) 481-5653 / 5652</i>	AUTOVON PHONE NUMBER <i>481-5653 / 5652</i>	TSDP NAME <i>SPECIAL WASTE INC.</i>	EPA NUMBER <i>IND034547141</i>	
GENERATOR REQUEST NUMBER <i>L014</i>	RIC CODE <i>SCWA</i>	AUTHORIZED TRANSPORTER SIGNATURE <i>[Signature]</i>		
DATE SENT TO CONTRACTING <i>11 SEPT 87</i>	DATE RECEIVED BY CONTRACTING <i>9-15-87</i>	AUTHORIZED CONTRACTING OFFICER'S REPRESENTATIVE (COR) <i>[Signature]</i>		

1 CLIN	2 SUFFIX	3 NSN		4 DTIC		5 ITEM NAME US DOT DESCRIPTION	6 STORAGE CONTAINER		7 STORAGE LOCATION	8 QUANTITY	9 UNIT	10 PRICE	11 AMOUNT	12 EPA WASTE CODE	13 PICKED UP		14 PICKUP MANIFEST NUMBER LINE CODE	15 DATE PICKED UP DDMMYY
		LSN	ODAAC	DATE	SERIAL		DRUM NUMBER								QUANTITY	UNIT		
4720AA	00	AA	9150-00-01-1015	M93182	7245	0005	SEE ATTACHED SAMPLE 87-55	TANK ABOVE GROUND	TAYAWA TAYAWA ST-61	12,500	61	2.95						
4720AA	00	AB	9150-00-01-1015	M93182	7245	0006	SEE ATTACHED SAMPLE 87-56	" "	TAYAWA TAYAWA ST-62	12,500	61	2.95						
4720AA	00	AC	9150-00-01-1015	M93182	7245	0003	SEE ATTACHED SAMPLE 87-50	" "	HICONS HICONS 5-859	17,500	61	2.95						
4720AA	00	AD	9150-00-01-1015	M93182	7245	0004	SEE ATTACHED SAMPLE 87-52	" "	HICONS HICONS 5-891	17,500	61	2.95	562	5001/5002	5500	G	D0124	12-3-87





D-0121 / D-0122

<b>COLLECTION SUMMARY REPORT</b>	<b>CONTRACT NO.</b> DLA 200-88-D-0033	<b>DELIVERY ORDER NO.</b> 0001
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Please complete this form and submit it to the DRMS Contracting Officer within ten (10) working days from the time that the contractor leaves the collection site. The address of the DRMS Contracting Officer is included on Page 1 of the enclosed contract and/or delivery order.

<b>A. DESCRIPTION OF CHEMICAL COLLECTION SITE</b>	1. Actual location of chemicals MARINE CORPS BASE Camp Lejeune N.C.	TANKS-891	2. RIC SY-2014
			3. Accountable DRMO Lejeune

**B. DESCRIPTION OF MISCELLANEOUS CHEMICALS COLLECTED.** (Attach copy of DD-250 or DRMS-1697, Pickup Report, as applicable to your contract and delivery order. If not provided, state why and attach a description or copy of annotated inventory.)

1. Please indicate any differences between the quantity of chemicals collected and the quantity of chemicals shown in the contract and/or delivery order. (attach additional documents as necessary)

2. Please fill in the columns describing the number of containers requiring overpacking, repacking, draining, etc., if any.

CLIN	ITEMS	QUANTITY	REMARKS

<b>C. EVALUATION OF CONTRACTOR'S PERFORMANCE</b>	1. Date of contractor arrival 11-23-87	3. Please check either S (satisfactory) or U (unsatisfactory) for each phase of contractor's performance and specify any problems and/or positive actions encountered, if any.	S	U	
	2. Date of contractor departure 11-23-87		a. Adequacy of Contractor/COR briefing/notification	✓	
			b. Adequacy of repackaging	✓	
			c. Final clean-up and decontamination	✓	
			d. Safety of personnel	✓	
			e. Number of trucks used	2	
			YES	NO	

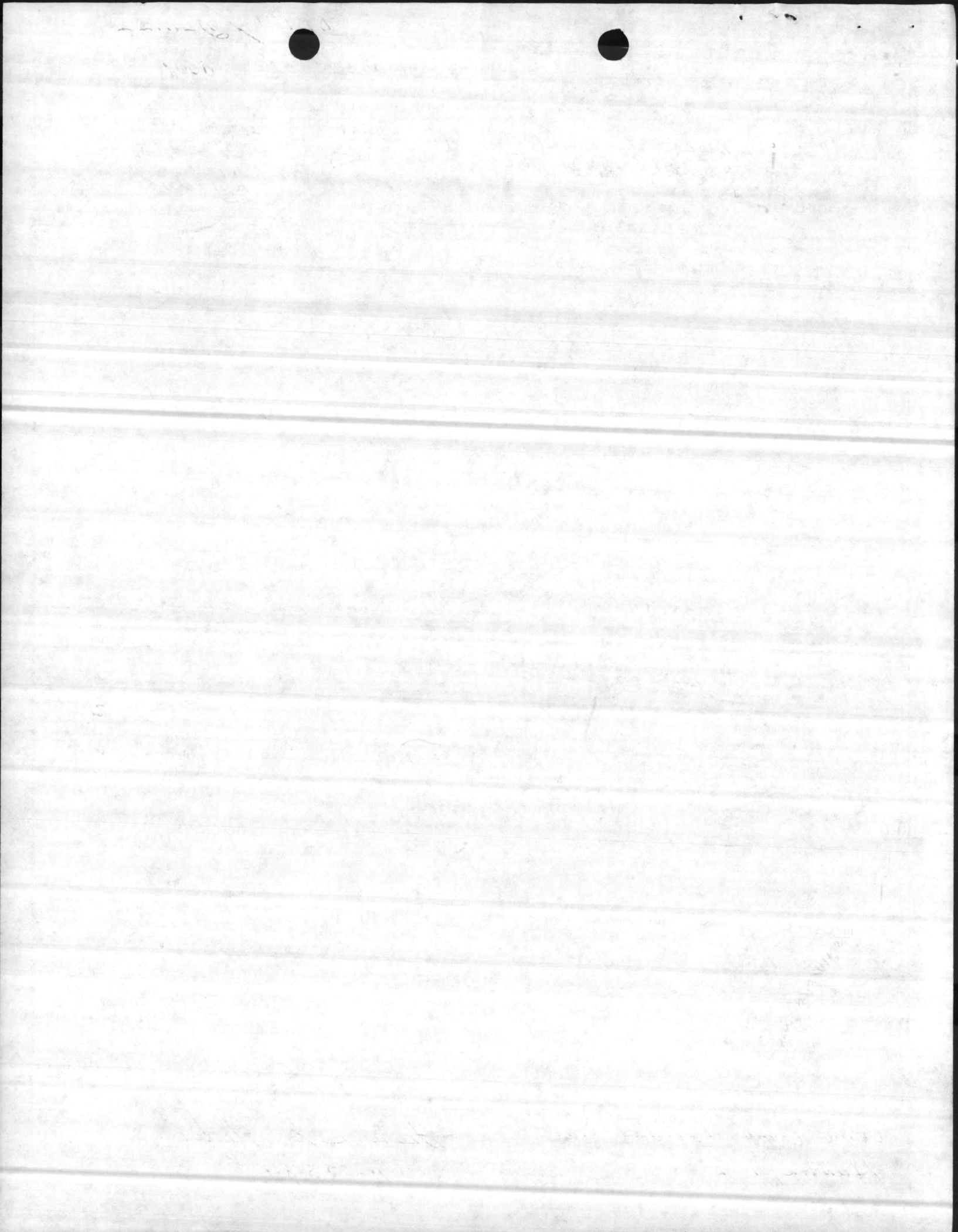
**D. DOCUMENTATION RECEIVED** Check each document received by PDO for filing

a. Manifest	✓	NO
b. Form DD 250 (or DRMS Form 1697)	✓	

**E. REMARKS – INCLUDE ANY SPECIFIC COMMENTS YOU MAY HAVE REGARDING OVERALL CONTRACTOR PERFORMANCE, ANY SUGGESTIONS OR COMMENTS (on improving this contract, COR letter, Summary Report, etc.)**

1. Name of PDO submitting report Demo Camp Lejeune N.C.	3. COR Signature Shannon B. Hunter
2. Printed or typed name of COR Hunter, L. E	4. Date this report submitted 11-23-87

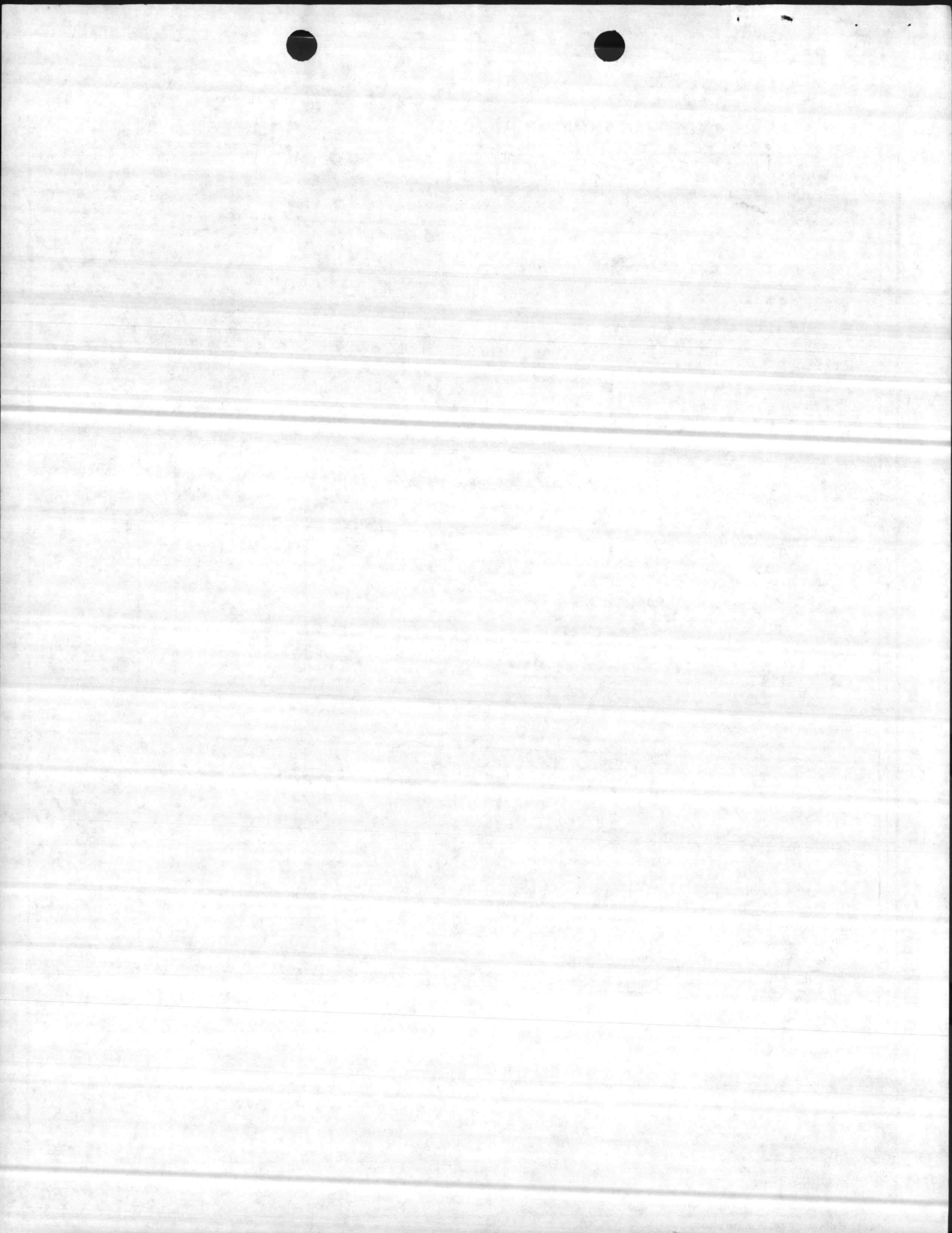
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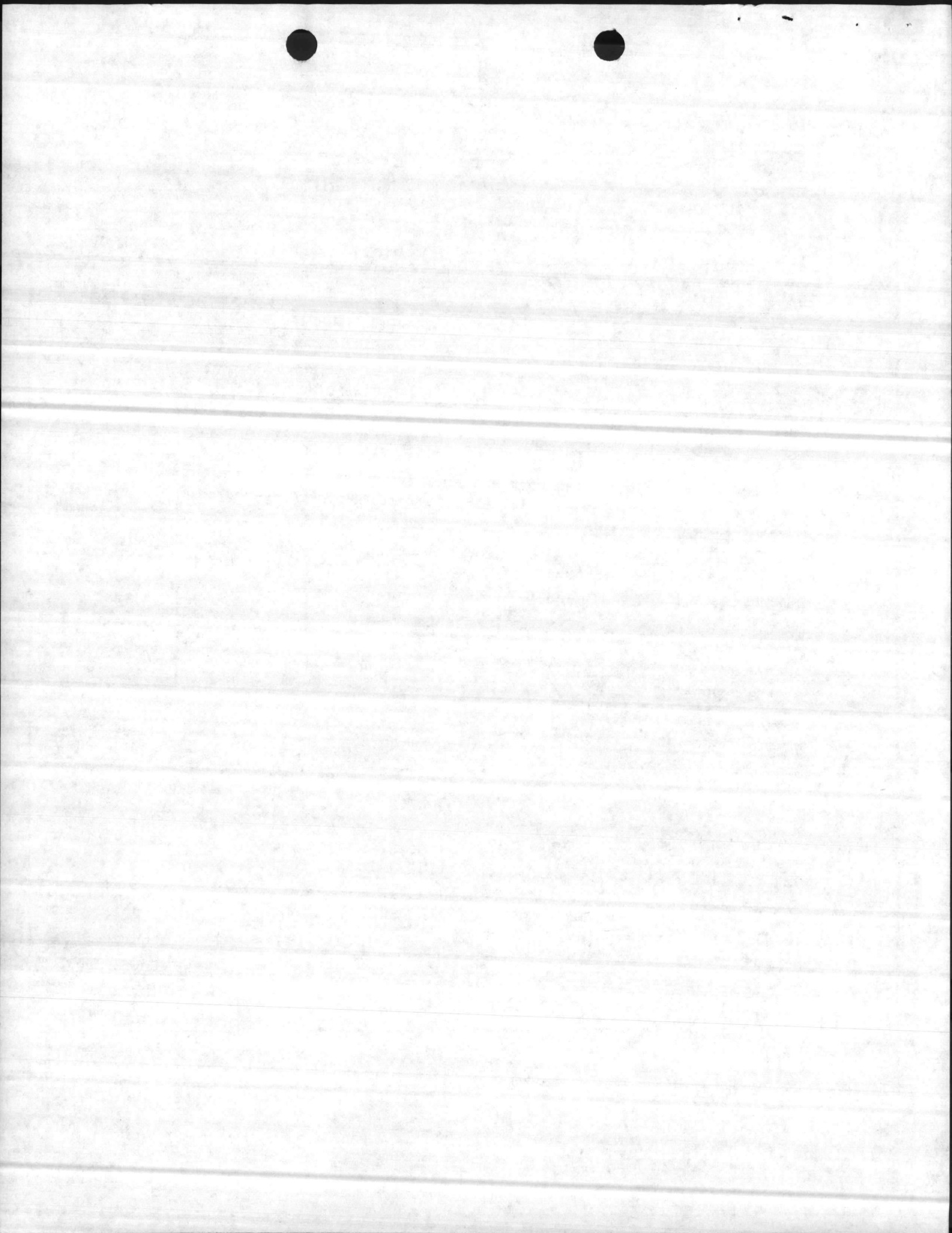
# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

0121

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. NCIG1171002251810101211		Manifest Document No. 01211		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address <b>MARINE CORPS BASE CAMP LEJEWNE N.C 28542</b>				4. Generator's Phone (919) 451-5613		5. Transporter 1 Company Name <b>Environmental Transportation Services</b>		6. State Manifest Document Number		
7. Designated Facility Name and Site Address <b>Special Waste Inc 1713 Legion Rd Athens, TN 37303</b>				8. US EPA ID Number ITIND10345471416151745-9222		9. Transporter 2 Company Name		10. State Generator's ID		
9. Designated Facility Name and Site Address				10. US EPA ID Number		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		
								13. Total Quantity		
								14. Unit Wt/Vol		
								1. Waste No.		
GENERATOR	a. RQ1, Waste Oil, Combustible liquid, NA 1270 (F001, F002, F003, D001)				0011T1056100G				F001, F002 F003, D001	
	b.									
	c.									
	d.									
J. Additional Descriptions for Materials Listed Above a App 580026 Tank 889 DLA200-88-DESD, O. 0001, P.O. 0549 AAA				K. Handling Codes for Wastes Listed Above						
15. Special Handling Instructions and Additional Information										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name <b>Hunter, Lawrence E.</b>				Signature <i>Lawrence E. Hunter</i>				Month Day Year 11/23/87		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name <b>JEFFREY D. MOTT</b>				Signature <i>Jeffrey D. Mott</i>	
	18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature	
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	



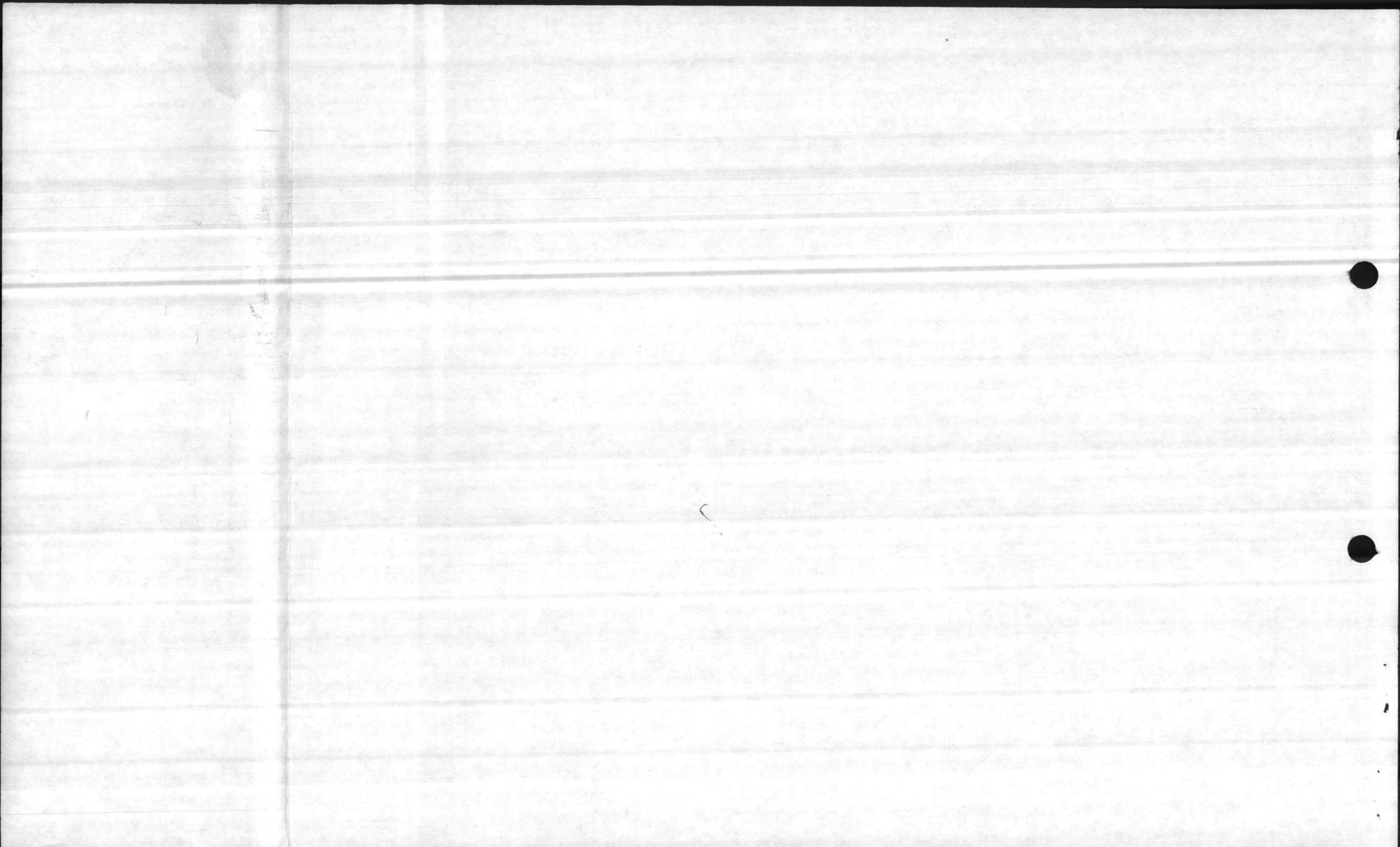


DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <b>MARINE CORPS BASE</b>	EPA NUMBER <b>NC 6170022580</b>	AWARDED CONTRACT NUMBER <b>DLA 200-88-D-0045</b>	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE	
COMPLETE ADDRESS <b>CAMP LEJEUNE NC 28542</b>	DRMO <b>LEJEUNE</b>	CONTRACT NUMBER <b>EV 20033</b>	DELIVERY ORDER NUMBER <b>0001</b>	
CGR <b>GEORGE EGGERS</b>	PICKUP LOCATION <b>TANK # 5891 TANK 5889 TANK 5781 TANK 5782</b>	AUTHORIZED TRANSPORTER NAME <b>ETS</b>	EPA NUMBER <b>DKD 981056605</b>	
COMMERCIAL PHONE NUMBER <b>(919) 451-5613 / 5652</b>	AUTOVON PHONE NUMBER <b>484-5613 / 5652</b>	TSEF NAME <b>SWI</b>	EPA NUMBER <b>TNDO 3454714</b>	
GENERATOR REQUEST NUMBER <b>L014</b>	RIC CODE <b>SWA</b>	AUTHORIZED TRANSPORTER SIGNATURE <i>[Signature]</i>		
DATE SENT TO CONTRACTING <b>11 Sept 87</b>	DATE RECEIVED BY CONTRACTING <b>9-15-87</b>	AUTHORIZED CONTRACTING OFFICER'S REPRESENTATIVE (COR) <i>[Signature]</i>		

