

NEW RIVER AIRSTATION WASTE OIL  
CONTRACT NUMBER DLA200-87-D-0045

DELIVERY ORDER NUMBER DO-0062

INITIALS DATE

DOR SENT 5 OCT 87

DO RECEIVED 16 OCT 87

SCHEDULED PICK UP DATE 23 OCT 87

ACTUAL PICK UP DATE 23 OCT 87 TO 11-6-87

COMEBACK COPY DATE

DISCREPANCY REPORT ONE COMPLETED 11-10-87

1. CONTRACT/PURCH ORDER NO. DLA200-87-D-0045 2. DELIVERY ORDER NO. 0062 3. DATE OF ORDER 8 Oct 87 4. REQUISITION/PURCH REQUEST NO. JHM-87-013

6. ISSUED BY J. DEMPSEY / (901/775-6768/mjs) DEFENSE REUTILIZATION & MARKETING SERVICE DRMS-P, BLDG. 210/4, 2163 AIRWAYS BLVD. MEMPHIS, TN 38114-5052 7. ADMINISTERED BY: (If other than 6) CODE DLA200 8. DELIVERY FOB  DEST  OTHER (See Schedule if other)

9. CONTRACTOR/QUOTER CODE 77944 FACILITY CODE 10. DELIVER TO FOB POINT BY: 6 Nov 87 11. CHECK IF BUSINESS IS  SMALL  SMALL DISADVANTAGED  WOMEN-OWNED 12. DISCOUNT TERMS See invoice 13. MAIL INVOICES TO: See Block 6

14. SHIP TO: SEE SCHEDULE 15. PAYMENT WILL BE MADE BY: DLA200 Defense Reutilization & Mktg. Service 74 N. Washington, Federal Center Battle Creek, MI 49017-3092 MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. TYPE OF ORDER DELIVERY  PURCHASE  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  IS CHECKED, AND NO. 14 IF THIS BOX  IS CHECKED); special provisions ; and delivery as indicated. This purchase is negotiated under authority of

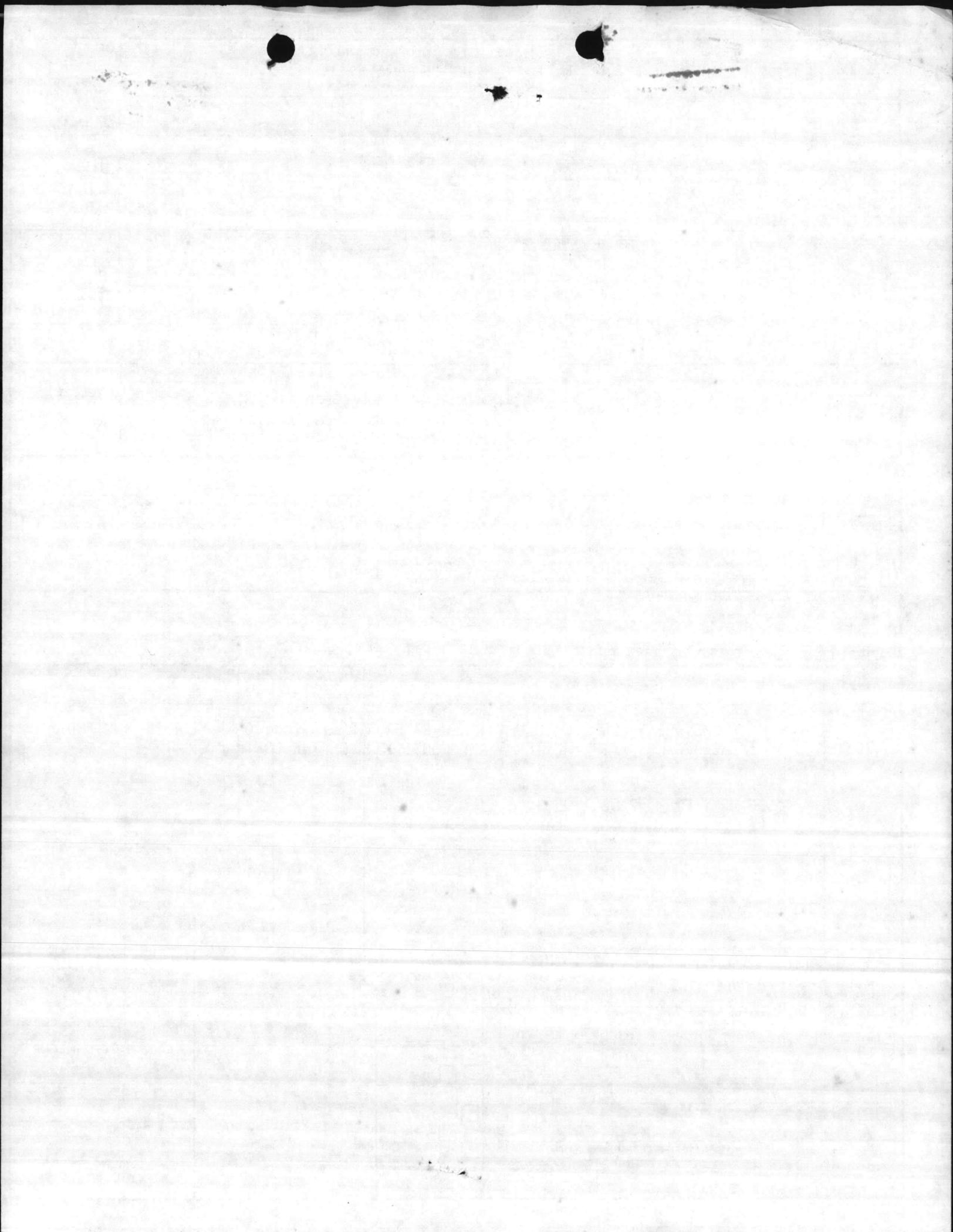
10 UBC 2304(a)(8) or as specified in the schedule if within the U.S., its possessions or Puerto Rico; if otherwise under 2304(a)(8).  If checked, Additional General Provisions apply; Supplier shall sign "Acceptance" on DD Form 1155r and return copies.

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 9780100.5141 H0 P572.20 2527 S20-114 D74562 MARINE