1	2	3	4	5	6	7	8	9	10	11	12	13		14	15
												EPA WASTE CODE	PICKED UP QUANTITY		
CLIN	SUFFIX	NSN	DTID	ITEM NAME	STORAGE CONTAINER	STORAGE LOCATION	QUANTITY	UNIT	PRICE	AMOUNT		QUANTITY	UNIT	LINE CODE	DDMMYY
		LSN	DOOAC	US DOT DESCRIPTION	DRUM NUMBER										
3921	00 AA	9150-00-01L-WASTE	1493182	7245 0005	SEE ATTACHED SAMPLE 87-55	TANK ABOVE	12,500	GL	.25	3125.00					
3921	00 AB	9150-00-01L-WASTE	1493182	7245 0006	SEE ATTACHED SAMPLE 87-56	GROUND	12,500	GL	.25	3125.00					
3921	00 AC	9150-00-01L-WASTE	1493182	7245 0003	SEE ATTACHED SAMPLE 87-50	TANK ABOVE	17,500	GL	.25	4375.00					
3921	00 AD	9150-00-01L-WASTE	1493182	7245 0004	SEE ATTACHED SAMPLE 87-52	GROUND	17,500	GL	.25	4375.00					
										15,000.00					





DO122 ✓

DELIVERY ORDER INVENTORY (NON PCB)

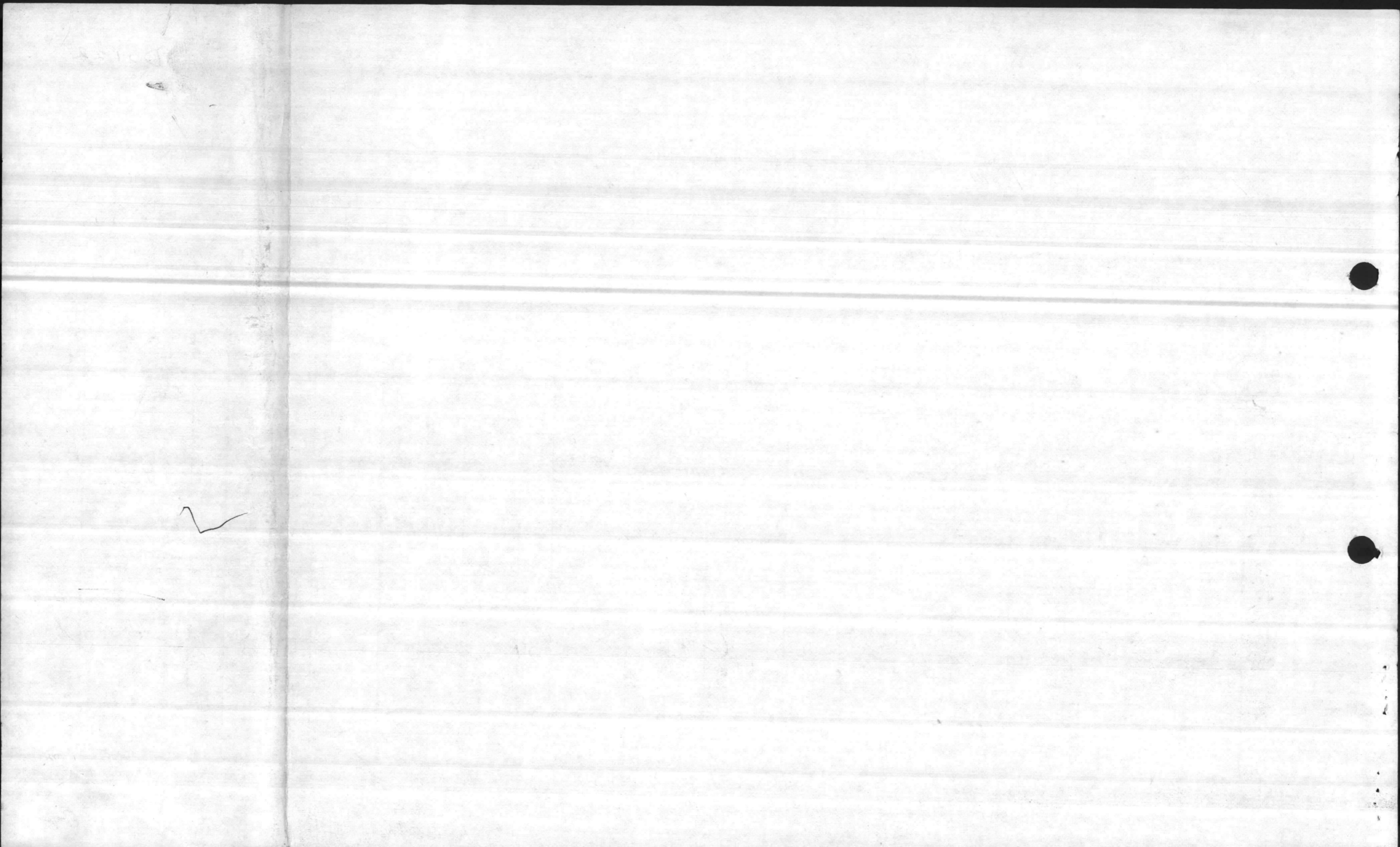
PICKUP REPORT

GENERATOR **MARINE CORPS BASE** EPA NUMBER **NC 6170022580** AWARDED CONTRACT NUMBER **0033**  
**DLA 200-88D-0045**  
 COMPLETE ADDRESS **CAMP LEJEUNE NC 28542** DRMO **LEJEUNE**  
 COR **GEORGE EGGERS** PICKUP LOCATION **TANK # 5891 TANK 5889 TANK 5T61 TANK 5T62**  
 COMMERCIAL PHONE NUMBER **(919) 451-5613 / 5652** AUTOVON PHONE NUMBER **484-5613 / 5652**  
 GENERATOR REQUEST NUMBER **L014** RIC CODE **SWA**  
 DATE SENT TO CONTRACTING **11 Sept 87** DATE RECEIVED BY CONTRACTING **9-15-87**

SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE  
 CONTRACT NUMBER **SP 2033** DELIVERY ORDER NUMBER **0031**  
 AUTHORIZED TRANSPORTER NAME **ETS** EPA NUMBER **OKD 981056605**  
 TSDF NAME **SWI** EPA NUMBER **TND034547141**  
 AUTHORIZED TRANSPORTER SIGNATURE *David Holmgren*  
 AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR) *James P. New...*

1	2	3	4			5	6	7	8	9	10	11	12	13		14	15
			CLIN	SUFFIX	NSN									OTID	ITEM NAME		
		LSN	DODAAC	DATE	SERIAL	US DOT DESCRIPTION	DRUM NUMBER									LINE CODE	DDMMYY
3921	00 AA	9150-00-OIL-WASTE	M93182	7245	0005	SEE ATTACHED SAMPLE 87-55	TANK ABOVE GROUND	TARAWA TERRACE STT-61	12,500	GL	.25	3125.00					
3921	00 AB	9150-00-OIL-WASTE	M93182	7245	0006	SEE ATTACHED SAMPLE 87-56	" "	TARAWA TERRACE STT-62	12,500	GL	.25	3125.00					
3921	00 AC	9150-00-OIL-WASTE	M93182	7245	0003	SEE ATTACHED SAMPLE 87-50	" "	HOLCOMB BLVD S-889	17,500	GL	.25	4375.00	F001, F002, F003, D00	5700	G	DO 122	231187
3921	00 AD	9150-00-OIL-WASTE	M93182	7245	0004	SEE ATTACHED SAMPLE 87-52	" "	HOLCOMB BLVD S-891	17,500	GL	.25	4375.00					
												15,000.00					





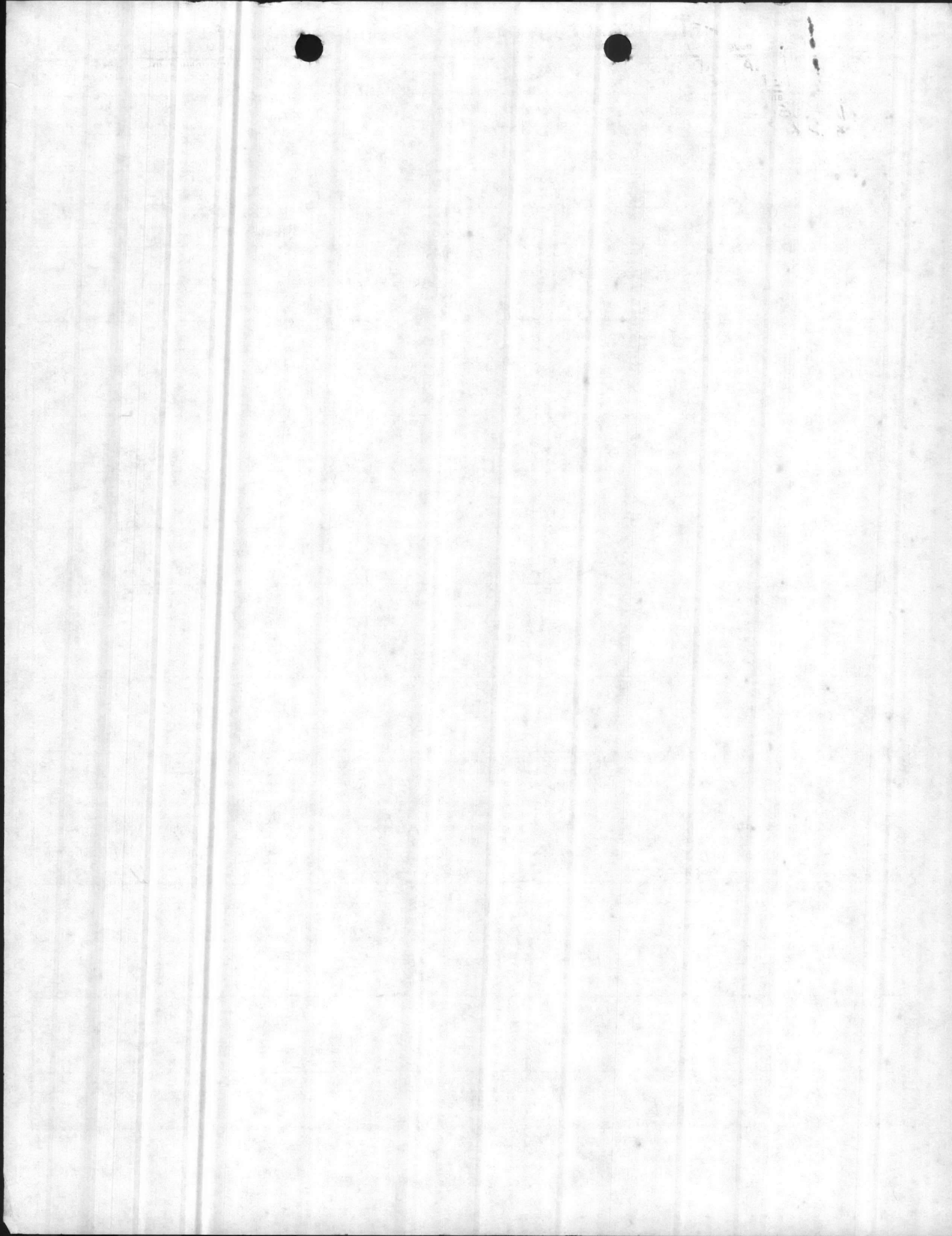
# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

0121

Please print or type. (Form designed for use on elite (dot-matrix) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NCIG11710022581010121</b>		Manifest Document No. <b>0121</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address <b>MARINE CORPS BASE CAMP LEJEUNE N.C 28542</b>		4. Generator's Phone <b>(919) 451-5613</b>		6. US EPA ID Number <b>DRMO BLD 906 ATTN: MREGGERS</b>		A. State Manifest Document Number		B. State Generator's ID	
5. Transporter 1 Company Name <b>Environmental Transportation Services</b>		7. Transporter 2 Company Name		6. US EPA ID Number <b>OKD9181586605</b>		C. State Transporter's ID		D. Transporter's Phone <b>405/745-2002</b>	
9. Designated Facility Name and Site Address <b>Special Waste Inc 1713 Legion Rd Athens, TN 37303</b>		10. US EPA ID Number <b>TIND034547141615/745-9222</b>		E. State Transporter's ID		F. Transporter's Phone		G. State Facility's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. <b>RQ1, Waste Oil, Combustible liquid, NA 1270 (F001, F002, F003, D001)</b>		No. <b>001</b>		Type <b>T</b>		<b>5600G</b>		<b>F001, F002 F003, D001</b>	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above <b>a App 580026 Tank 889 DLA 200-88-D000, O. 0001, P.O. 0549 AAA</b>		K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name <b>Hunter, Lawrence E.</b>					Signature <i>Lawrence E. Hunter</i>			Month Day Year <b>11/23/87</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials					Signature <i>Jeffrey D. Mott</i>			Month Day Year <b>11/23/87</b>	
Printed/Typed Name <b>JEFFREY D. MOTT</b>					Signature			Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials					Signature			Month Day Year	
Printed/Typed Name					Signature			Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name <b>Mark Saunders</b>					Signature <i>Mark Saunders</i>			Month Day Year <b>11/24/87</b>	





# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

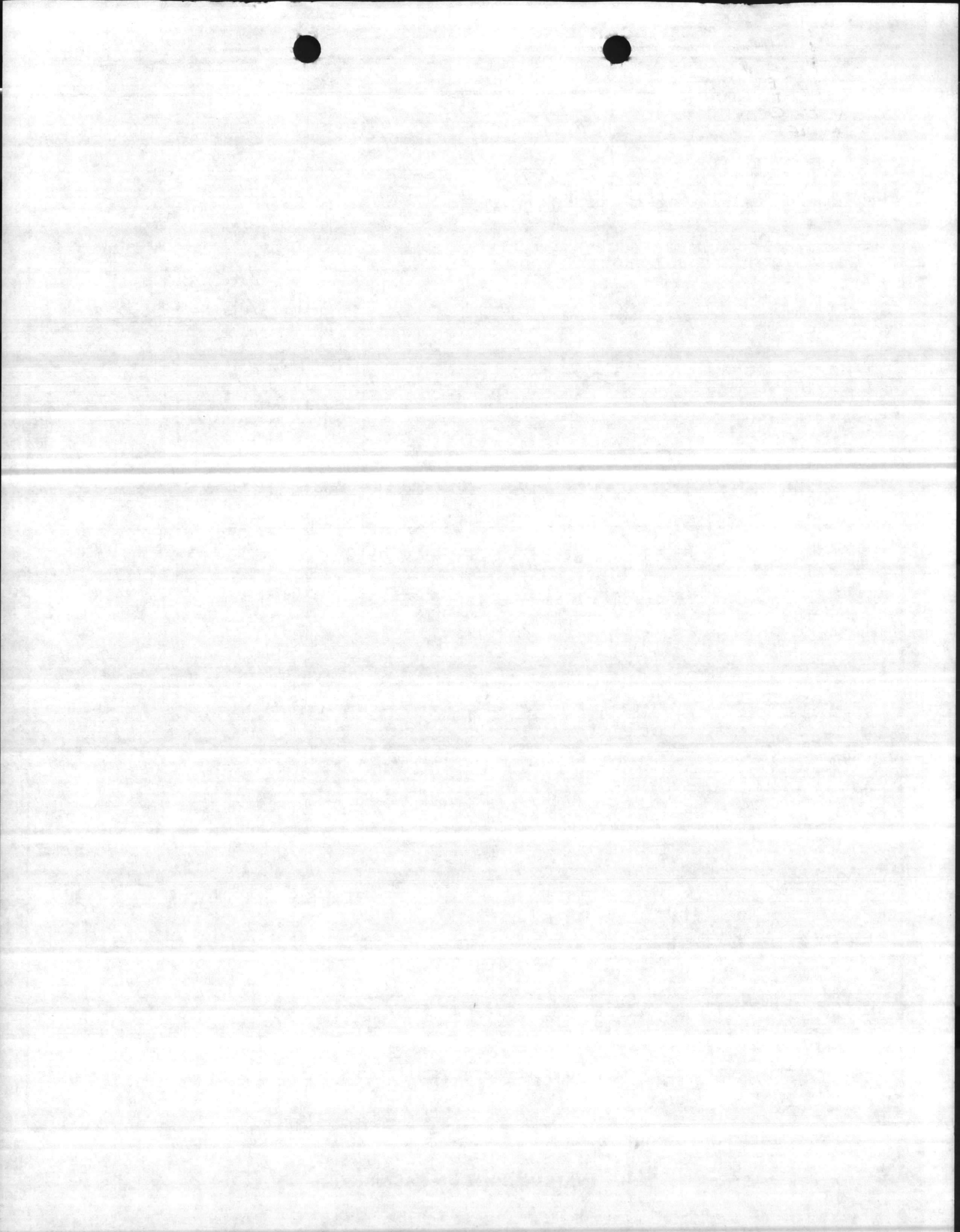
Please print or type. (Form designed for use on elite (pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		Generator's US EPA ID No. <b>NC16117100205180D01122</b>	Manifest Document No. <b>122</b>	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address <b>MARINE CORPS BASE CAMP LEJEUNE N.C. 28542</b>		4. Generator's Phone (919) <b>451-5613</b>		5. State Manifest Document Number		6. State Generator's ID	
7. Designated Facility Name and Site Address <b>Special Waste Inc 1713 Legion Rd Athens, TN 37303</b>		8. US EPA ID Number <b>ITN D00345471141</b>		9. State Transporter's ID		10. State Facility's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. <b>RQ1, Waste oil, Combustible liquid, NA1270, F001, F002, F003, D001</b>		No. Type <b>001 TT05700 G</b>		<b>001 TT05700 G</b>		15. Waste No. <b>F001, F002 F003, D001</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 government regulations.		17. Transporter 1 Acknowledgement of Receipt of Materials		18. Transporter 2 Acknowledgement of Receipt of Materials		19. Discrepancy Indication Space	
<p>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.</p>		Printed/Typed Name <b>Hunter Lawrence R</b>		Signature <i>Hunter Lawrence R</i>		Month Day Year <b>11/12/87</b>	
Printed/Typed Name <b>Tracy W. Hickman</b>		Signature <i>Tracy W. Hickman</i>		Month Day Year <b>11/12/87</b>			
Printed/Typed Name <b>Mark Saunders</b>		Signature <i>Mark Saunders</i>		Month Day Year <b>11/12/87</b>			
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name <b>Mark Saunders</b>		Signature <i>Mark Saunders</i>		Month Day Year <b>11/12/87</b>	

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.