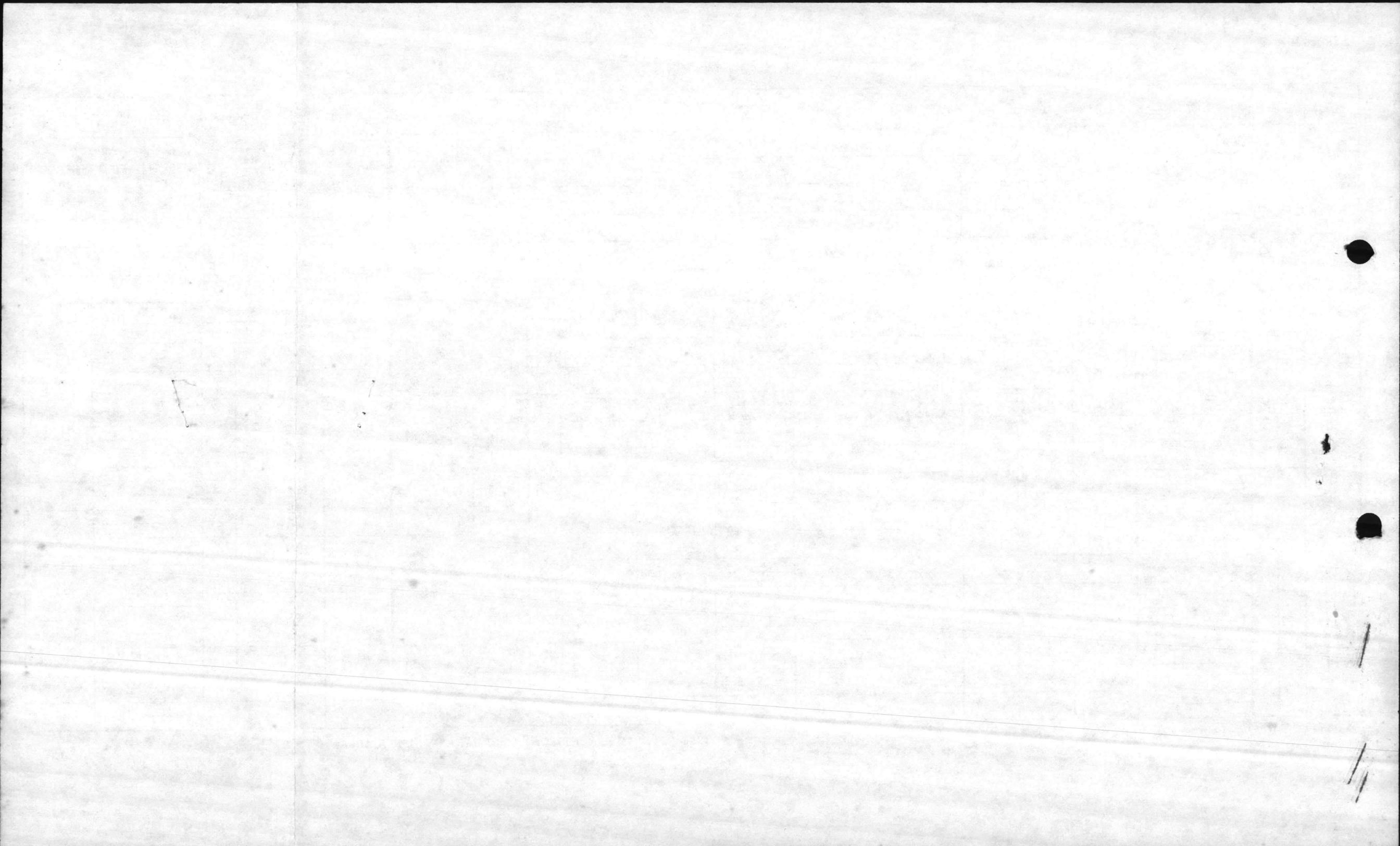
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ACCEPTED *	21. UNIT	22. UNIT PRICE	23. AMOUNT
	THE FOLLOWING ITEMS ARE TO BE PICKED UP AT NEW RIVER AIR STATION, CAMP LEJEUNE, NC AND DISPOSED OF IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE CONTRACTOR.  SEE DRMS FORM, PAGE 1 OF 1.				

24. UNITED STATES OF AMERICA BY: *Sara C. Hales* SARA C. HALES CONTRACTING/ORDERING OFFICER 25. TOTAL \$162,000.00 29. DIFFERENCES

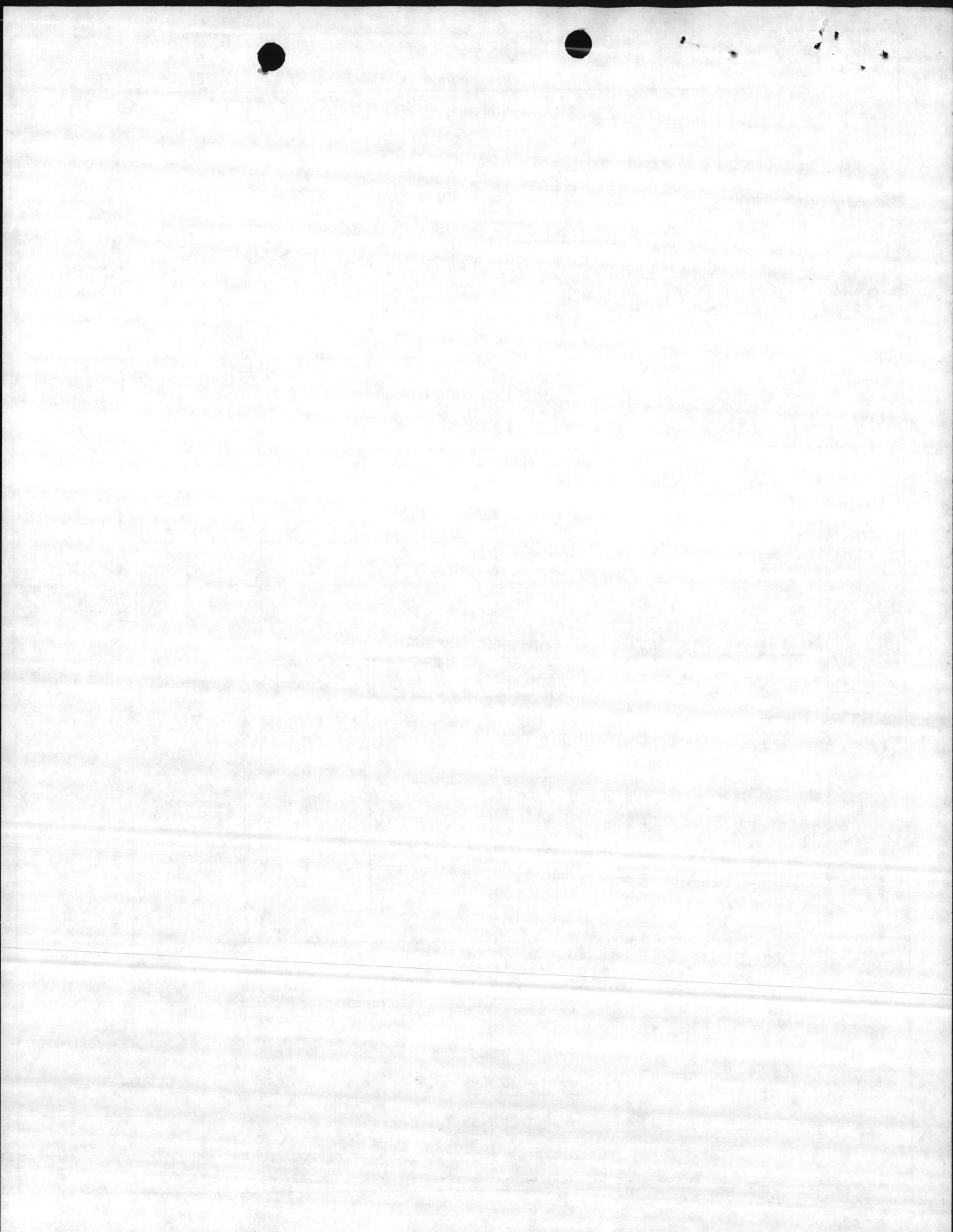
26. QUANTITY IN COLUMN 20 HAS BEEN:  INSPECTED  RECEIVED  ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE 27. SHIP NO.  PARTIAL  FINAL 28. D.O. VOUCHER NO. 30. INITIALS 31. PAYMENT  COMPLETE  PARTIAL  FINAL 32. PAID BY 33. AMOUNT VERIFIED CORRECT FOR 34. CHECK NUMBER 35. BILL OF LADING NO. 36. I certify this account is correct and proper for payment. DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER 37. RECEIVED AT 38. RECEIVED BY 39. DATE RECEIVED 40. TOTAL CONTAINERS 41. S/R ACCOUNT NUMBER 42. S/R VOUCHER NO.