**INSTRUCTIONS ON BACK SHEET**



# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

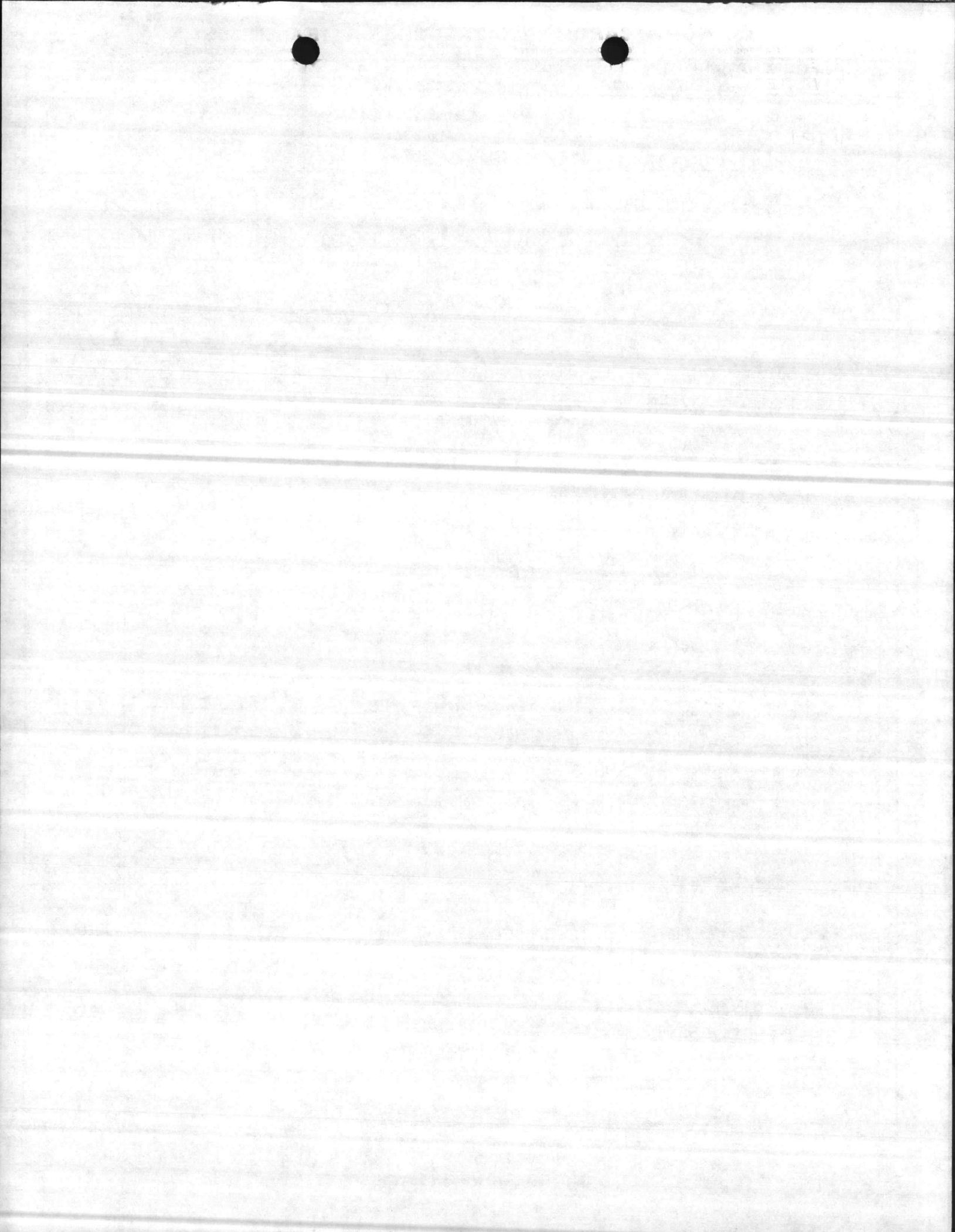
20124

Please print or type. (Form designed for use on elite [dot] matrix typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NC16117002258010101219</b>	Manifest Document No. <b>1219</b>	2. Page 1 of	Information in the shaded areas is not required by Federal law.		
GENERATOR	3. Generator's Name and Mailing Address <b>MARINE CORPS BASE DRMO CAMP LEJEUNE, NC 28542 BLDG 906</b>			A. State Manifest Document Number			
	4. Generator's Phone ( <b>919 451-5613</b> ) <b>ATTN: MR EGGERS</b>			B. State Generator's ID			
	5. Transporter 1 Company Name <b>OSCO INC.</b>			C. State Transporter's ID			
	6. US EPA ID Number <b>TND10895580119</b>			D. Transporter's Phone <b>615/381-4999</b>			
	7. Transporter 2 Company Name			E. State Transporter's ID			
	8. US EPA ID Number			F. Transporter's Phone			
	9. Designated Facility Name and Site Address <b>SPECIAL WASTE INC. 1713 LEGION RD. ATHENS, TN 37303</b>			G. State Facility's ID			
	10. US EPA ID Number <b>TND1034547141</b>			H. Facility's Phone <b>615/745-9222</b>			
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vol
					No.	Type	I. Waste No.
a. <b>RD 1 WASTE OIL, COMBUSTIBLE LIQUID, NA1270 (FOO1, FOO2, FOO3, DOO1)</b>				<b>0101</b>	<b>TT</b>	<b>5500 G</b>	
b.						<b>FOO1, FOO2 FOO3, DOO1</b>	
c.							
d.							
J. Additional Descriptions for Materials Listed Above <b>APPROVAL 580026</b>				K. Handling Codes for Wastes Listed Above			
<b>DLA 200-88-D-0033 D.O. 0001 P.O. 0579</b>				<b>TRUCK EE</b>			
15. Special Handling Instructions and Additional Information <b>HAZARDOUS WASTE CONTRACTOR. SPECIAL WASTE INC IS THIS FACILITIES TO: P.O. BOX B SAUKVILLE, WI 53080</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 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 <b>Hunter L.E.</b>			Signature <i>L.E. Hunter</i>		Month Day Year <b>11 20 3 87</b>		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials						
	Printed/Typed Name <b>Frank Hancock</b>			Signature <i>Frank Hancock</i>		Month Day Year <b>11 21 3 87</b>	
	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 <b>Mark Saunders</b>			Signature <i>Mark Saunders</i>		Month Day Year <b>11 21 4 87</b>		



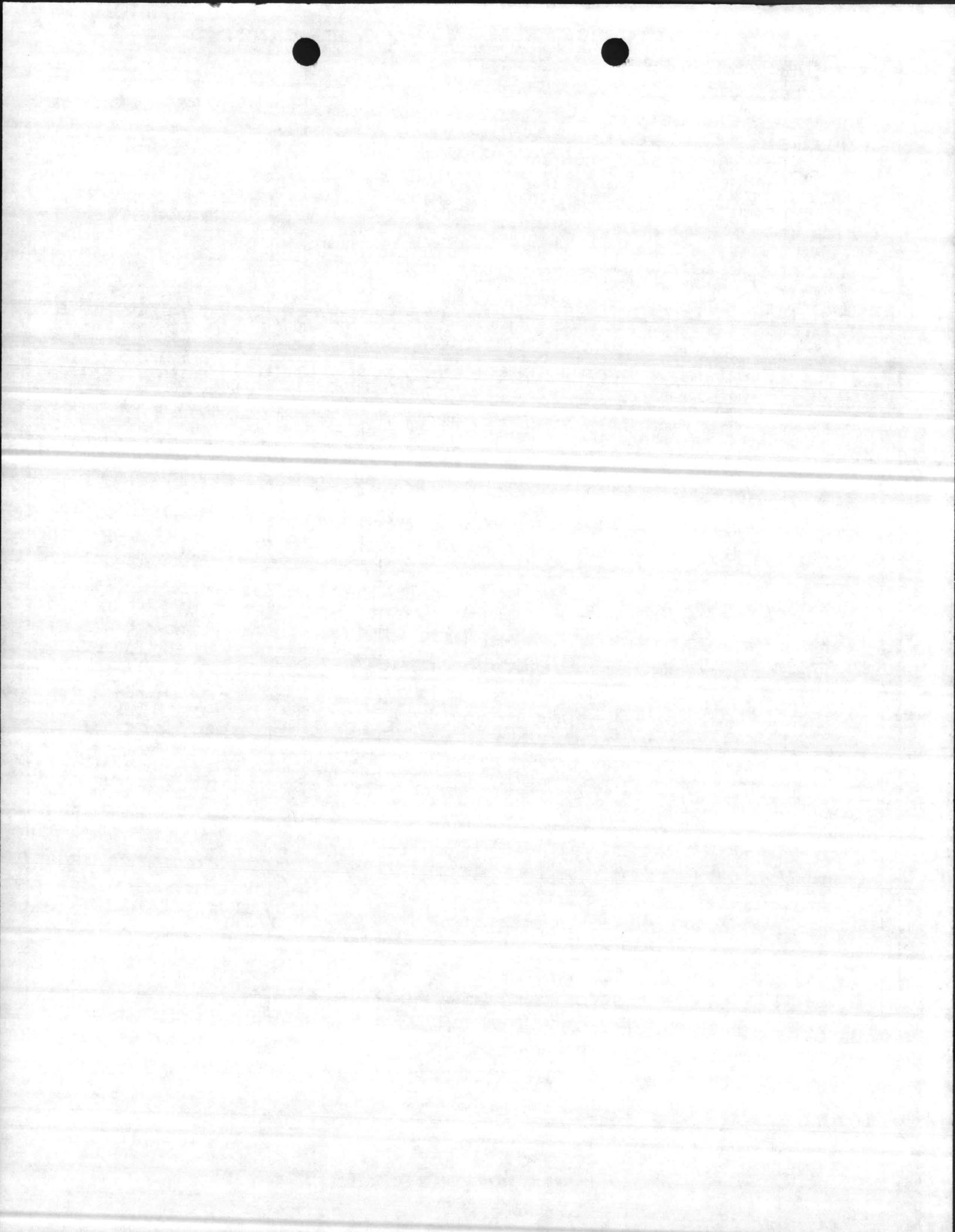


# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NC6170022580D0125	Manifest Document No. 1 of 1	2. Page 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address <b>MARINE CORPS BASE CAMP LEJEUNE, NC 28542</b>		DRMO BLDG 906		A. State Manifest Document Number	
4. Generator's Phone (919) 451-5613		ATTN: MR EGGERS		B. State Generator's ID	
5. Transporter 1 Company Name <b>OSCO INC.</b>		6. US EPA ID Number TN D089558019		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 615/381-4999	
9. Designated Facility Name and Site Address <b>SPECIAL WASTE INC. 1713 LEGION RL. ATHENS, TN 37303</b>		10. US EPA ID Number TN D034547141		E. State Transporter's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. <b>RD1 WASTE OIL, COMBUSTIBLE LIQUID, NA1270 (FOO1, FOO2, FOO3, DOO1)</b>		No. Type 001 TT		14. Unit Wt/Vol 5500 G	
b.				I. Waste No. FOO1, FOO2 FOO3, DOO1	
c.					
d.					
J. Additional Descriptions for Materials Listed Above <b>APPROVAL 580026</b>		K. Handling Codes for Wastes Listed Above <b>TRUCK FF</b>			
<b>DWA200-88-D-0033 D.O.0001 P.O.0579</b>					
15. Special Handling Instructions and Additional Information <b>HAZARDOUS WASTE CONTRACTOR - SPECIAL WASTE INC. IS THIS FACILITIES BILLING to: PO. BOX B SAUKVILLE, WI 53080 PLEASE ROUTE ALL CORRESPONDENCE AND</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 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 <b>Hunter, L.E.</b>		Signature <i>L. E. Hunter</i>		Month Day Year <b>11 20 1987</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name <b>Kenny wells</b>		Signature <i>Kenny wells</i>		Month Day Year <b>12 03 87</b>	
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 <b>Mark Saunders</b>		Signature <i>Mark Saunders</i>		Month Day Year <b>11 20 1987</b>	





DO NOT WRITE IN THIS SPACE

2070-0039 9-30-88  
 Form Approved OMB No. 2000-0404 Expires 7-31-86

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

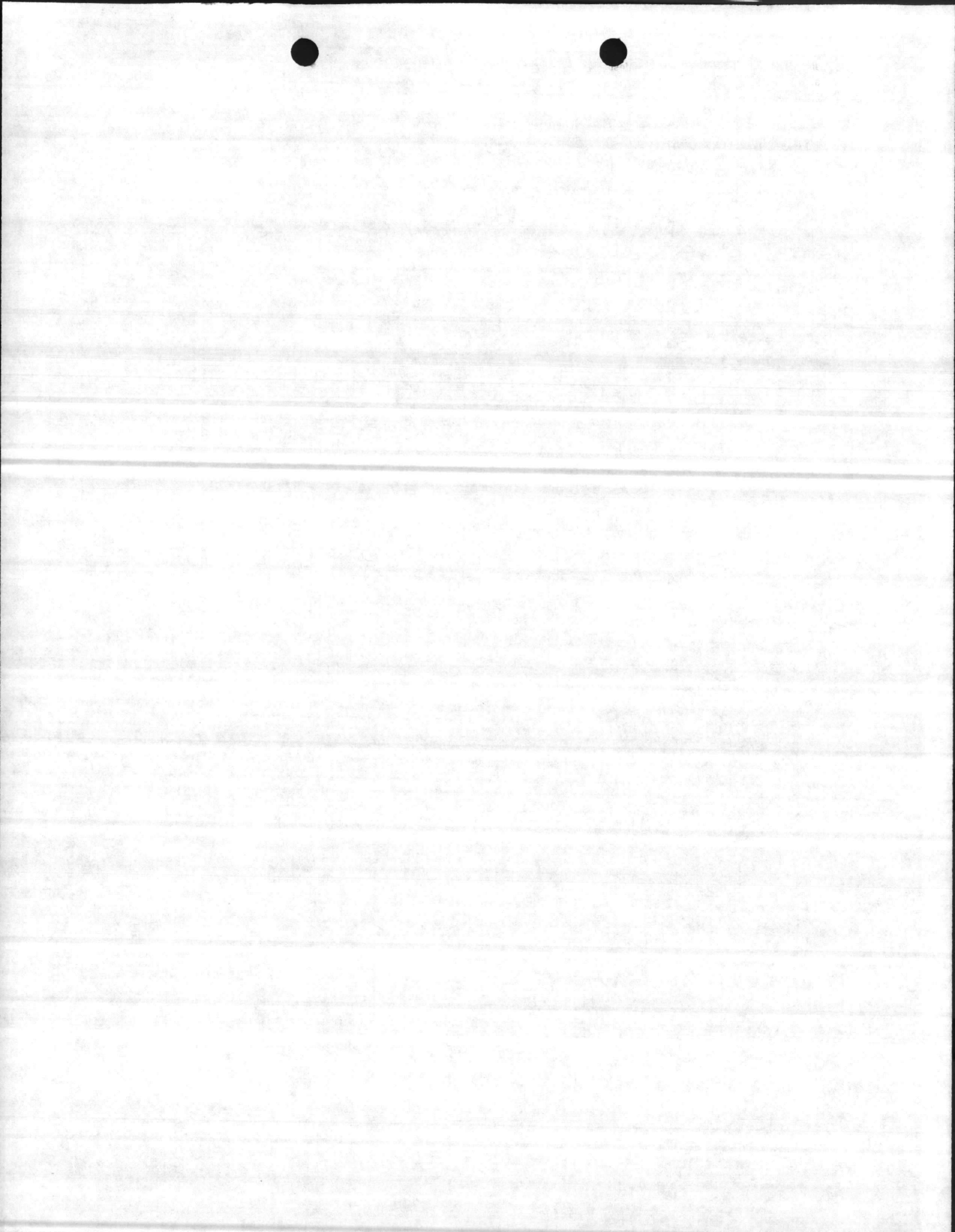
<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. NC16170022580001311		Manifest Document No. 1		2. Page 1 of 1 Information in the shaded areas is not required by Federal law	
3. Generator's Name DRMO Bldg 906 MARINE CORPS BASE CAMP LEJEUNE, NC ATTN: GEORGE EBBERS		4. Generator's Phone (919) 451-5613		A. State Manifest Document Number IN 053942		B. State Generator's ID	
5. Transporter 1 Company Name OSLO INC.		6. US EPA ID Number TND089558019		C. State Transporter's ID		D. Transporter's Phone 415/391-4999	
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 SYSTECH CORPORATION / LONESTAR CEMENT LIMEDALE RD GREENCASTLE, INDIANA		10. US EPA ID Number IND010064192112		G. State Facility's ID		H. Facility's Phone 317-653-2606	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. RO1 WASTE OIL NOS, COMBUSTIBLE Liquid, NA1270, F001, F002, F003, F005, D001		No. Type 10 01 TIT		01010100		G D001	
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above A) F001, F002, F003, F005		K. Handling Codes for Wastes Listed Above					
15. Special Handling Instructions and Additional Information TRUCK MM P.O. #0585 FOR HAZARDOUS WASTE. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. Box B, SAUKVILLE, WI 53080 DLA 200-88-0033 D.O. 01		SPECIAL WASTE INC. IS THIS FACILITY'S CONTRACTOR					
16. GENERATOR'S CERTIFICATION		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 Lester L. E.		Signature Lester L. E.		Month Day Year 12 07 87		Date	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Kenneth Bryant		Signature Kenneth Bryant		Month Day Year 12 07 87	
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 Item 19.		Printed/Typed Name Terrell A. Byrd		Signature Terrell A. Byrd		Month Day Year 12 09 87	

GENERATOR

TRANSPORTER

FACILITY

IN 053942



DO NOT WRITE IN THIS SPACE

2050-0039 9-30-88

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

Form Approved OMB No. 2000-0404 Expires 7-31-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NC16117002258 PD01130</b>		Manifest Document No. <b>1</b>		2. Page 1 of		Information in the shaded areas is not required by Federal law	
3. Generator's Name <b>DRMO Bldg 906 MARINE CORPS BASE CAMP LESEUNE, NC 28542</b>		4. Generator's Phone <b>(919) 451-5613 ATTN: GEORGE EGGONS</b>		A. State Manifest Document Number <b>IN 053944</b>		B. State Generator's ID			
5. Transporter 1 Company Name <b>OSCO INC.</b>		6. US EPA ID Number <b>TND089155 PD19</b>		C. State Transporter's ID <b>615/381-4979</b>		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 <b>SYSTECH CORPORATION/LENESTAR COMOUT L. MEDALE RD GREENCASTLE INDIANA</b>		10. US EPA ID Number <b>IND00064192112</b>		G. State Facility's ID		H. Facility's Phone <b>317653-2606</b>			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. <b>RQ1 WASTE OIL NOS, COMBUSTIBLE Liquid; NA 1270 (FOO2, FOO3, FOO5, FOO4, D001)</b>		0101 TTT		055006				D001	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above <b>A) FOO1, FOO2, FOO3, FOO5 TRUCK KK P.O. BOX 0585</b>		K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information <b>SWI IS THE CONTRACTOR FOR THIS FACILITY'S HAZARDOUS WASTE. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. BOX B SAUKVILLE, WI 53080 DLA200-88-0003 D.O.I</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 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 <b>HUNTER, L.E.</b>		Signature <i>Lance Hunter</i>		Month Day Year <b>12/17/87</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials		Date			
Printed/Typed Name <b>DWIGHT WALLS</b>		Signature <i>Dwight Walls</i>		Month Day Year <b>12/09/87</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Date			
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.					
Printed/Typed Name <b>Thomas L Nail</b>		Signature <i>Thomas L Nail</i>		Month Day Year <b>12/09/87</b>	

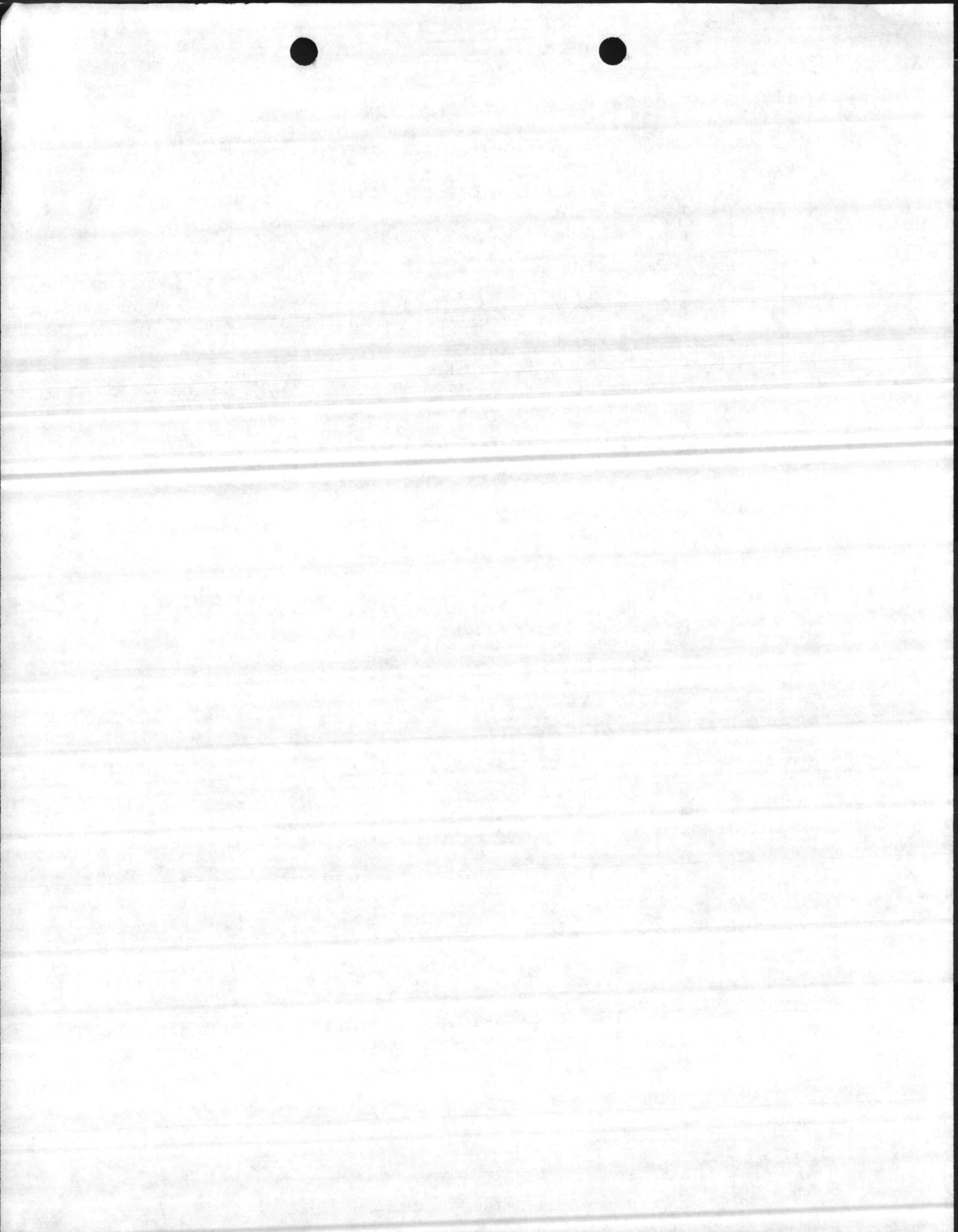
GENERATOR

TRANSPORTER

FACILITY

IN 053944





DO NOT WRITE IN THIS SPACE

2050-00399-30-88

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

Form Approved OMB No. 2000-0404 Expires 7-31-86

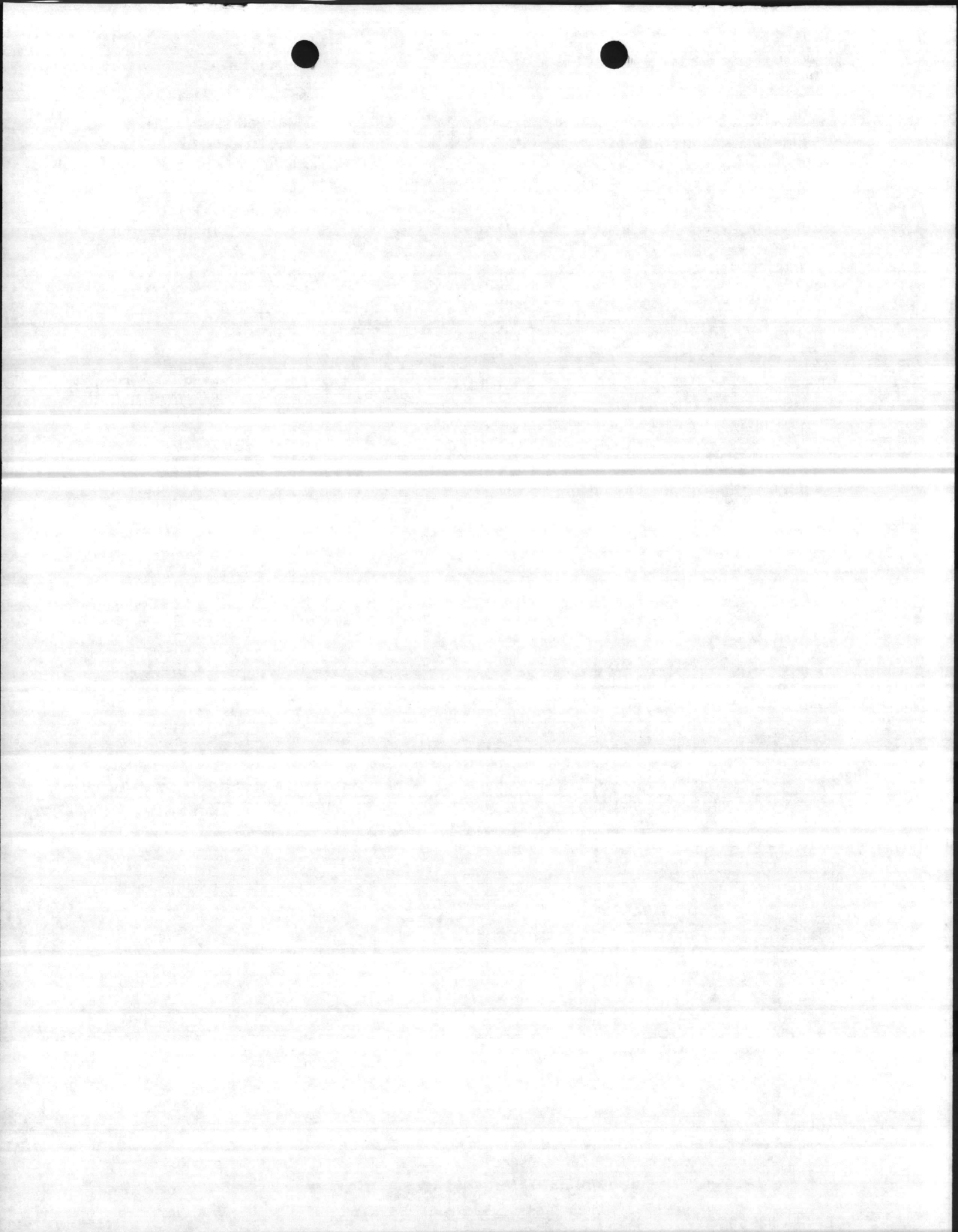
<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. IN 46117000258000129		Manifest Document No. 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law		
3. Generator's Name DRMO Bldg 906 MARINE CORPS BASE CAMP LEJEUNE, NC						A. State Manifest Document Number IN 053943				
4. Generator's Phone (919) 451-5613						ATTN: GEORGE EBBONS				
5. Transporter 1 Company Name OSCO INC.						6. US EPA ID Number TN D0891558019				
7. Transporter 2 Company Name						8. US EPA ID Number				
9. Designated Facility Name and Site Address SYSTECH CORPORATION / LONESTAR CEMENT LIME DALE RD GREENCASTLE, INDIANA						10. US EPA ID Number IND 010064192112				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. RQ1 WASTE OIL NOS, COMBUSTIBLE Liquid, NA 1270 (FOO1, FOO2, FOO3, FOO5, D001)						0011 TT		0155010	G	D001
b.										
c.										
d.										
J. Additional Descriptions for Materials Listed Above A.) FOO1, FOO2, FOO3, FOO5						K. Handling Codes for Wastes Listed Above				
TRUCK LL P.O. 0585										
15. Special Handling Instructions and Additional Information SPECIAL WASTE IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. BOX B, SAUKVILLE, WI 53080 DLA 200-88-0033 D.O. 01										
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 WALTER L F				Signature [Signature]				Month Day Year 11 11 87		
Printed/Typed Name WENNETH TUBVILLE				Signature Wanneth Tubville				Month Day Year 12 09 87		
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 Item 19.										
Printed/Typed Name Terrell A. Byrd				Signature Terrell A. Byrd				Month Day Year 12 09 87		

GENERATOR

TRANSPORTER

FACILITY

IN 053943





DO NOT WRITE IN THIS SPACE

20500039 9-30-86

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

Form Approved OMB No. 2000-0404 Expires 7-31-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. NC61170102258000128	Manifest Document No. 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law	
3. Generator's Name ATTN: GEORGE E BLOOM DRMO Bldg 900 MARINE CORPS BASE CAMP LEJEUNE, NC 28542			A. State Manifest Document Number IN 053940		B. State Generator's ID	
4. Generator's Phone (919) 451-5613			C. State Transporter's ID		D. Transporter's Phone 615/381-4999	
5. Transporter 1 Company Name OSCO INC.		6. US EPA ID Number IND1089155800119	E. State Transporter's ID		F. Transporter's Phone	
7. Transporter 2 Company Name		8. US EPA ID Number	G. State Facility's ID		H. Facility's Phone	
9. Designated Facility Name and Site Address SYSTEMA CORPORATION/LEONARD CEMENT LIME DALE RD GREENCASTLE, INDIANA		10. US EPA ID Number IND101064119212	I. Waste No.		317-653-2006	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	
a. RQ1 WASTE O.I.N.O.S., COMBUSTIBLE LIQUID, NA 1270 (D001, F001, F002, F003, F005)		No. Type 0011 TT	0.5157010	G	D001	
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above A) F001, F002, F003, F005 TRUCK CO P.O.# 0585			K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information SPECIAL WASTE INC. IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. BOX B, SAUKVILLE, WI 53080 DLAR00-88-00033 D.O. 1						
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 HUNTER, L.E.		Signature <i>L.E. Hunter</i>		Month Day Year 12 27 87		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name Ron Helmburg		Signature <i>Ron Helmburg</i>		Month Day Year 12 27 87		
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 Item 19.						
Printed/Typed Name Terrell A. Byrd		Signature <i>Terrell A. Byrd</i>		Month Day Year 12 09 87		

GENERATOR

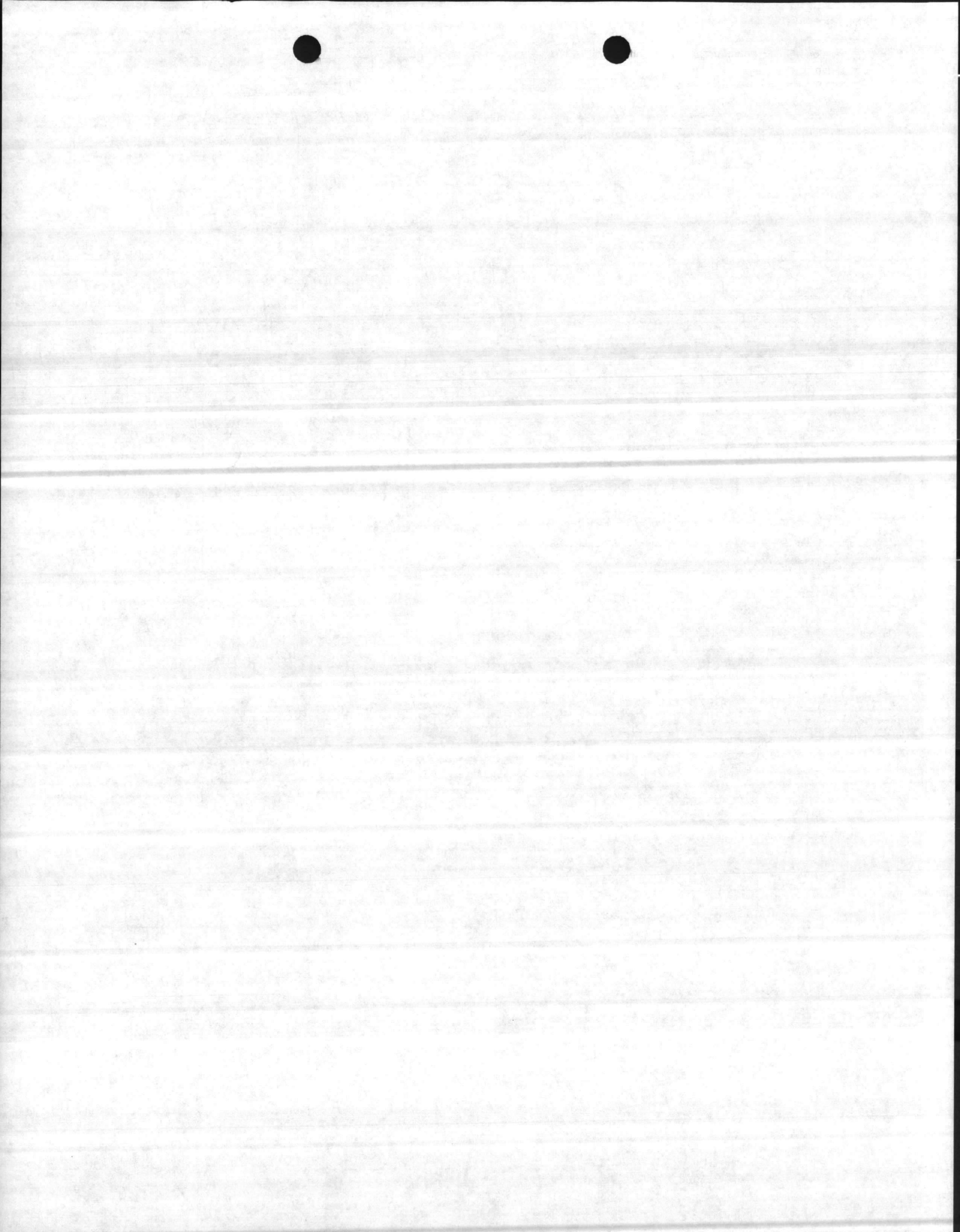
TRANSPORTER

FACILITY

IN 053940

9/86

RETURNED TO THE GENERATOR BY THE T.S.D.



DO NOT WRITE IN THIS SPACE

2050-0039 9-30-86

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

Form Approved OMB No: 2000-0404 Expires 7-31-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NC161701022580D0127</b>		Manifest Document No. <b>1</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name <b>ATTN. GEORGE SEGROS DRMO Bldg 906 MARINE CORPS BASE CAMP LEJEUNE, NC 28542</b>		4. Generator's Phone ( <b>919</b> ) <b>451-5013</b>		6. US EPA ID Number <b>TN00089558019</b>		A. State Manifest Document Number <b>IN 053941</b>		B. State Generator's ID	
5. Transporter 1 Company Name <b>OSCO INC</b>		7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID <b>615/3</b>		D. Transporter's Phone <b>615/381-4999</b>	
9. Designated Facility Name and Site Address <b>SYSTECH CORPORATION / LAMSTAR CEMENT L. MEDALE Rd GREEN CASTLE, INDIANA</b>		10. US EPA ID Number <b>IND0106419212</b>		12. Containers		13. Total Quantity		14. Unit Wt/Vol	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. <b>RQ1 WASTE OIL NOS, Combustible L. g. d, NA1270 (D001, F001, F002, F003, F005)</b>		12. Containers <b>0101 TTT</b>		13. Total Quantity <b>05600</b>		14. Unit Wt/Vol <b>0 G</b>		15. Waste No. <b>D001</b>	
b.		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
c.		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
d.		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
J. Additional Descriptions for Materials Listed Above <b>A) F001, F002, F003, F005</b>		K. Handling Codes for Wastes Listed Above		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
15. Special Handling Instructions and Additional Information <b>TRUCK NN P.O. # 0585</b>		K. Handling Codes for Wastes Listed Above		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
15. Special Handling Instructions and Additional Information <b>SPECIAL WASTE INC. IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE, PLEASE ROUTE ALL CORRESPONDENCE</b>		K. Handling Codes for Wastes Listed Above		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
15. Special Handling Instructions and Additional Information <b>All Billing TO: P.O. Box B, SAUKVILLE, WI, 53080 DLA 200-88100330.0.1</b>		K. Handling Codes for Wastes Listed Above		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
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.		K. Handling Codes for Wastes Listed Above		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
16. GENERATOR'S CERTIFICATION: 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.		K. Handling Codes for Wastes Listed Above		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
Printed/Typed Name <b>HUNTER L.E.</b>		Signature <i>Lawrence E. Hunter</i>		Month Day Year <b>12 07 87</b>		Date		Date	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Eugene Smith</i>		Month Day Year <b>12 07 87</b>		Date		Date	
Printed/Typed Name <b>Eugene Smith</b>		Signature <i>Eugene Smith</i>		Month Day Year <b>12 07 87</b>		Date		Date	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year		Date		Date	
Printed/Typed Name		Signature		Month Day Year		Date		Date	
19. Discrepancy Indication Space		Signature		Month Day Year		Date		Date	
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.		Signature <i>Thomas L Nail</i>		Month Day Year <b>12 09 87</b>		Date		Date	
Printed/Typed Name <b>Thomas L Nail</b>		Signature <i>Thomas L Nail</i>		Month Day Year <b>12 09 87</b>		Date		Date	

GENERATOR

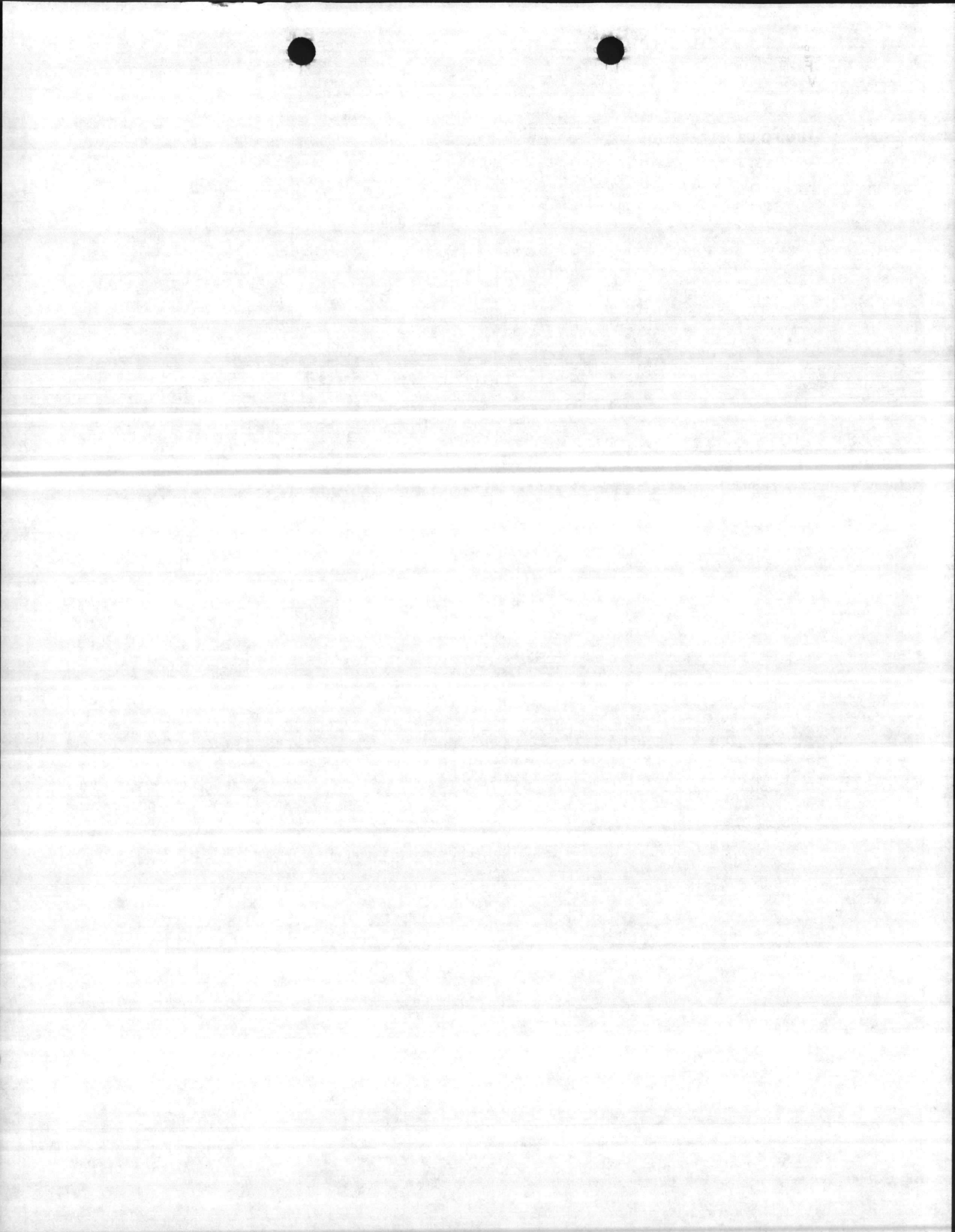
TRANSPORTER

FACILITY

IN 053941

RETURNED TO THE GENERATOR BY THE T.S.D.