<input checked="" type="checkbox"/> CHECKED BOX APPLIES		<input checked="" type="checkbox"/> ORDER FOR SUPPLIES OR SERVICES		<input type="checkbox"/> REQUEST FOR QUOTATIONS NO.		PAGE 1 OF 2	
1. CONTRACT/PURCH ORDER NO. DLA200-87-D-0045		2. DELIVERY ORDER NO. 0062		3. DATE OF ORDER 8 Oct 87		4. REQUISITION/PURCH REQUEST NO. JHM-87-013	
5. ISSUED BY J. DEMPSEY/(901/775-6768/mjs) DEFENSE REUTILIZATION & MARKETING SERVICE DRMS-P, BLDG. 210/4, 2163 AIRWAYS BLVD. MEMPHIS, TN 38114-5052				7. ADMINISTERED BY: (If other than 5)		8. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1 DO S-1	
9. CONTRACTOR/QUOTER NAME AND ADDRESS WASTE CONVERSION INC. 2951 C ADVANCE LANE COLMAR, PA 18915 (215) 822-2676				10. DELIVER TO FOB POINT BY: 6 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: DIA200 Defense Reutilization & Mktg. 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 _____					
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 9780100.5141 HO P572.20 2527 S20-114 D74562 MARINE							
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 NEW RIVER AIR STATION, CAMP LEJEUNE, NC AND DISPOSED OF IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE CONTRACTOR.  SEE DRMS FORM, 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 <i>Sara C. Hales</i> BY: SARA C. HALES CONTRACTING/ORDERING OFFICER		26. TOTAL \$162,000.00	
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.	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
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		33. AMOUNT VERIFIED CORRECT FOR	
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED		34. CHECK NUMBER	
						35. BILL OF LADING NO.	
				40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER	
						42. S/R VOUCHER NO.	