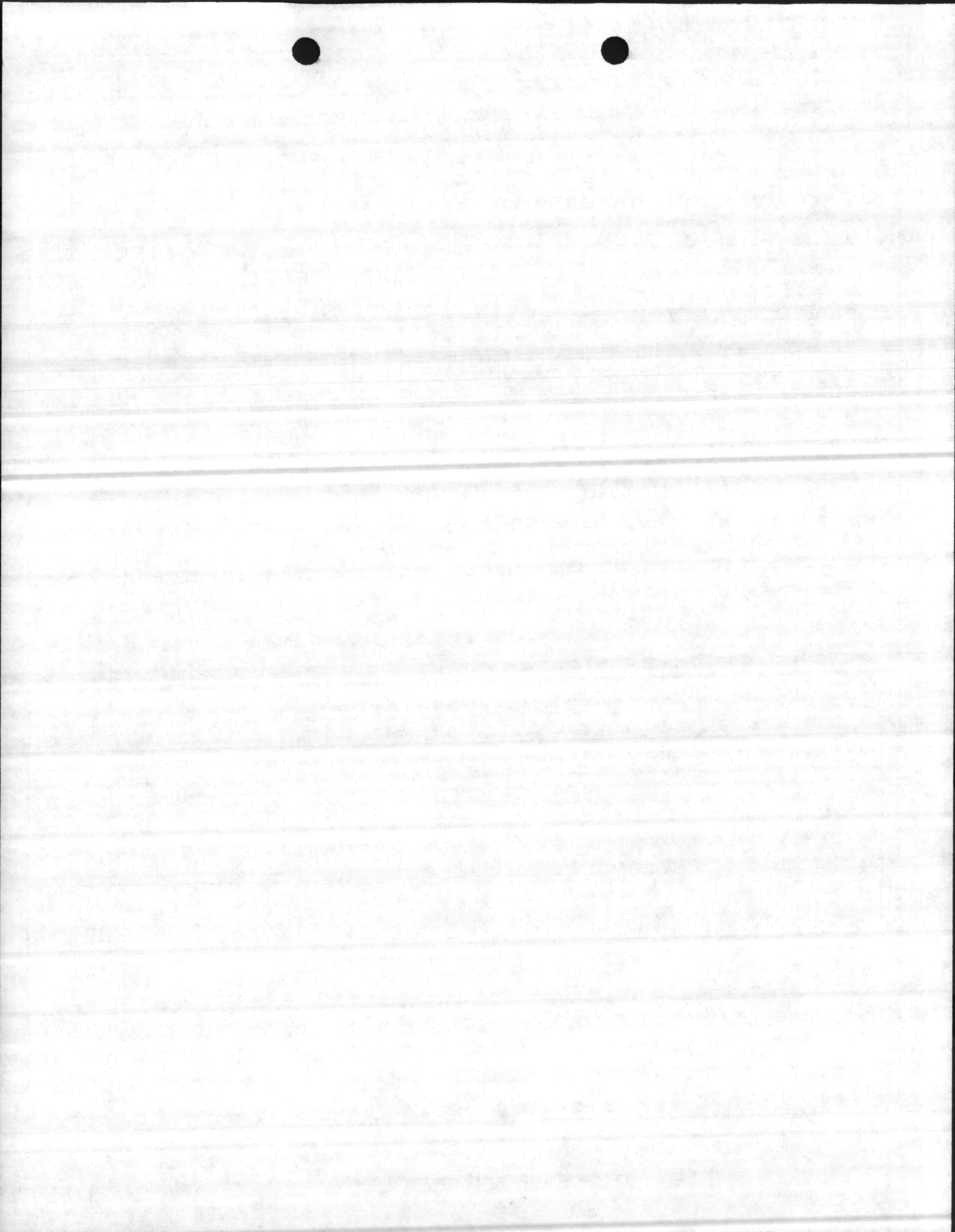


# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NC617002258010126</b>		Manifest Document No. <b>126</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address <b>MARINE CORPS BASE DRMO CAMP LEJEUNE, N.C. 28542 BLDG 906</b>		4. Generator's Phone <b>(919) 451-5613</b>		5. Transporter 1 Company Name <b>ENVIRONMENTAL TRANSPORTATION SERVICES</b>		6. US EPA ID Number <b>10KD9811586605</b>		7. Transporter 2 Company Name		
8. Designated Facility Name and Site Address <b>SPECIAL WASTE INC. 1713 LEGION BL. ATHENS, TN 37303</b>		9. US EPA ID Number <b>TND1034547141</b>		10. US EPA ID Number		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		
								13. Total Quantity		
								14. Unit Wt/Vol		
								15. Waste No.		
GENERATOR	a. <b>RQ1 WASTE OIL, COMBUSTIBLE LIQUID, NA1270</b>									
	<b>(F001, F002, <del>F003</del>, D001) (F003)</b>		<b>001 TT</b>		<b>4800 G</b>				<b>F001, F002 F003, D001</b>	
	b.									
	c.									
d.										
J. Additional Descriptions for Materials Listed Above <b>APPROVAL 580026</b>		K. Handling Codes for Wastes Listed Above								
15. Special Handling Instructions and Additional Information <b>SPECIAL WASTE INC IS THIS FACILITIES HAZARDOUS WASTE CONTRACTOR. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. BOX B SARKVILLE, WI 53080</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 government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		17. Transporter 1 Acknowledgement of Receipt of Materials		18. Transporter 2 Acknowledgement of Receipt of Materials		19. Discrepancy Indication Space		
Printed/Typed Name <b>Lawrence E. Hunter</b>		Signature <i>Lawrence E. Hunter</i>		Month Day Year <b>11/20/87</b>		Printed/Typed Name <b>FRED WILLIAMS</b>		Signature <i>Fred Williams</i>		
						Printed/Typed Name		Signature		
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name <b>Mark Saunders</b>		Signature <i>Mark Saunders</i>		Month Day Year <b>11/20/87</b>				





# 501

Division of Land Pollution Control - Manifest  
Indiana State Board of Health  
P.O. Box 7035  
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

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

Form Approved OMB No. 2000-0404 Expires 7-31-96

205-0037 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NC461700225B10D01132</b>		Manifest Document No. <b>1</b>		2. Page 1 of Information in the shaded areas is not required by Federal law		
3. Generator's Name <b>DRMO Bldg 906 ATTN: GEORGE EGGERS MARINE CORP BASE CAMP LEJEUNE, NC 28542</b>				A. State Manifest Document Number <b>IN 053934</b>				
4. Generator's Phone <b>(919) 451-5613</b>				B. State Generator's ID				
5. Transporter 1 Company Name <b>OSCO INC</b>		6. US EPA ID Number <b>IND10189558919</b>		C. State Transporter's ID				
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone <b>(415) 381-4999</b>				
9. Designated Facility Name and Site Address <b>SYSTECH CORPORATION / KONESTAR CEMENT 2, MEDMIE RD GREENCASTLE, IN</b>		10. US EPA ID Number <b>IND10064119212</b>		E. State Transporter's ID				
				F. Transporter's Phone				
				G. State Facility's ID				
				H. Facility's Phone <b>317-653-2606</b>				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. <b>RAJ WASTE 0.2 NOS, COMBUSTIBLE</b>				No. Type				
b. <b>Liquid, NA 1270 (D001, F001, F002, F003, F005)</b>				001 IT 000100G		0001		
c.								
d.								
J. Additional Descriptions for Materials Listed Above <b>A) F001, F002, F003, F005</b>				K. Handling Codes for Wastes Listed Above				
<b>TRUCK QQ P.O. # 0585 DLASCO-88-00033/D.O.001</b>								
15. Special Handling Instructions and Additional Information <b>CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL BILLING AND CORRESPONDENCE TO: P.O. Box B, SAUKVILLE, WI 53080</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 government regulations.  Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also 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 I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.								
Printed/Typed Name <b>HUNTER, L.E.</b>		Signature <i>L.E. Hunter</i>		Month Day Year <b>11 9 88</b>		Date		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name <b>William J Hardin</b>		Signature <i>William J Hardin</i>		Month Day Year <b>12 18 87</b>		
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 item 19.								
Printed/Typed Name <b>Terrell A. Byrd</b>		Signature <i>Terrell A. Byrd</i>		Month Day Year <b>12 08 87</b>		Date		

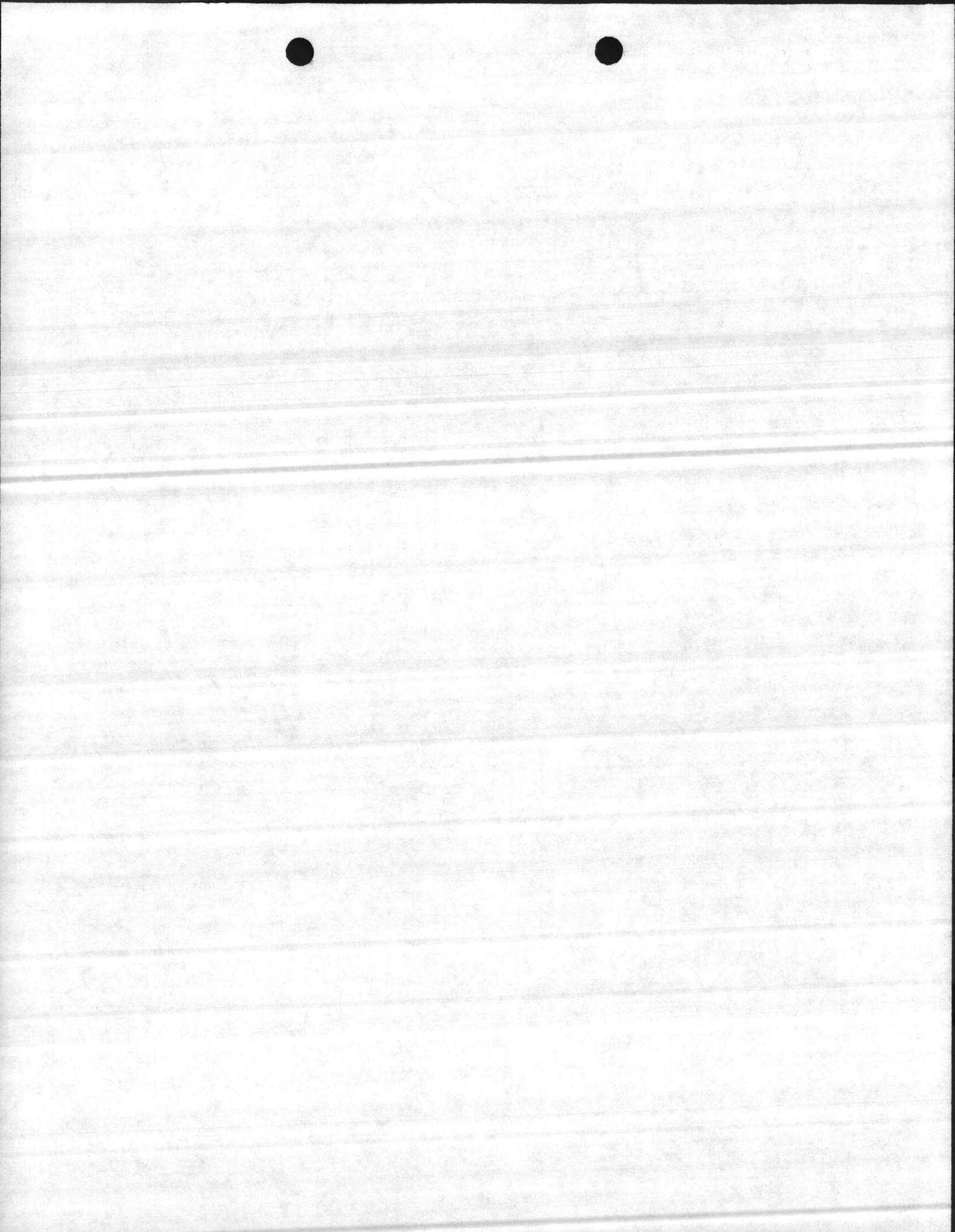
GENERATOR

TRANSPORTER

FACILITY

IN 053934

RETURNED TO THE GENERATOR BY THE T.S.D.



DO NOT WRITE IN THIS SPACE

# 9071  
 2000-0039 9-30-88  
 Form Approved OMB No. 2000-0404 Expires 7-31-86

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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <i>NICEL171010225810D101133</i>	Manifest Document No. <i>1</i>	2. Page 1 of <i>1</i>		Information in the shaded areas is not required by Federal law	
3. Generator's Name <i>DRMO Bldg 906 ATTN. GEORGE EGGERS MARINE CORPS BASE CAMP LEJEUNE, NC 28542</i>		6. US EPA ID Number <i>TIND018915180119</i>		A. State Manifest Document Number <i>IN 053935</i>		B. State Generator's ID	
4. Generator's Phone <i>919 451-5613</i>		7. Transporter 1 Company Name <i>OSCO INC</i>		C. State Transporter's ID		D. Transporter's Phone <i>015/381-4999</i>	
5. 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 <i>SYSTEMS CORPORATION / LONESTAR CEMENT LIMEDALE RD GREENDALE, IN</i>		10. US EPA ID Number <i>IND1010164192113</i>		G. State Facility's ID		H. Facility's Phone <i>317-053-2006</i>	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	
a. <i>RQ1 WASTE OIL NOS, FLAMMABLE Liquid, NA 1270 (D001, F001, F002, F003, F005)</i>		No. <i>001</i> Type <i>TIT 016000 G</i>		<i>001</i>	<i>G</i>	<i>D001</i>	
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above <i>A) F001, F002, F003, F005</i>				K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information <i>TRUCK RR P.O. # 0585 DLA 200-88-00033 D.O.1/D.O.# CONTRACTOR FOR HAZARDOUS WASTE. SPECIAL WASTE JUNE IS THIS FACILITY'S PLEASE ROUTE ALL BILLING AND CORRESPONDENCE TO: P.O. BOX B, SAUKVILLE, WI 53080</i>							
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.  Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also 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 I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.							
Printed/Typed Name <i>HUNTER L.E.</i>		Signature <i>Lance E. Hunter</i>		Month <i>12</i>	Day <i>08</i>	Year <i>87</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name <i>JEFF JONES</i>		Signature <i>Jeff Jones</i>		Month <i>11</i>	Day <i>08</i>	Year <i>87</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name		Signature		Month	Day	Year	
19. Discrepancy Indication Space <i>55 DEC 08 3e</i>							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.							
Printed/Typed Name <i>Terrell A. Byrd</i>		Signature <i>Terrell A. Byrd</i>		Month <i>11</i>	Day <i>21</i>	Year <i>08</i>	

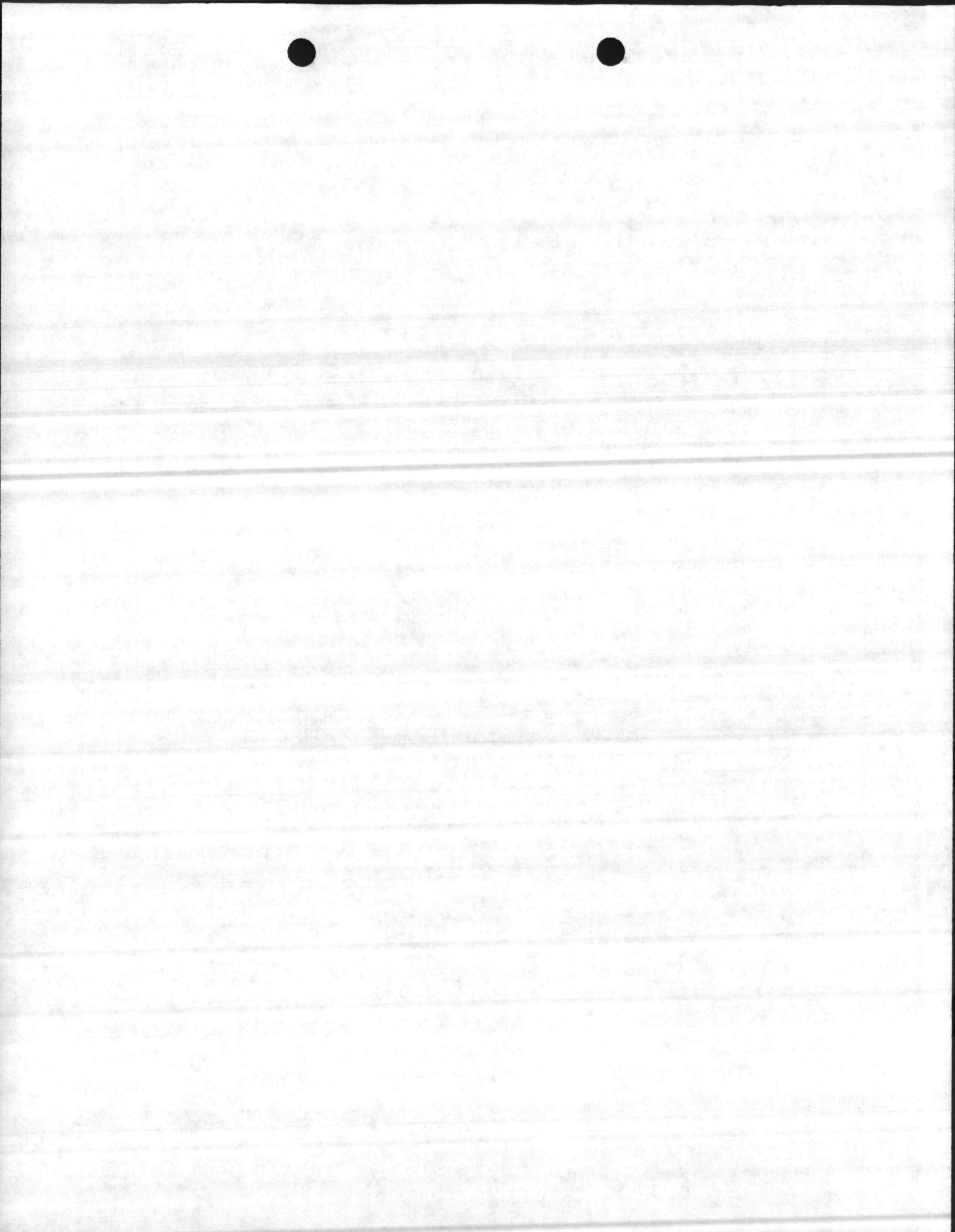
GENERATOR

TRANSPORTER

FACILITY

IN 053935





# 7

# 500

Division of Land Pollution Control - Manifest  
Indiana State Board of Health  
P.O. Box 7035  
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

200-0037 9-30-87  
Form Approved OMB No. 2000-0104 Expires 7-31-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. NC1617010225810D01134		2. Page 1 of 1 Manifest Document No. 530		Information in the shaded areas is not required by Federal law	
3. Generator's Name DRMO Bldg 906 ATTN. GEORGE EGGERS MARINE CORPS BASE CAMP LEJEUNE, NC 28542		4. Generator's Phone (919) 451-5613		A. State Manifest Document Number IN 053936		B. State Generator's ID	
5. Transporter 1 Company Name OSCO INC		6. US EPA ID Number TIND018955180119		C. State Transporter's ID		D. Transporter's Phone 015/381-4444	
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 SYSTEMS CORPORATION / LONESTAR CORP LIMEDALE RD GREENCASTLE, IN		10. US EPA ID Number IND1010641192112		G. State Facility's ID		H. Facility's Phone 317-653-2606	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. RQ1 WASTE OIL NOS, COMBUSTIBLE Liquid, NA 1270 (D001, F001, F002, F003, F005) 001 1111 060100 G D001		No. Type		Quantity		Waste No.	
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above A) F001, F002, F003, F005		K. Handling Codes for Wastes Listed Above					
15. Special Handling Instructions and Additional Information TRUCK pp P.O.# 0585 SPECIAL WASTE INC is this facility's contractor for hazardous waste. please route all billing and correspondence to: P.O. Box B, Saukville, WI 53080 DLA 200-88-20033							
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			
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date			
Printed/Typed Name Lance Cromley		Signature Lance Cromley		Month Day Year 11/20/87			
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date			
Printed/Typed Name		Signature		Month Day Year			
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.							
Printed/Typed Name Terrell A. Byrd		Signature Terrell A. Byrd		Month Day Year 11/21/87			

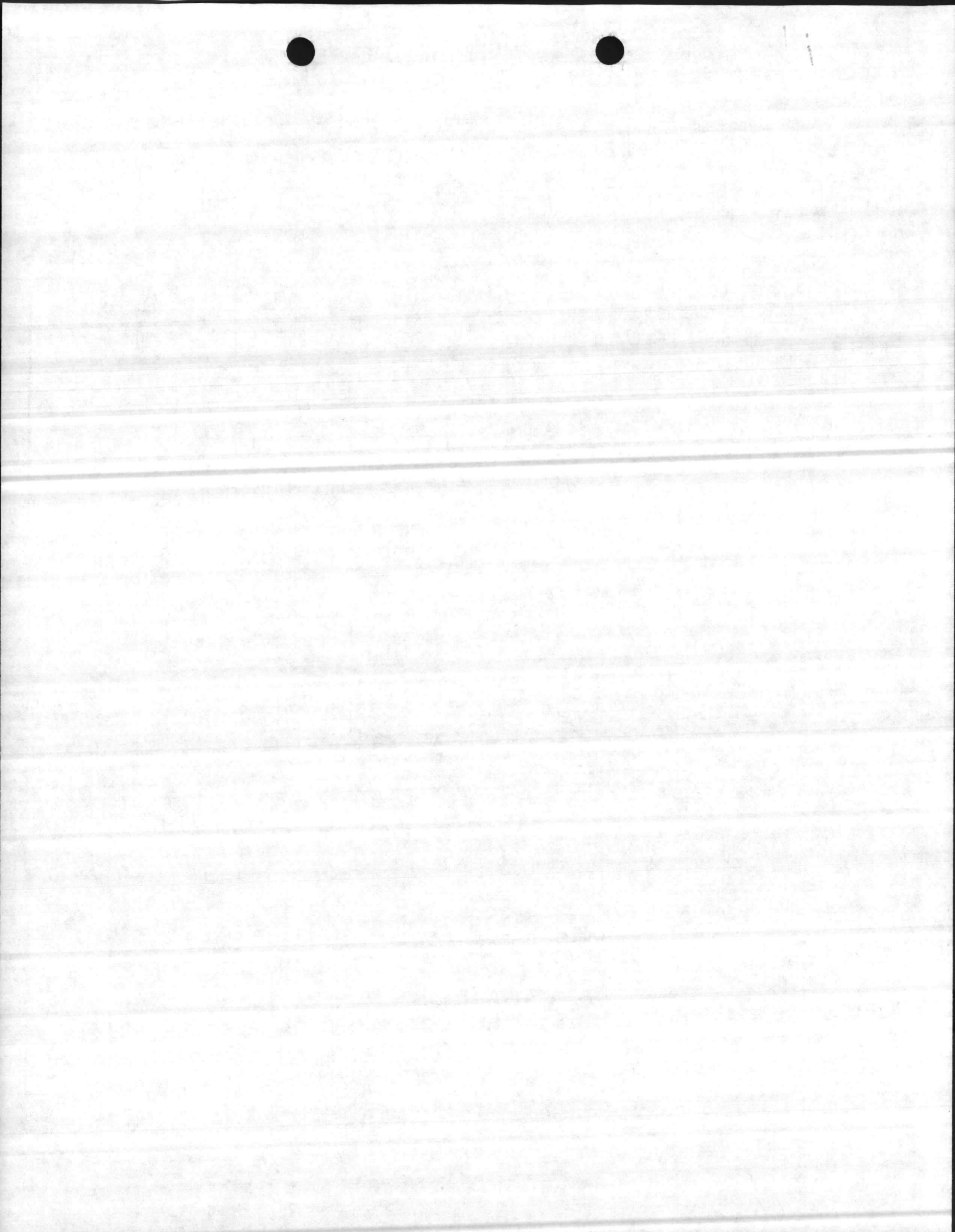
GENERATOR

TRANSPORTER

FACILITY

IN 053936

RETURNED TO THE GENERATOR BY THE T.S.D.



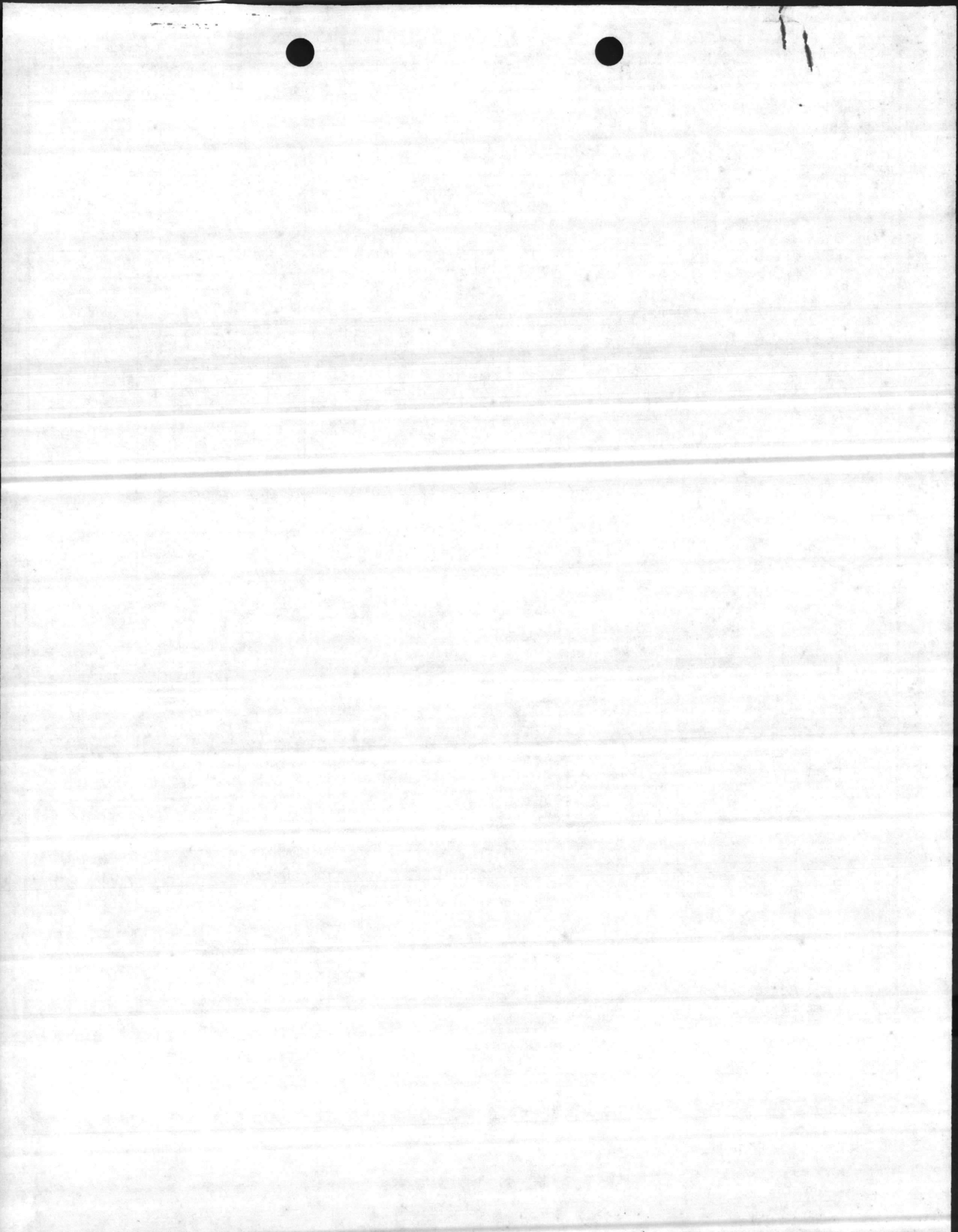


# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

Please print or type. (Form designed for use on elite (dot-matrix) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. NC16117010212580101147	Manifest Document No. 101147	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address DRMO-CAMP LEJEUNE Bldg 906 CAMP LEJEUNE, NC 28542				A. State Manifest Document Number		
4. Generator's Phone (919) 451-5613				B. State Generator's ID		
5. Transporter 1 Company Name OSCO INC		6. US EPA ID Number TN101089558019		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (615) 381-4999		
9. Designated Facility Name and Site Address Special WASTE INC 1713 LEGION RD ATHENS, TN 37303				E. State Transporter's ID		
10. US EPA ID Number TN101034547141				F. Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity
				No.	Type	14. Unit Wt./Vol
a. "RQ" 1 WASTE OIL COMBUSTIBLE LIQUID NA 1270, F001, F003, F003, D001				001	TT	0.5500 G
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above A. 500026  TANK 891 / ST162				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information  DIA200-88-D-0033 / DO #0001						
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 Hunter, L.E.		Signature <i>Louise E. Hunter</i>		Month Day Year 11/21/87		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name Ron Helmberg		Signature <i>Ron Helmberg</i>		Month Day Year 11/21/87		
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 Mark Saunders		Signature <i>Mark Saunders</i>		Month Day Year 11/21/87		



DO NOT WRITE IN THIS SPACE

2050-0039 9-30-88

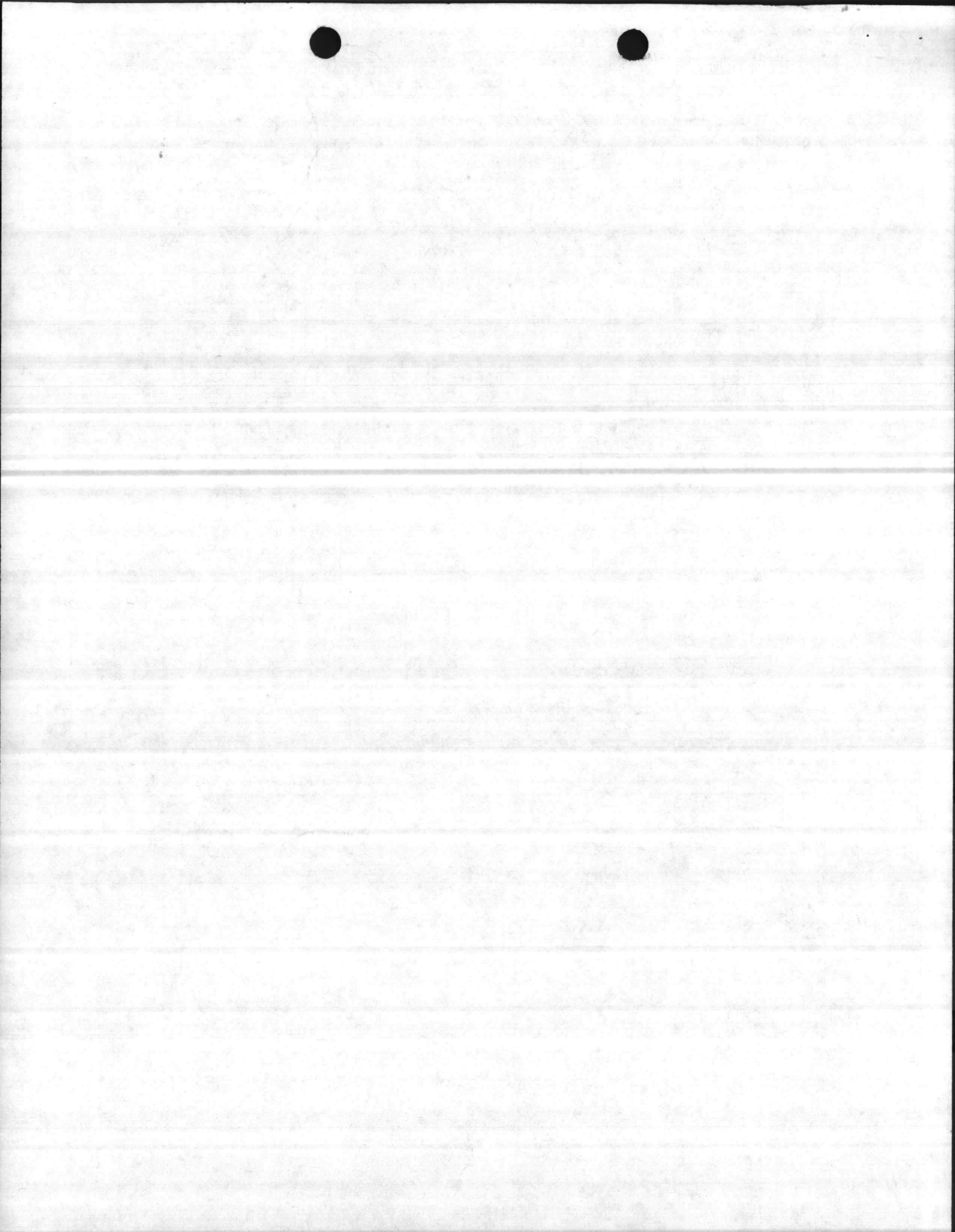
Please print or type. (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000-0404 Expires 7-31-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <i>IN 46117000258000129</i>		Manifest Document No. <i>1</i>		2. Page 1 of <i>1</i>		Information in the shaded areas is not required by Federal law	
3. Generator's Name <i>DRMO Bldg 906 MARINE CORPS BASE CAMP LESEUNE, NC</i>		4. Generator's Phone ( <i>919</i> ) <i>451-5613</i>		ATTN: <i>GEORGE ELLONS</i>		A. State Manifest Document Number <i>IN 053943</i>		B. State Generator's ID	
5. Transporter 1 Company Name <i>OSCO INC.</i>		6. US EPA ID Number <i>TN D0991558019</i>		C. State Transporter's ID		D. Transporter's Phone <i>615/381-4999</i>		E. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone		G. State Facility's ID		H. Facility's Phone	
9. Designated Facility Name and Site Address <i>SVSTECH CORPORATION / LONESTAR CEMENT LIME DALE RD GREENCASTLE, INDIANA</i>		10. US EPA ID Number <i>IND0010641192112</i>		I. Facility's Phone <i>317-653-2606</i>		J. Additional Descriptions for Materials Listed Above <i>A.) F001, F002, F003, F005</i>		K. Handling Codes for Wastes Listed Above	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. <i>RQ1 WASTE OIL NOS, COMBUSTIBLE Liquid, NA 1270 (F001, F002, F003, F005, D001)</i>		0011 TT		0515010		G		D001	
b.									
c.									
d.									
15. Special Handling Instructions and Additional Information <i>SPECIAL WASTE IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL CORRESPONDENCE AND</i>		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this container are fully and properly identified and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		17. Generator's Signature <i>[Signature]</i>		17. Date <i>12/17/87</i>		18. Transporter 2 Acknowledgement of Receipt of Materials	
Printed/Typed Name <i>WENNETH TUBVILLE</i>		Signature <i>[Signature]</i>		Month <i>12</i>		Day <i>17</i>		Year <i>87</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month		Day		Year	
19. Discrepancy Indication Space		Signature		Month		Day		Year	
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.		Signature <i>Terrell A. Byrd</i>		Month <i>12</i>		Day <i>09</i>		Year <i>87</i>	