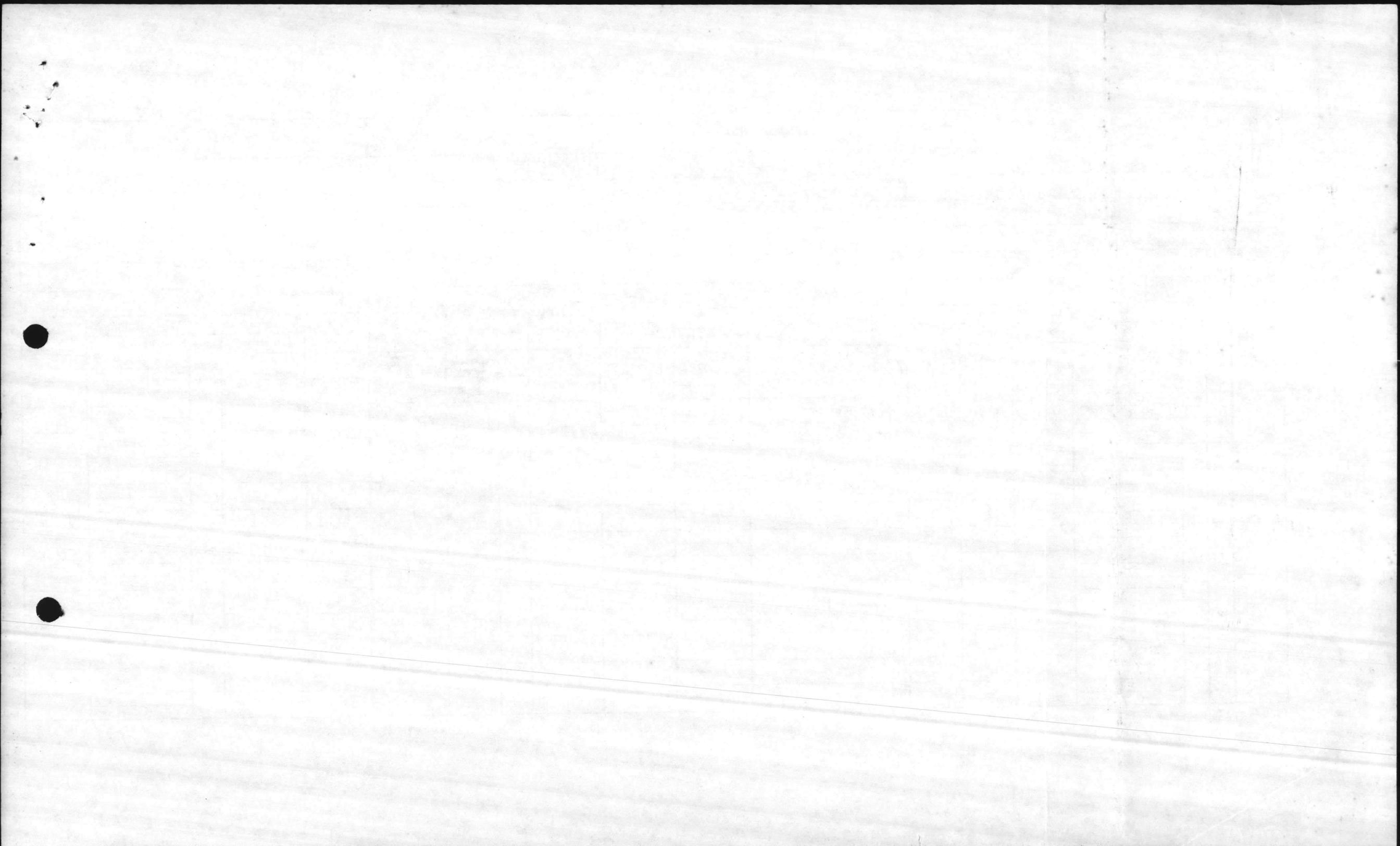


DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

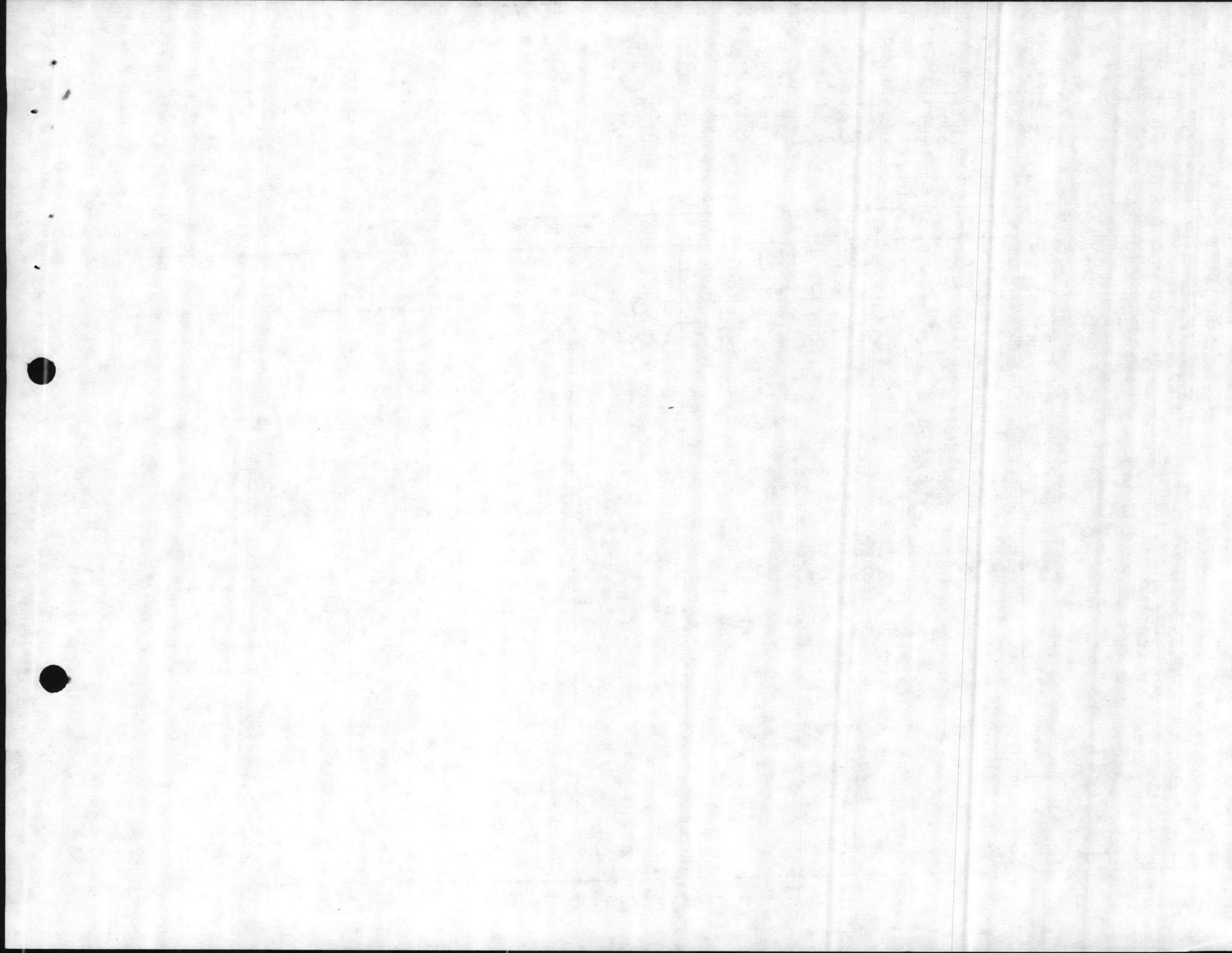
GENERATOR <i>Marine Corps Base</i>	EPA NUMBER <i>NC 8170022570</i>	AWARDED CONTRACT NUMBER <i>87-0045</i>	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE	
COMPLETE ADDRESS <i>Camp Levine NC, 28542</i>	DRMO <i>Levine</i>	CONTRACT NUMBER <i>87-D-0045</i>	DELIVERY ORDER NUMBER <i>0062</i>	
COR <i>Geo. Eggers</i>	PICKUP LOCATION <i>New River Air Station</i>	AUTHORIZED TRANSPORTER NAME	EPA NUMBER	
COMMERCIAL PHONE NUMBER <i>919-451-5613/5652</i>	AUTOVON PHONE NUMBER <i>484-5613/5652</i>	TSDf NAME	EPA NUMBER	
GENERATOR REQUEST NUMBER <i>L016</i>	RIC CODE <i>SWA</i>	AUTHORIZED TRANSPORTER SIGNATURE		
DATE SENT TO CONTRACTING <i>10-6-87</i>	DATE RECEIVED BY CONTRACTING <i>10-6-87</i>	AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR)		

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	15 DATE PICKED DDMMYY
		LSN	DODAAC	DATE	SERIAL	DRUM NUMBER		QUANTITY	UNIT							QUANTITY	UNIT		
4742	00 AA	9150 00		M93182	7274	0003	Waste oil	above of tank	Tank AS-420	30,000	gl	2.70	81,000.00						
4742	10 AB	9150 00		M93182	7274	0004	Waste oil	above of tank	Tank AS-421	30,000	gl	2.70	81,000.00						
													15,200.00						



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  
 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				
-49	61-0305	<5	2.0	1.7	75				



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:

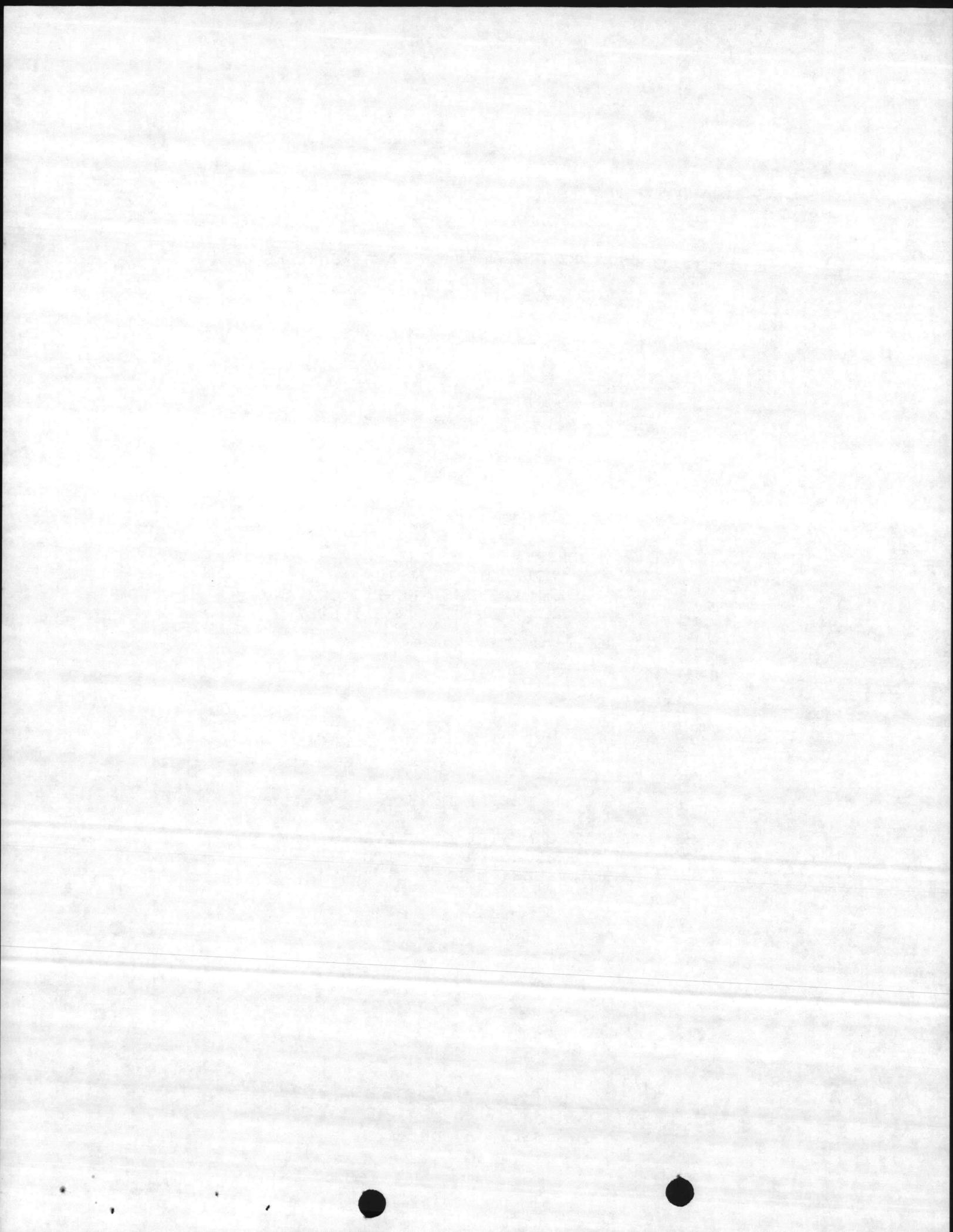
JTC ENVIRONMENTAL CONSULTANTS, INC.  
4 RESEARCH PLACE, SUITE L-10  
ROCKVILLE, MARYLAND 20850

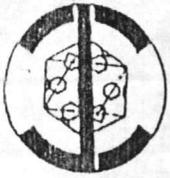
JULY 8, 1987

*Ann E Rosecrance*

Ann E. Rosecrance  
Laboratory Director

ENCLOSURE (2)





J  
T  
C

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

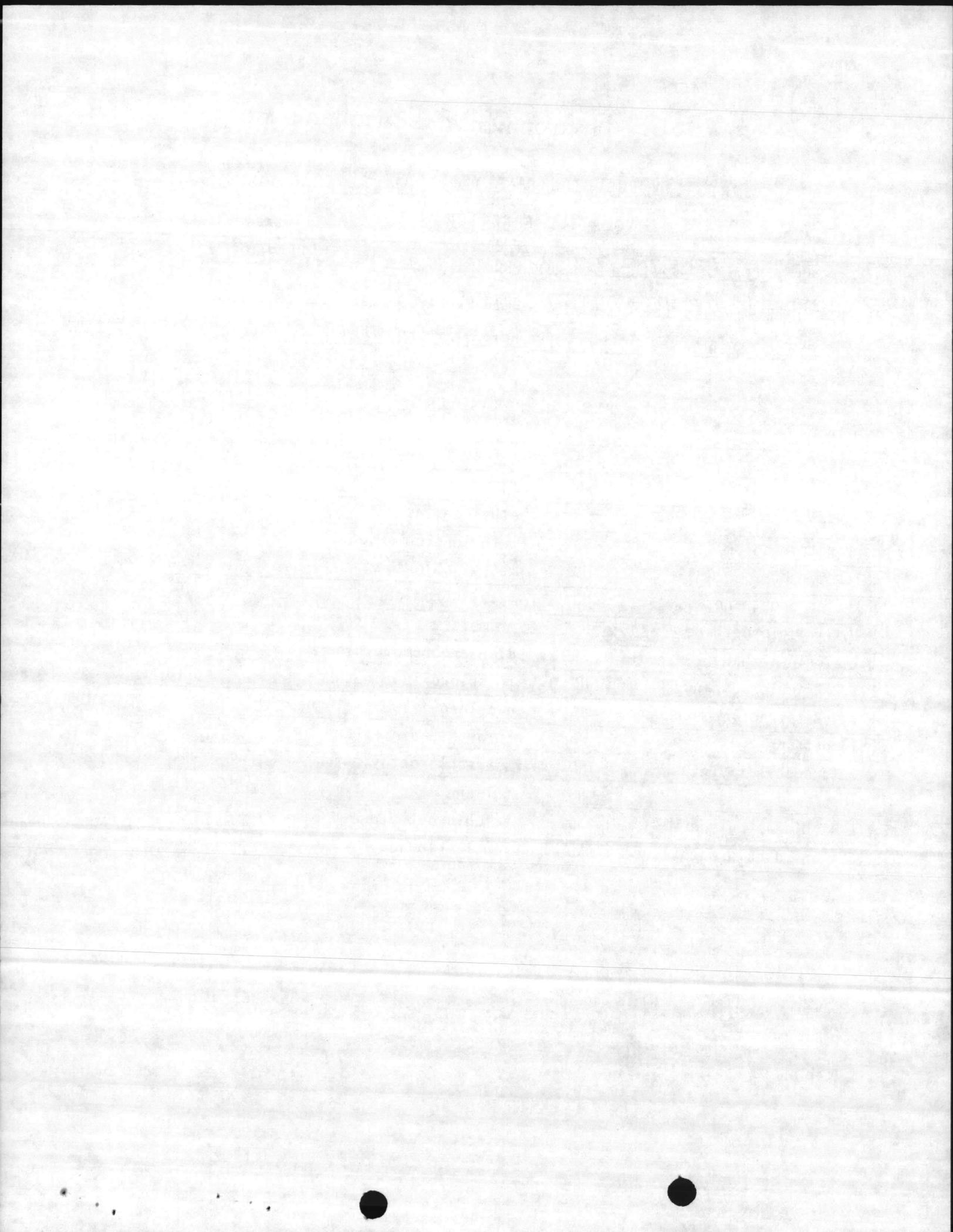
PARAMETER	RESULT ug/L	PARAMETER	RESULT ug/L
acrolein	ND	1,2-dichloropropane	ND
acrylonitrile	ND	1,3-dichloropropylene	ND
benzene	540 <del>ND</del>	ethylbenzene	110* <del>ND</del>
carbon tetrachloride	ND	methylene chloride	ND
chlorobenzene	ND	methyl chloride	ND
1,2-dichloroethane	ND	methyl bromide	ND
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 available

ND = NOT DETECTED

\* = BELOW DETECTION LIMIT

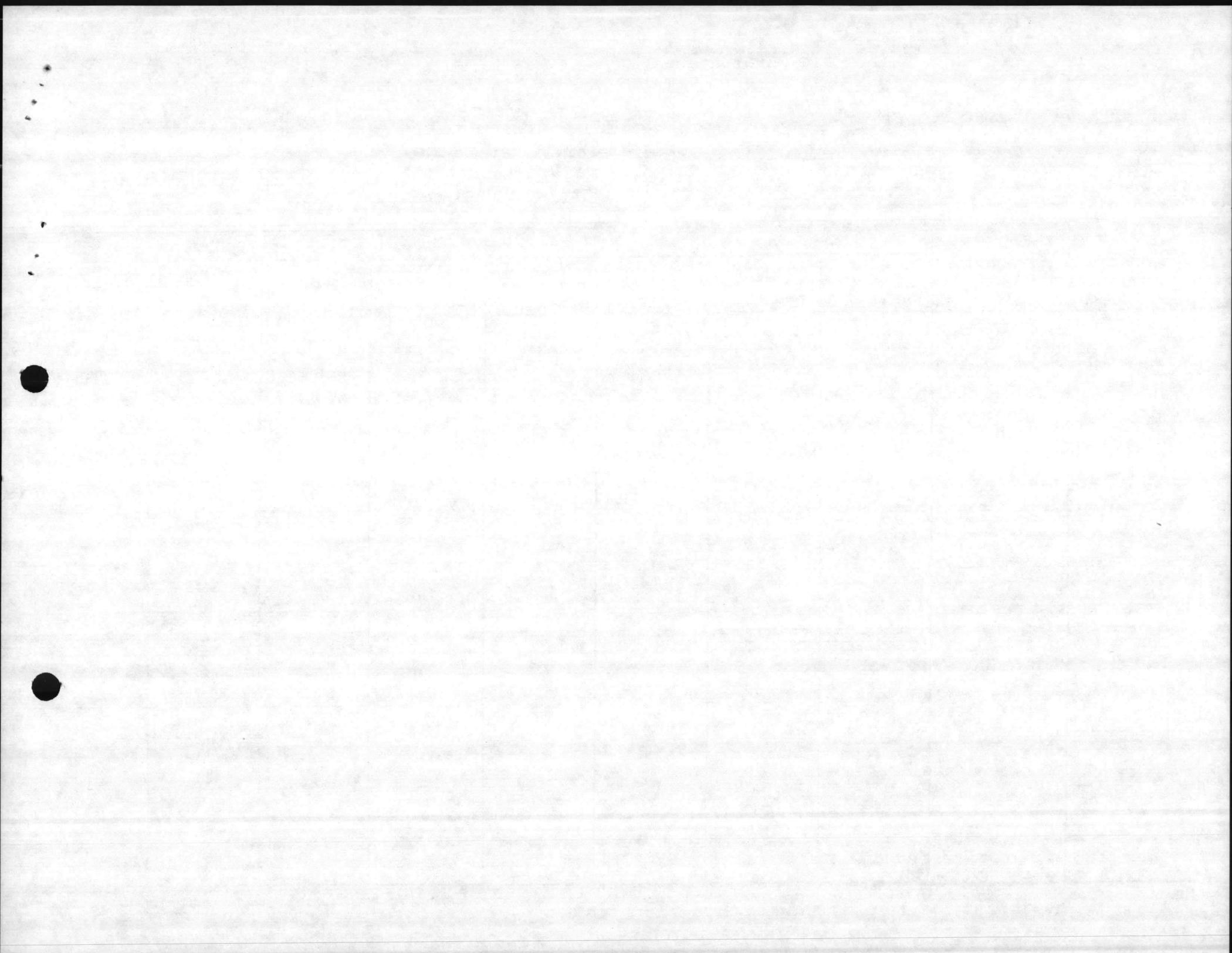


JTC Environmental Consultants, Inc.