GENERATOR FACILITY

IN 053943





DO NOT WRITE IN THIS SPACE

20500039 9-30-88

Form Approved OMB No. 2000-0404 Expires 7-31-86

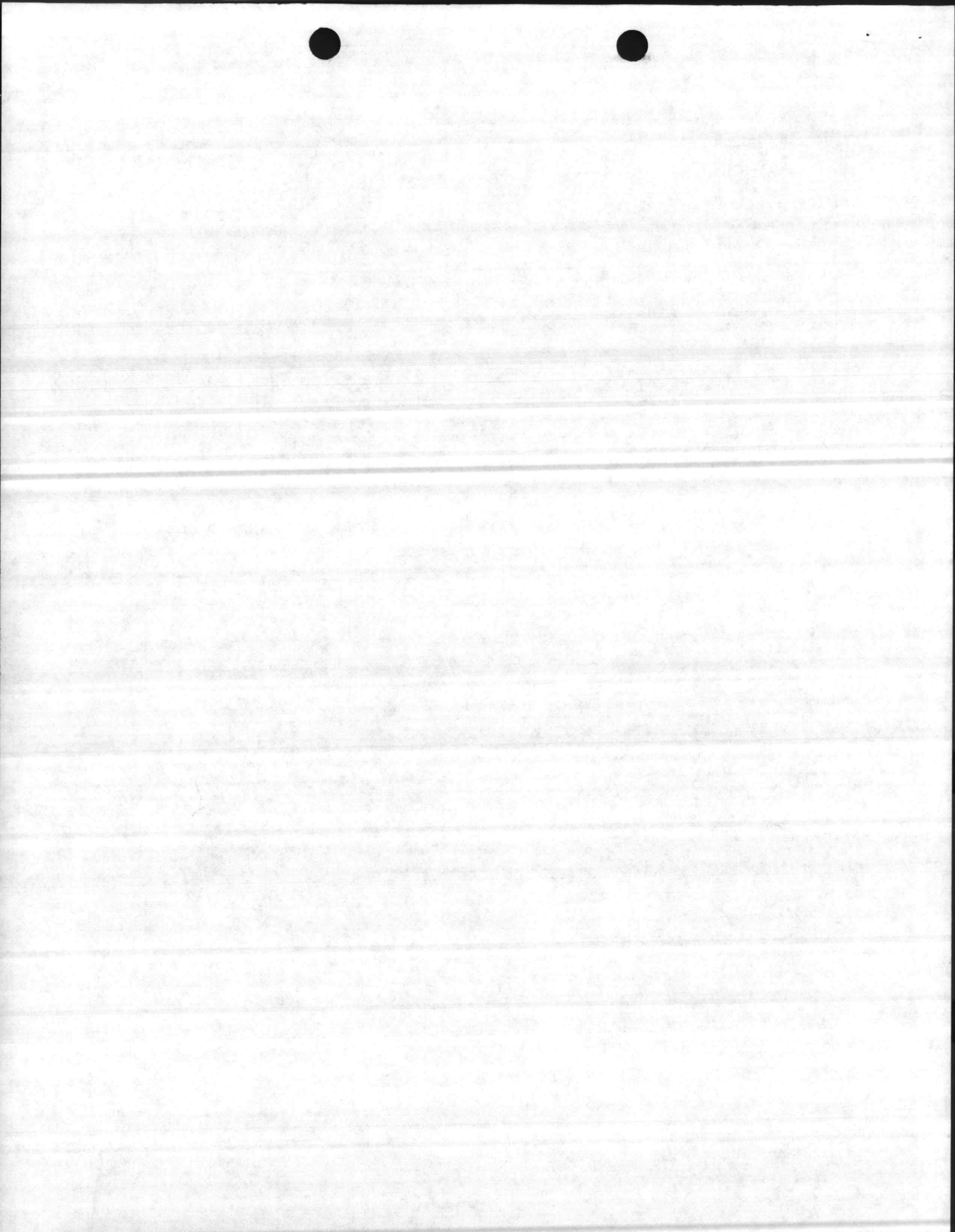
<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. N.C. 6170102258010128		Manifest Document No. 1588		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name ATTN: GEORGE EBBERS DRMO Bldg 906 MARINE CORPS BASE CAMP LEJEUNE, NC 28542		6. US EPA ID Number IND10895580119		A. State Manifest Document Number IN 053940		B. State Generator's ID			
4. Generator's Phone 919 451-5413		7. Transporter 1 Company Name OSCO INC.		8. US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone 615/381-4999	
9. Designated Facility Name and Site Address SYSTEMA CORPORATION / LONESTAR CEMENT LIME DALE RD GREENCASTLE, INDIANA		10. US EPA ID Number IND10106419212		E. State Transporter's ID		F. Transporter's Phone		G. State Facility's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit W/Vol		15. Waste No.	
a. RQ1 WASTE OIL N.O.S., COMBUSTIBLE LIQ. 2, NA 1270 (D001, F001, F002, F003, F005)		001 TT		0.5151010 G		G		D001	
J. Additional Descriptions for Materials Listed Above A) F001, F002, F003, F005 TRUCK CO P.O.# 0585		K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information SPECIAL WASTE INC. IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. BOX B, SAUKVILLE, WI 53080 DLAR00-88-00033 D.O. 1									
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 Hunter, L.E.		Signature L.E. Hunter		Month Day Year 12 07 87					
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name Ron Helmanbury		Signature Ron Helmanbury		Month Day Year 12 07 87					
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 item 10.									
Printed/Typed Name Terrell A. Byrd		Signature Terrell A. Byrd		Month Day Year 12 09 87					

GENERATOR  
TRANSPORTER  
FACILITY

IN 053940

9/86

RETURNED TO THE GENERATOR BY THE T.S.D.





DO NOT WRITE IN THIS SPACE

2050-0039 9-30-86

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

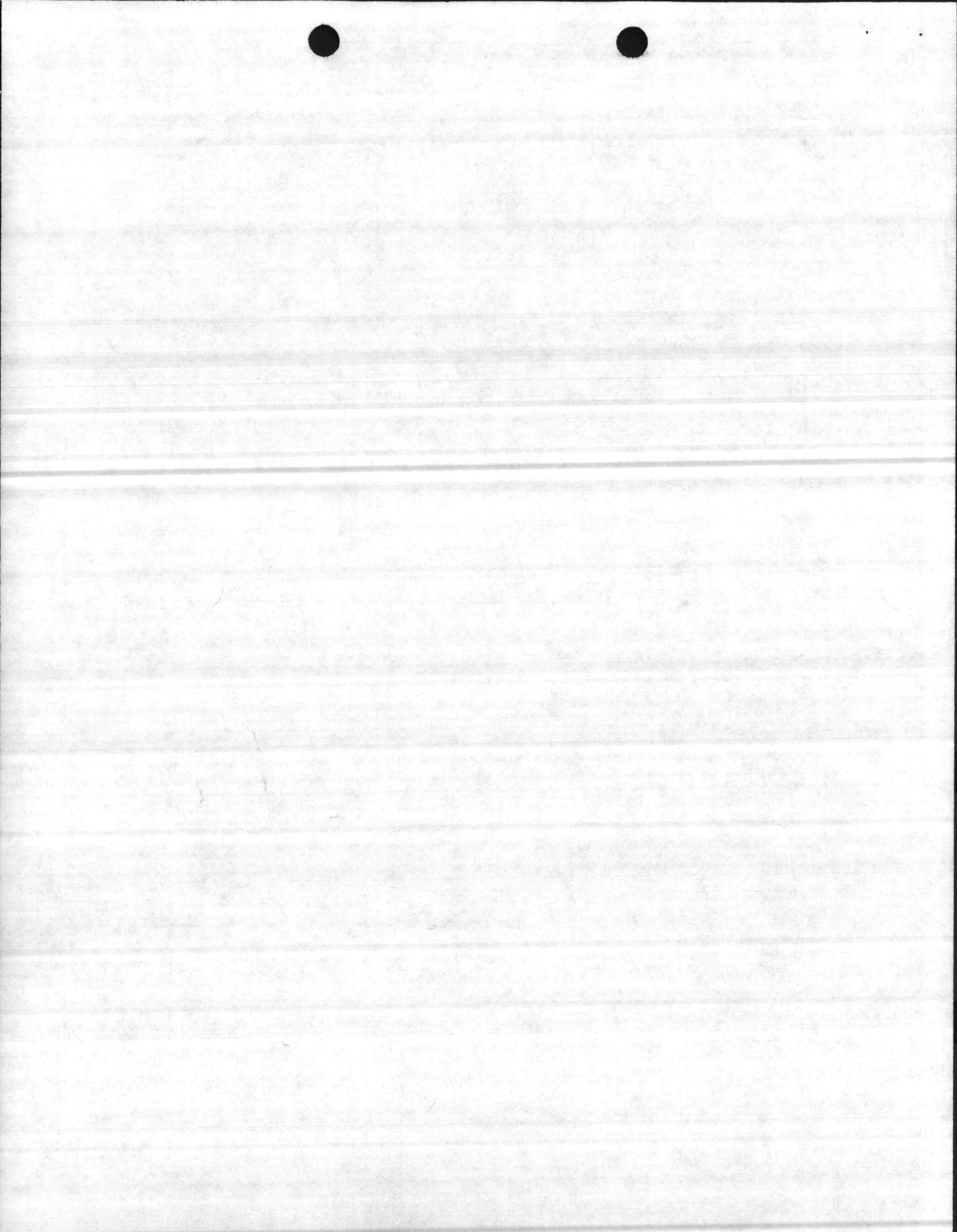
Form Approved OMB No. 2000-0464 Expires 7-31-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <i>NC601170022258PD01130</i>	Manifest Document No. <i>1</i>	2. Page 1 of <i>2</i>	Information in the shaded areas is not required by Federal law	
3. Generator's Name <i>DRIMO Bldg 906 MARINE CORPS BASE CAMP LESEUNE, NC 28542</i>		6. US EPA ID Number <i>IND0895158DLA</i>		A. State Manifest Document Number <i>IN 053944</i>		
4. Generator's Phone <i>919 451-5613</i>		7. Transporter 1 Company Name <i>OSCO INC.</i>		B. State Generator's ID <i>IND</i>		
5. Transporter 1 Company Name <i>OSCO INC.</i>		8. US EPA ID Number <i>IND0895158DLA</i>		C. State Transporter's ID <i>405/381-4777</i>		
7. Transporter 2 Company Name		9. Designated Facility Name and Site Address <i>SYSTECH CORPORATION / LONESTAR CEMENT L. MEDALE RD GREENCASTLE INDIANA</i>		D. Transporter's Phone		
9. Designated Facility Name and Site Address <i>SYSTECH CORPORATION / LONESTAR CEMENT L. MEDALE RD GREENCASTLE INDIANA</i>		10. US EPA ID Number <i>IND00064192112</i>		E. State Transporter's ID		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) <i>a. RQ1 WASTE OIL NOS, Combustible Liquid; NA 1270 (FOO2, FOO3, FOO5, FOO4, OOO1)</i>		12. Containers No. Type <i>001 TT</i>		13. Total Quantity <i>055006</i>	14. Unit Wt/Vol	15. Waste No. <i>D001</i>
J. Additional Descriptions for Materials Listed Above <i>A) FOO1, FOO2, FOO3, FOO5 TRUCK KK P.O. BOX 0585</i>		K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information <i>SWI IS THE CONTRACTOR FOR THIS FACILITY'S HAZARDOUS WASTE. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. BOX B SAUKVILLE, WI 53080 DLA200-88-00083 D.O.I</i>						

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.

TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials	Printed/Typed Name <i>HUNTER, L.E.</i>	Signature <i>Lawrence E. Hunter</i>	Month Day Year <i>12/01/87</i>
	18. Transporter 2 Acknowledgement of Receipt of Materials	Printed/Typed Name <i>Dwight Walls</i>	Signature <i>Dwight Walls</i>	Month Day Year <i>12/01/87</i>
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 <i>Thomas L Nail</i>	Signature <i>Thomas L Nail</i>	Month Day Year <i>12/09/87</i>

IN 053944





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2050-0039 9-30-86

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

Form Approved OMB No: 2000-0104 Expires 7-01-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. NC161701022580D0127		Manifest Document No. 1		Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name ATTN. GEORGE SEGGOS DRMO Bldg 906 MARINE CORPS BASE CAMP LEJEWIC, NC 28542		4. Generator's Phone (919) 451-5013		A. State Manifest Document Number IN 053941		B. State Generator's ID			
5. Transporter 1 Company Name OSCO INC		6. US EPA ID Number TN0089558019		C. State Transporter's ID 615/3		E. Transporter's Phone 615/381-4999			
7. Transporter 2 Company Name		8. US EPA ID Number		F. State Transporter's ID		I. Transporter's Phone			
9. Designated Facility Name and Site Address SYSTECH CORPORATION / LONESTAR CEMENT LIMEDALE RD GREEN CASTLE, INDIANA		10. US EPA ID Number IN1010104119212		G. State Facility's ID		H. Facility's Phone 317-653-2606			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. RQ1 WASTE OIL NOS, COMBUSTIBLE Liquid, NA1270 (D001, F001, F002, F003, F005)		001 TIT		056010		G		D001	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above A) F001, F002, F003, F005		K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information TRUCK UN P.O. # 0585 SPECIAL WASTE INC. IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE, PLEASE ROUTE ALL CORRESPONDENCE ALL BILLING TO: P.O. BOX B, SANKVILLE, WI, 53080 DLA20088000330.01									
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 HUNTER L.E.		Signature <i>Laura L Hunter</i>		Month Day Year 12 07 87		Date			
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Eugene Smith		Signature <i>Eugene Smith</i>		Month Day Year 12 07 87		Date	
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 item 19.									
Printed/Typed Name Thomas L Nail		Signature <i>Thomas L Nail</i>		Month Day Year 12 09 87		Date			

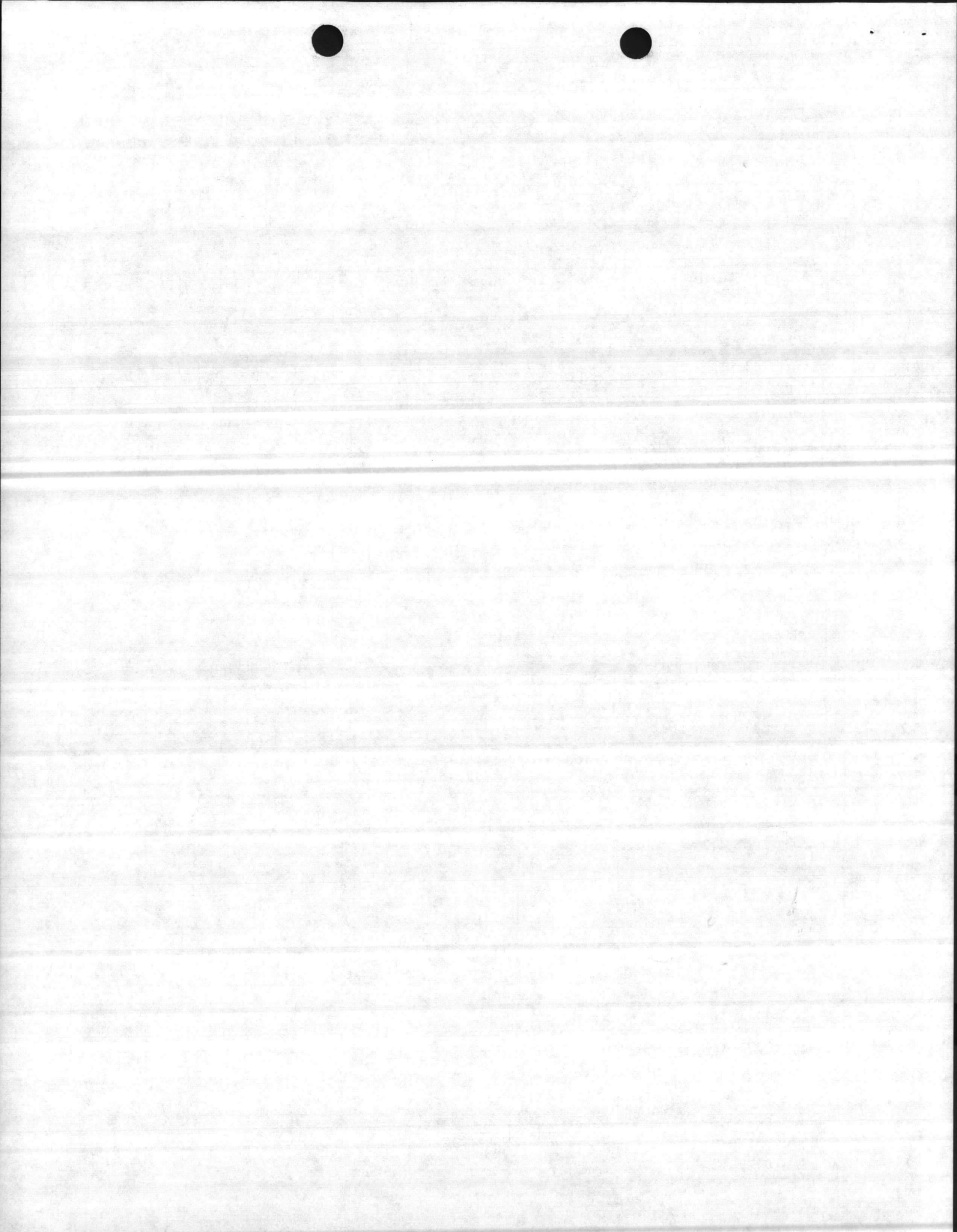
GENERATOR

TRANSPORTER

FACILITY

IN 053941





DO NOT WRITE IN THIS SPACE

2050-0039 9-30-88

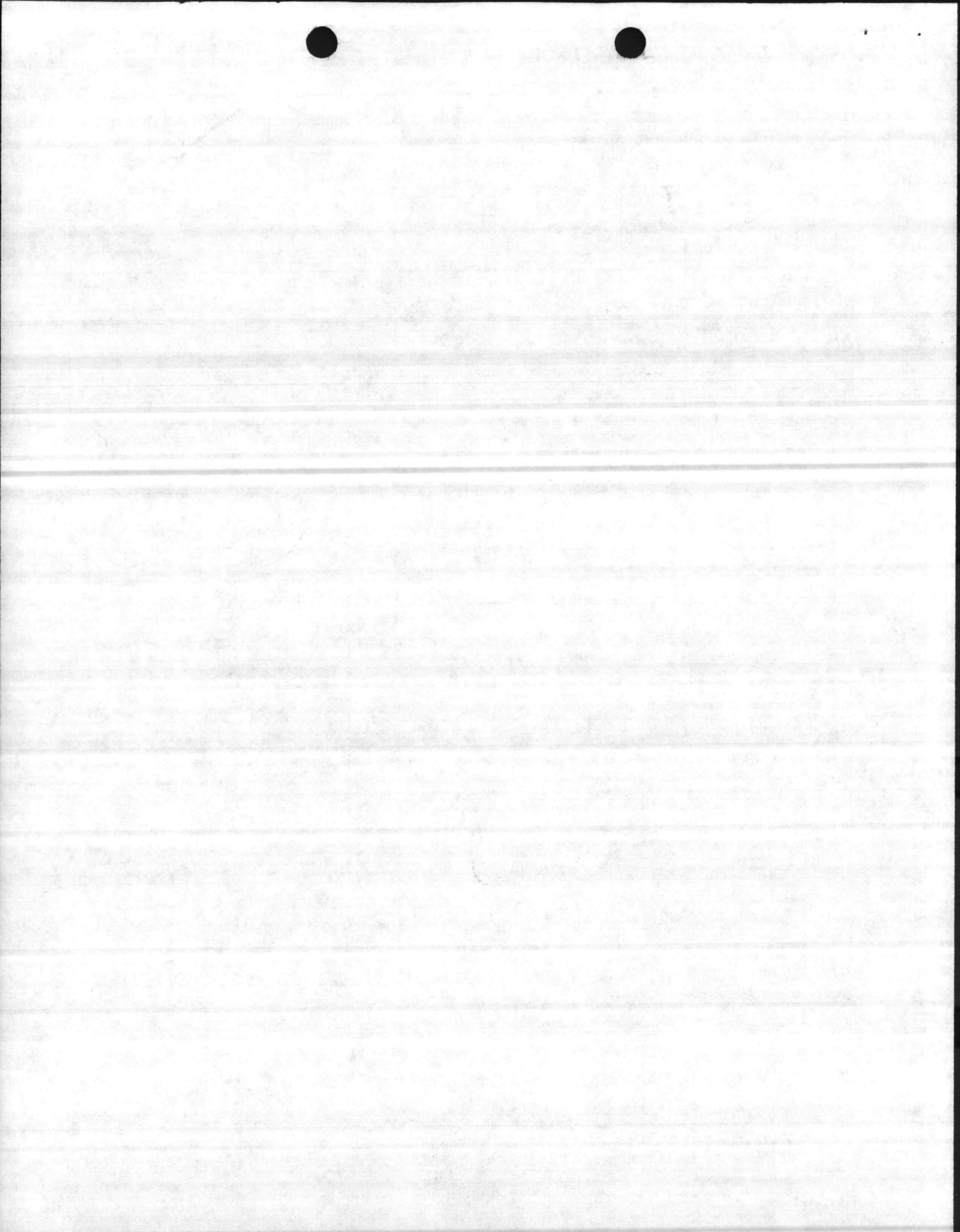
Please print or type. (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000-0404 Expires 7-31-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NC1617002258000131</b>		Manifest Document No. <b>1</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name <b>DRMO Bldg 906 MARINE CORPS BASE CAMP LEJEUNE, NC ATTN: GEORGE E6602</b>		4. Generator's Phone <b>(919) 451-5613</b>		A. State Manifest Document Number <b>IN 053942</b>		E. State Generator's ID			
5. Transporter 1 Company Name <b>OJCO INC.</b>		6. US EPA ID Number <b>TND0895580119</b>		C. State Transporter's ID		D. Transporter's Phone <b>415/391-4999</b>		F. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		E. Transporter's Phone		G. State Facility's ID			
9. Designated Facility Name and Site Address <b>SYSTECH CORPORATION / LONESTAR CEMENT LIMEDALE RD GREENCASTLE, INDIANA</b>		10. US EPA ID Number <b>IND00064192112</b>		H. Facility's Phone <b>317-653-2606</b>					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. <b>RQ1 WASTE OIL NOS, COMBUSTIBLE Liquid, NA 1270, (F001, F002, F003, F005, RQ1)</b>		<b>0101 TIT</b>		<b>0101010</b>		<b>G</b>		<b>DC001</b>	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above <b>A) F001, F002, F003, F005</b>		K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information <b>TRUCK MM P.O. # 0585 SPECIAL WASTE INC. IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. Box B, SAUKVILLE, WI 53080 DLA 200-88-0033 D.O. 01</b>									
16. GENERATOR'S CERTIFICATION									
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 <b>Hunter L.F.</b>		Signature <i>[Signature]</i>		Month <b>12</b>		Day <b>07</b>		Year <b>87</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name <b>Kenneth Bryant</b>		Signature <i>[Signature]</i>		Month <b>12</b>		Day <b>07</b>		Year <b>87</b>	
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 item 18.									
Printed/Typed Name <b>Tennell A. Byrd</b>		Signature <i>[Signature]</i>		Month <b>12</b>		Day <b>09</b>		Year <b>87</b>	

GENERATOR  
TRANSPORTER  
FACILITY

IN 053942

RETURNED TO THE GENERATOR BY THE T.S.D.