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 ug/L	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



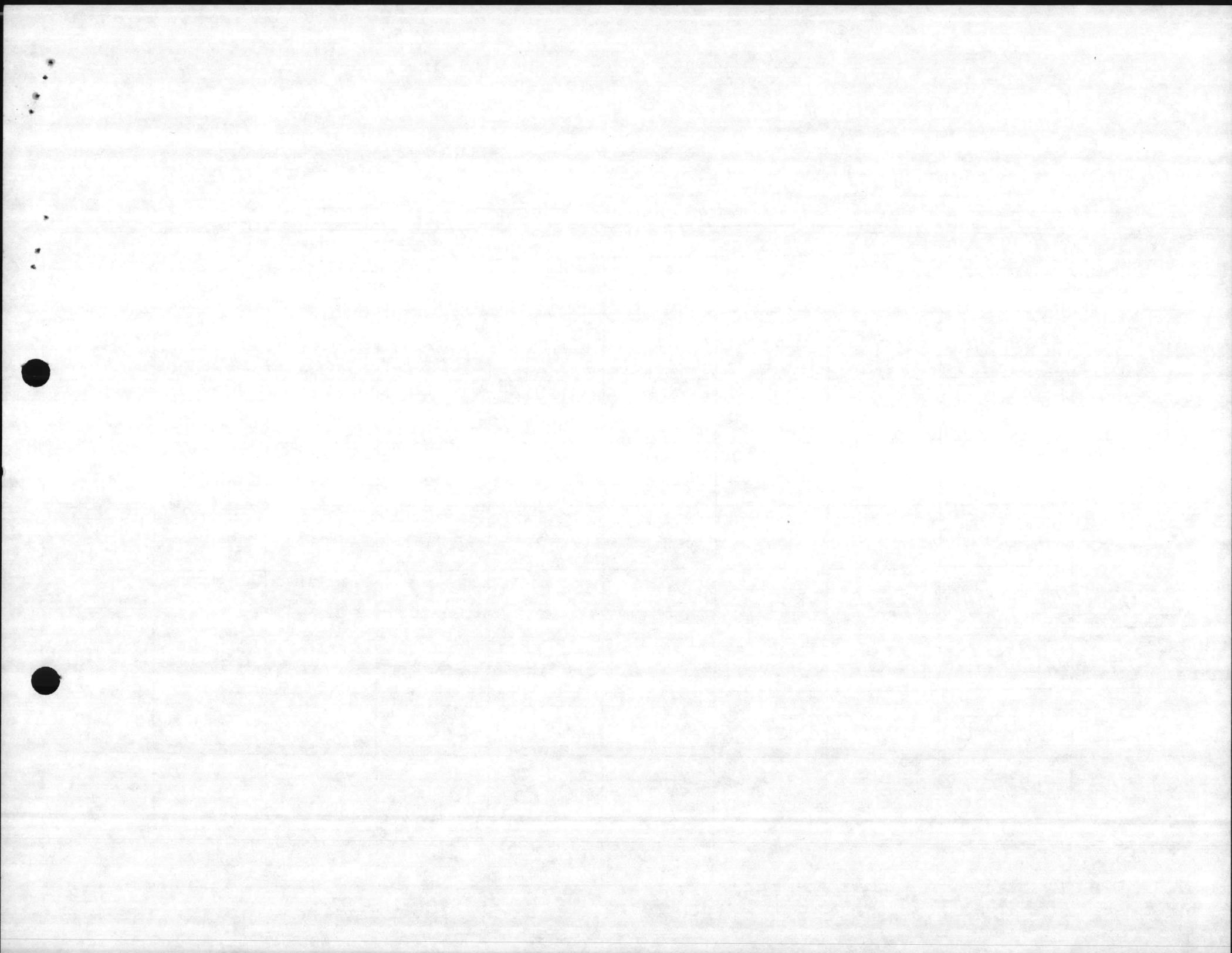
## JTC Environmental Consultants, Inc.

Location: Camp Kejelune 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	1.6	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		

NA - not available, results will be reported in a report addendum



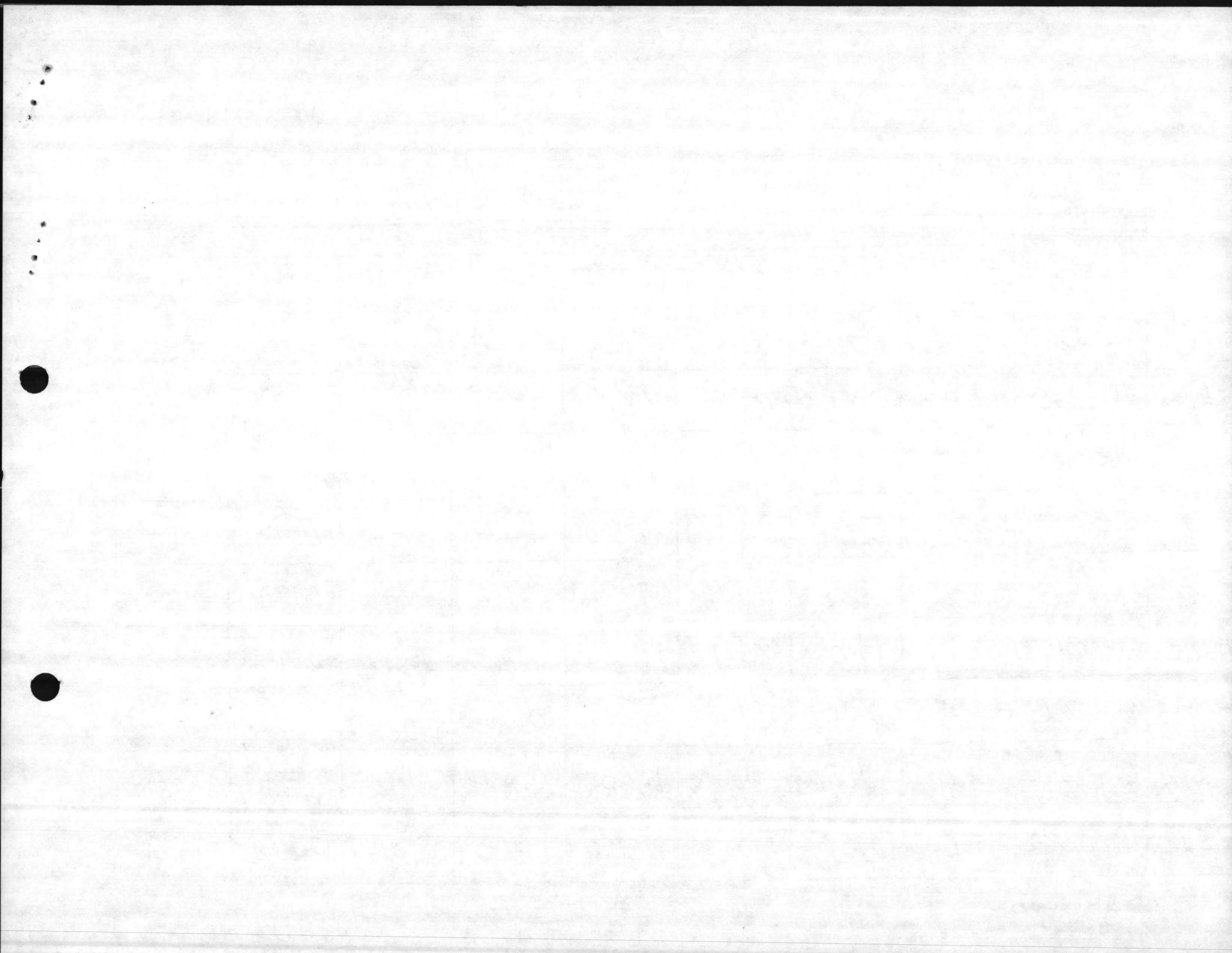
Location: Camp Lejeune Date of Receipt: 6-5-87 Turnaround: routine  
 Date: 7-6-87 Case No. 42 to Naval Facilities Engineering Command, Norfolk, Virginia  
 Data Report No. 87-247 Table 1

Oil Phase

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

N.O. = not observed

\* sample consisted of only one oil layer



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:

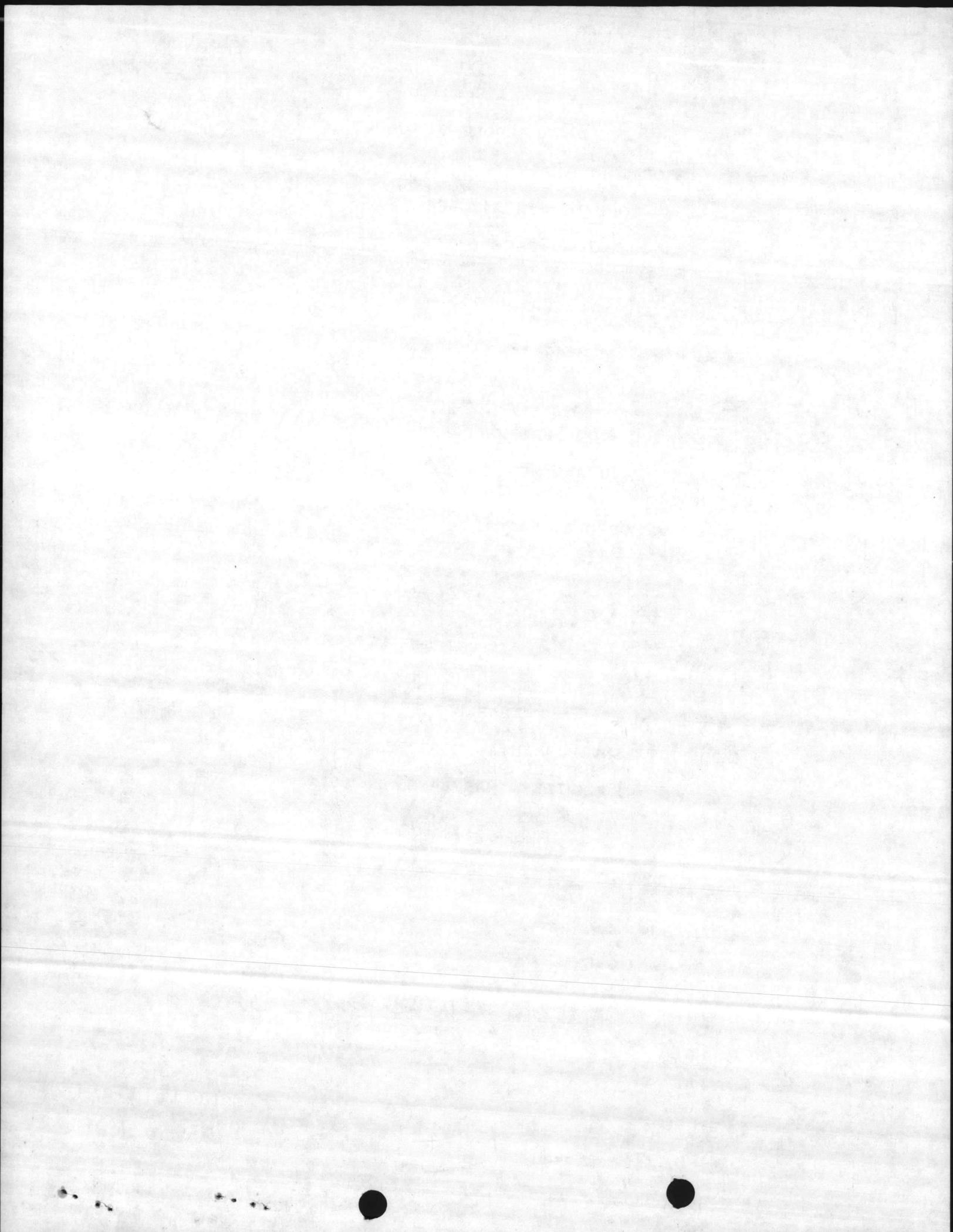
JTC ENVIRONMENTAL CONSULTANTS, INC.  
4 RESEARCH PLACE, SUITE L-10  
ROCKVILLE, MARYLAND 20850