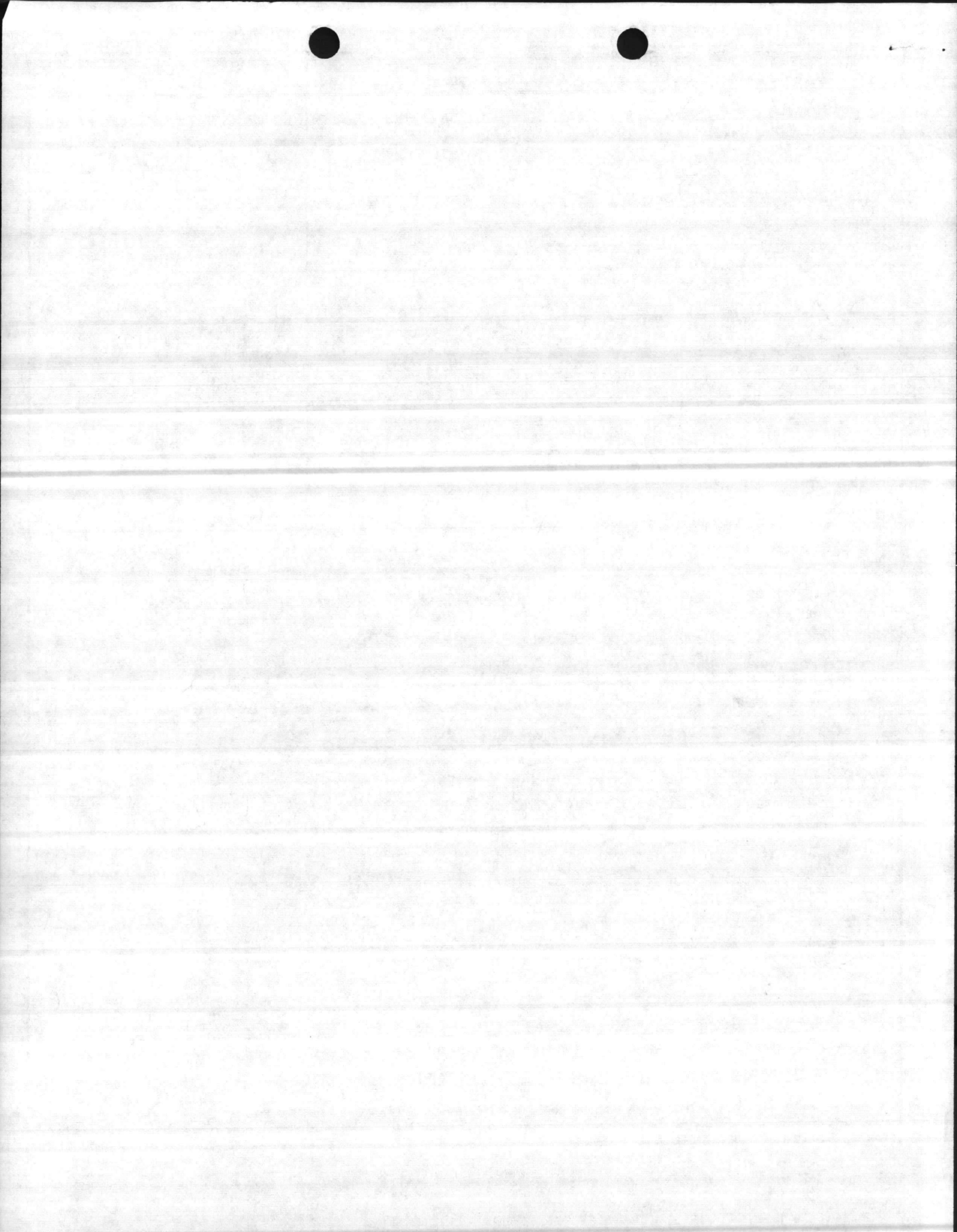


# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

Please print or type. (Form designed for use on 2-pitch typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NC6117002258010126</b>		Manifest Document No. <b>126</b>	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address <b>MARINE CORPS BASE DRMO CAMP LEJEUNE, N.C. 28542 BLDG 906</b>		6. US EPA ID Number		A. State Manifest Document Number		B. State Generator's ID		
4. Generator's Phone <b>(919) 451-5613</b>		5. Transporter 1 Company Name <b>ENVIRONMENTAL TRANSPORTATION SERVICES</b>		6. US EPA ID Number <b>101K1918151861015</b>		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone <b>405/745-2002</b>		E. State Transporter's ID		
9. Designated Facility Name and Site Address <b>SPECIAL WASTE INC. 1713 LEGION BL. ATHENS, TN 37303</b>		10. US EPA ID Number <b>TN10103145147141</b>		F. State Facility's ID		H. Facility's Phone <b>615/745-9222</b>		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
GENERATOR	a. <b>RQ1 WASTE OIL, COMBUSTIBLE LIQUID, NA1270 (FOO1, FOO2, <del>FOO3</del>, DOO1) (FOO3)</b>				<b>001</b>	<b>TT</b>	<b>4800G</b>	<b>#001, FOO2 FOO3, DOO1</b>
	b.							
	c.							
	d.							
	J. Additional Descriptions for Materials Listed Above <b>APPROVAL 580026</b>				K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information <b>DLA 200-88-DOO33 D.O.0001 P.O.0577</b> <b>TRUCK CC</b> <b>SPECIAL WASTE INC IS THIS FACILITIES HAZARDOUS WASTE CONTRACTOR. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. BOX B SARKVILLE, WI 53080</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 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 <b>Lawrence E. Hunter</b>				Signature <i>Lawrence E. Hunter</i>		Month Day Year <b>11/20/87</b>		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Fred Williams</i>		Month Day Year <b>11/20/87</b>	
	Printed/Typed Name <b>FRED WILLIAMS</b>				Signature		Month Day Year	
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Month Day Year	
	Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space								
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.								
Printed/Typed Name <b>Mark Saunders</b>				Signature <i>Mark Saunders</i>		Month Day Year <b>11/21/87</b>		





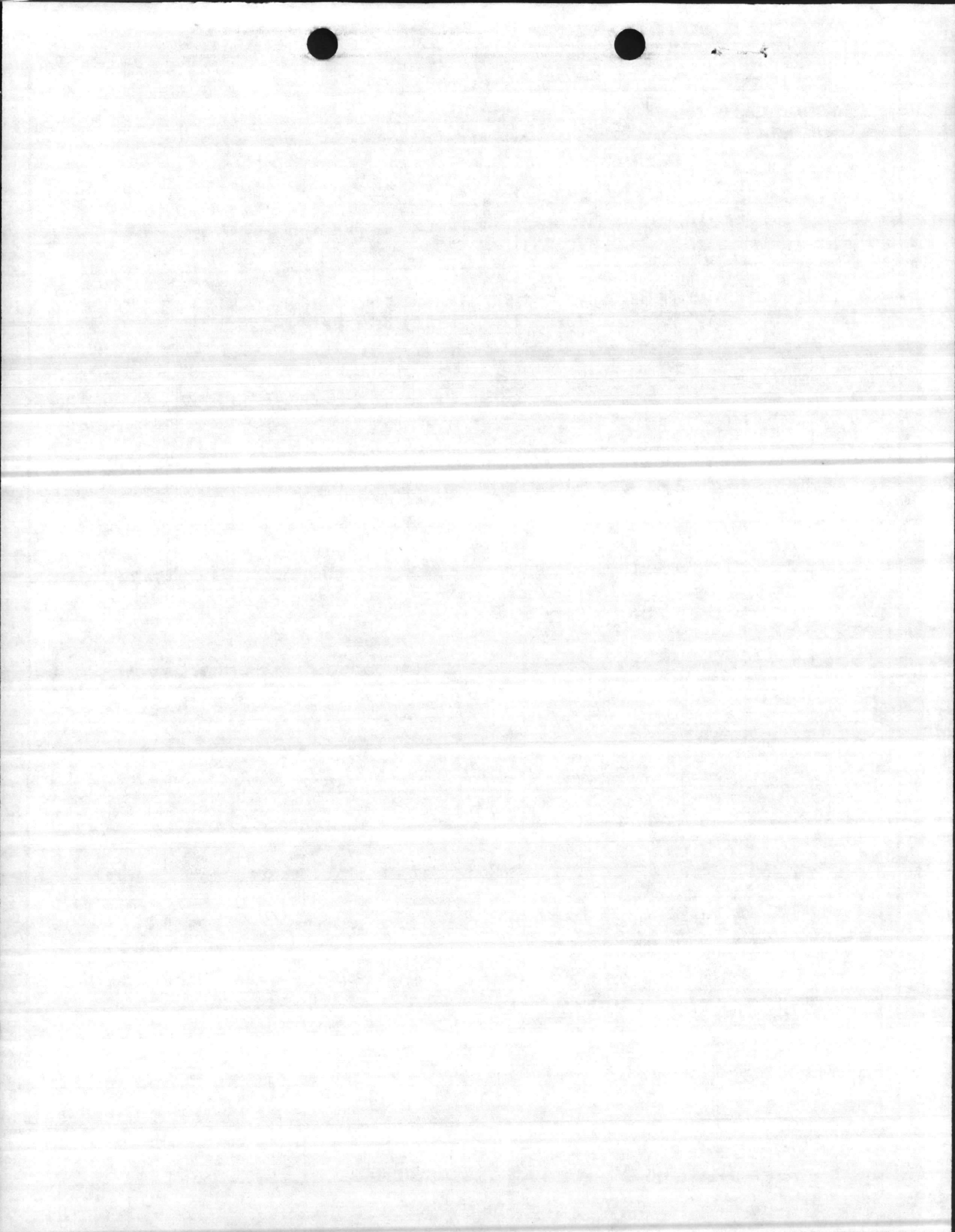
# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

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

Form Approved. OMB No. 2050-0039. Expires 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <i>NC6611700205190010122</i>		Manifest Document No. <i>22</i>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.						
3. Generator's Name and Mailing Address <i>MARINE CORPS BASE CAMP LEJEUNE N.C. 28542 DRMO BLD 906 ATTN: MR EGGERS</i>						A. State Manifest Document Number								
4. Generator's Phone <i>(919) 451-5613</i>						B. State Generator's ID								
5. Transporter 1 Company Name <i>Environmental Transportation Services</i>			6. US EPA ID Number <i>01KD9115BGG05</i>			C. State Transporter's ID								
7. Transporter 2 Company Name						D. Transporter's Phone <i>919/451-2000</i>								
8. US EPA ID Number						E. State Transporter's ID								
9. Designated Facility Name and Site Address <i>Special Waste Inc 1713 Legion Rd Athens, TN 37303</i>						F. Transporter's Phone								
10. US EPA ID Number <i>ITWDO3145471141</i>						G. State Facility's ID								
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.		
GENERATOR	a. <i>RQ1, Waste oil, Combustible liquid, NA1270, Foo1, Foo2, Foo3, D001</i>						001		TIT05700G				Foo1, Foo2, Foo3, D001	
	b.													
	c.													
	d.													
J. Additional Descriptions for Materials Listed Above <i>a. App 580026, clin Tank 891 DLA200-88-D-0032 DO. 0001 PO. 0549 AAA</i>						K. Handling Codes for Wastes Listed Above								
15. Special Handling Instructions and Additional Information <i>SWI is this facilities hazardous waste contractor. Please route all correspondence and billing to: P.O. Box B, Saukville, WI 53080</i>														
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 <i>Hunter Lawrence K</i>					Signature <i>Hunter Lawrence K</i>			Month Day Year <i>11/12/87</i>						
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials					Signature <i>Tracy W. Hickman</i>			Month Day Year <i>11/12/87</i>					
	18. Transporter 2 Acknowledgement of Receipt of Materials					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.					Signature <i>Mark Saunders</i>			Month Day Year <i>11/12/87</i>					





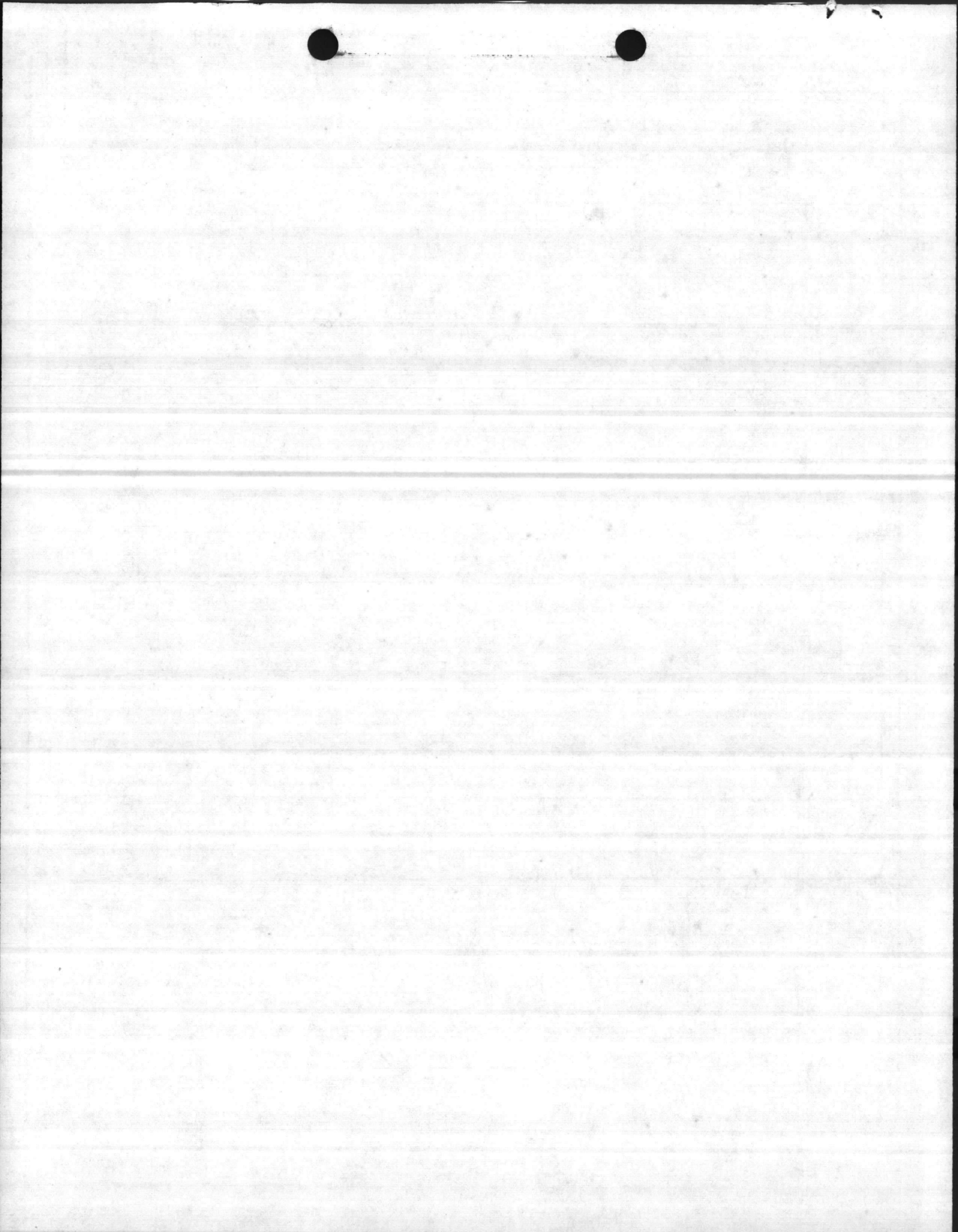
# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

0121

Please print or type. (Form designed for use on 2-pitch typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NCIG117100225181010121</b>		Manifest Document No. <b>0121</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address <b>MARINE CORPS BASE CAMP LEJEUNE N.C. 28542</b>		4. Generator's Phone <b>(919) 451-5613</b>		6. US EPA ID Number <b>DRMO BLD 906 ATTN: MREGGERS</b>		A. State Manifest Document Number		B. State Generator's ID	
5. Transporter 1 Company Name <b>Environmental Transportation Services</b>		6. US EPA ID Number <b>OKID918115866105</b>		7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID	
9. Designated Facility Name and Site Address <b>Special Waste Inc 1713 Legion Rd Athens, TN 37303</b>		10. US EPA ID Number <b>TTIND10345471416151745-9222</b>		D. Transporter's Phone <b>405/745-2000</b>		E. State Transporter's ID		F. Transporter's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
a. <b>RQ1, Waste Oil, Combustible liquid, NA 1270 (F001, F002, F003, D001)</b>		No. Type <b>00 1T 056 00G</b>						<b>F001, F002, F003, D001</b>	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above <b>a App 580026 Tank 889 DLA 200-88-DESD, O. 0001, P.O. 0549 AAA</b>		K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name <b>Hunter, Lawrence E.</b>					Signature <i>Lawrence E. Hunter</i>			Month Day Year <b>11/23/87</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials					Printed/Typed Name <b>JEFFREY D. MOTT</b>			Signature <i>Jeffrey D. Mott</i>	
					Month Day Year <b>11/23/87</b>				
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 <b>Mark Saunders</b>					Signature <i>Mark Saunders</i>			Month Day Year <b>11/24/87</b>	





AMENDMENT TO SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE PAGE OF PAGES  
1 1

2. AMENDMENT/MODIFICATION NO. P00002  
3. EFFECTIVE DATE See Blk 16C  
4. REQUISITION/PURCHASE REQ. NO. L014  
5. PROJECT NO. (If applicable)

6. ISSUED BY CODE  
Defense Reutilization & Marketing  
DRMS-P, Bldg. 210/4, 2163 Airways Blvd.  
Memphis, TN 38114-5052  
J. Dempsey/(901)775-6768/gmo  
7. ADMINISTERED BY (If other than Item 6) CODE

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)  
Special Waste, Inc.  
902 S. Main St.  
Saukville, WI 53080-0501  
9A. AMENDMENT OF SOLICITATION NO.  
9B. DATED (SEE ITEM 11)  
10A. MODIFICATION OF CONTRACT/ORDER NO.  
X DLA200-88-0033-0001  
10B. DATED (SEE ITEM 13)  
30 Oct 87  
CODE FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers  is extended,  is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:  
(a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)  
9780100.5141 HO P572.20 2527 S20-114 (D83301) NAVY

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(V) A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.  
X B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).  
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:  
D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The above numbered order is changed as follows:

- Page 2, modification No. P00001, Items 3 and 4, are changed to CLIN 4720AAAC and CLIN 4720AAAD.
- Price remains \$177,000.00.
- No other changes authorized.

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)  
15B. CONTRACTOR/OFFEROR  
(Signature of person authorized to sign)  
16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)  
JEWEL S. DEMPSEY  
Contracting officer  
16B. UNITED STATES OF AMERICA  
BY Jewel S. Dempsey  
(Signature of Contracting Officer)  
16C. DATE SIGNED  
8 Dec 87

11 DEC 1987 13 07





DEC 11 1953

AA AA0374

D-0-0001

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DATA 500-88-D-9933

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