JULY 6, 1987

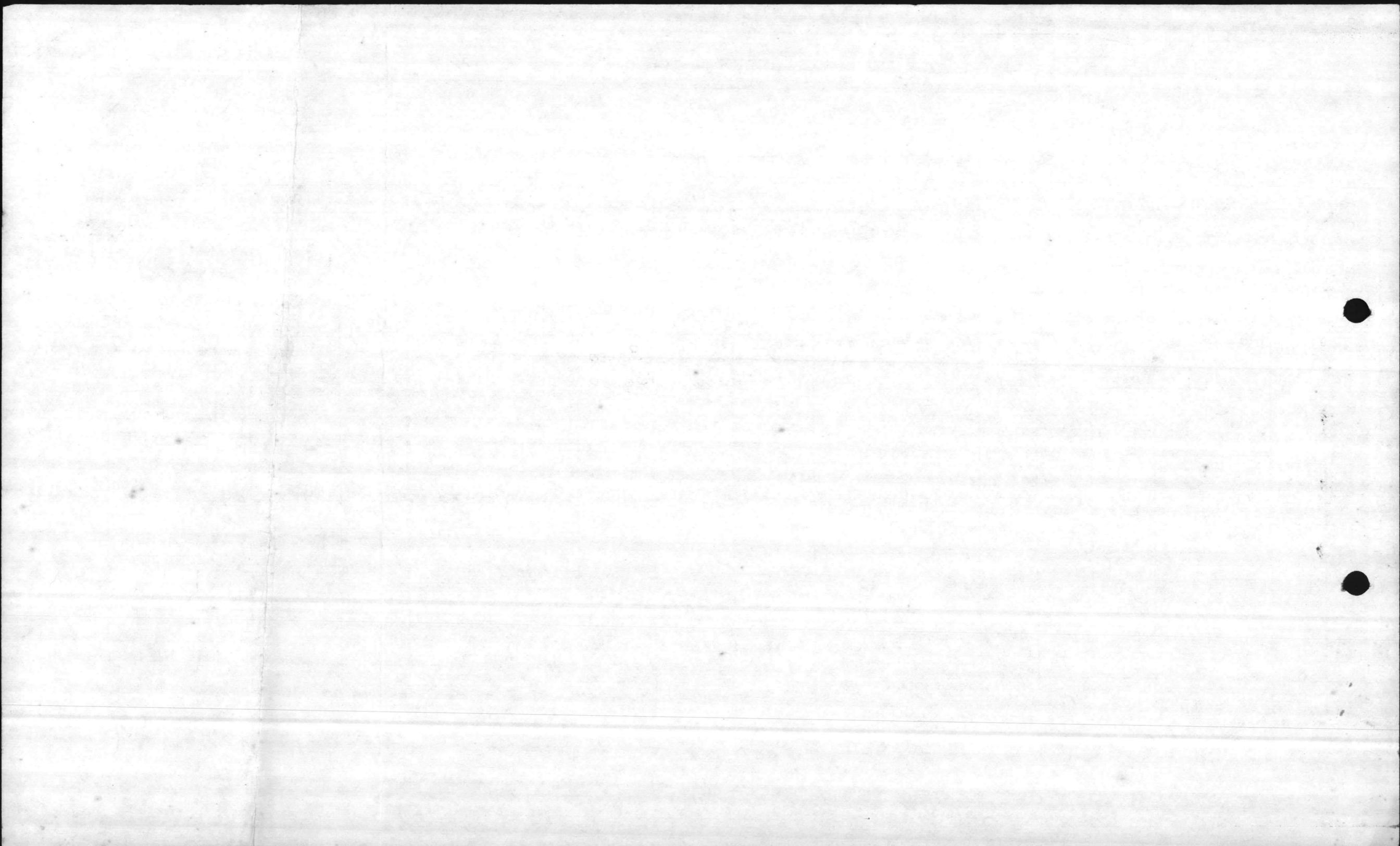
*Ann E Rosecrance*

Ann E. Rosecrance  
Laboratory Director

ENCLOSURE (1)







COLLECTION SUMMARY REPORT	CONTRACT NO. <b>DLA 200-87-D-0045</b>	DELIVERY ORDER NO. <b>0062</b>
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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 COLLECTION SITE	1. Actual location of chemicals <b>Marie Coops Air Station</b>	2. RIC <b>S4-2014</b>
	<b>Camp Lejeune, NC. TANK-120</b>	3. Accountable DRMO <b>Lejeune</b>

**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
	1		

C. EVALUATION OF CONTRACTOR'S PERFORMANCE	1. Date of contractor arrival <b>11-06-87</b>	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 <b>11-06-87</b>			
		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	1		

D. DOCUMENTATION RECEIVED <small>Check each document received by PDO for filing</small>	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 <b>DRMO Camp Lejeune, NC</b>	3. COR signature <i>Lawrence R. Hunter</i>
2. Printed or typed name of COR <b>Hunter Lawrence R.</b>	4. Date this report submitted <b>11-06-87</b>

DLA 200-87-11-0045

F



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

Bureau of Waste Management
P. O. Box 2063
Harrisburg, PA 17120

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

ER-SWM-51.REV. 6/87

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

UNIFORM HAZARDOUS WASTE MANIFEST form with sections for generator information, transporter information, waste descriptions, and certifications. Includes handwritten entries for generator name (New River Air Station), transporter (Oldover Corp.), and waste details (Waste Oil, NOS).

Vertical text on the left margin: In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343

GENERATOR

TRANSPORTER

FACILITY

Vertical text on the right margin: PAB 4632294

# INSTRUCTIONS FOR COMPLETION OF THE PA HAZARDOUS WASTE MANIFEST

— Please read these instructions before completing this form —

## GENERAL INFORMATION

This Hazardous Waste Manifest consists of eight copies. As the Manifest is completed the copies are removed from back to front.

For interstate shipments, the copies of the manifest shall be distributed as indicated at the bottom of each copy.

For shipments within Pennsylvania, the Generator shall retain Copies 3, 4, and 8. The TSD Facility shall retain Copies 1, 2, and 6.

If there are more than four different waste streams in a shipment, except for lab packs, complete another Manifest. If there are more than two transporters or if the waste is a lab pack, use the Uniform Hazardous Waste Manifest Continuation Sheet. Continuation Sheets may be purchased commercially.

If you have any questions concerning the completion of this Manifest, call 717-787-6239.

**NOTE:** For interstate shipments you may be required to supply additional information regarding the completion of lettered Items A through K. Please check with both the Generator and Destination States for specific requirements.

## GENERATOR

- Item 1.** Generator's US EPA ID No. - Enter the twelve digit US EPA Identification Number. Manifest Document No. - The generator must assign a unique five digit number.
- Item 2.** Page 1 of \_\_\_ - Enter the total number of pages used to complete this Manifest including the first page plus the number of Continuation Sheets, if any.
- Item 3.** Generator's Name and Mailing Address - Enter the complete name of the generator and the complete mailing address. The address should be the location that will manage the returned Manifest forms.
- Item A.** State Manifest Document Number - This Number is preprinted; do not alter it. This Number must be placed in item L of each continuation sheet.
- Item B.** State Gen. ID - Not required for PA Generators. See Note (above).
- Item 4.** Generator's Phone Number - Enter the area code and telephone number where an authorized agent of the Generator may be contacted.
- Item 5.** Transporter 1 Company Name - Enter the complete company name of the first transporter who will transport the waste.
- Item 6.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the transporter identified in Item 5.
- Item C.** State Trans. ID - Enter the Hazardous Waste Transporter License No. issued by PA Dept. of Environmental Resources. See Note (above).
- Item D.** Transporter's Phone - Enter the area code and telephone number where an authorized agent of the Transporter may be contacted.
- Item 7.** Transporter 2 Company Name - If applicable, see Item 5.
- Item 8.** US EPA ID Number - If applicable, see Item 6.
- Item E.** State Trans. ID - If applicable, see Item C.
- Item F.** Transporter's Phone - If applicable, see Item D.
- Item 9.** Designated Facility Name and Site Address - Enter the complete company name and complete site address of the facility designated to receive the waste listed on this Manifest. The address must be the site address, which may differ from the mailing address.
- Item 10.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the Designated Facility.
- Item G.** State Facility's ID - Not Required.
- Item H.** Facility's Phone - Enter the area code and phone number where an authorized agent of the Designated Facility may be contacted.
- Item 11.** US DOT Description [Including Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number)] - Enter the US DOT Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number) for each waste as identified in 49 CFR 171 through 177.
- Item 12.** Containers (No. and Type) - Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.
- Item 13.** Total Quantity - Enter the total quantity of each waste. **Do not use decimals or fractions.**
- Item 14.** Unit (Wt/Vol) - Enter the appropriate abbreviation from Table II (below) for the unit of measure.

**Table I — Types of Containers**

DM = Metal drums, barrels, kegs	DT = Dump truck
DW = Wooden drums, barrels, kegs	CY = Cylinders
DF = Fiberboard or plastic drums, barrels, kegs	CM = Metal boxes, cartons, cases (including roll-offs)
TP = Tanks portable	CW = Wooden boxes, cartons, cases
TT = Cargo tanks (tank trucks)	CF = Fiber or plastic boxes, cartons, cases
TC = Tank cars	BA = Burlap, cloth, paper or plastic bags

**Table II — Units of Measure**

G = Gallons (liquids only)	L = Liters (liquids only)
P = Pounds	K = Kilograms
T = Tons (2000 lbs)	M = Metric tons (1000 kg)
Y = Cubic yards	N = Cubic meters

- Item I.** Waste No. - Enter the Hazardous Waste No. of the waste or wastes. Refer to Section 75.261 of the Department's Regulations. See Note (above). If a waste is not hazardous in PA but regulated by another State, enter that State's waste code. Also, enter in Item J, "This waste is not a hazardous waste according to PA law."
- Item J.** Additional Descriptions for Materials Listed Above (include physical state and hazard code) - Enter the physical state of each waste (S-solid, L-liquid, SL-sludge or G-gas) and the hazard code or codes that correspond to the Hazardous Waste No. (I-ignitable, C-corrosive, R-reactive, E-EP toxic, H-acute hazardous, and T-toxic). See Note (above).
- Item K.** Handling Codes for Wastes Listed Above - Not required for PA Generators. See Note (above).
- Item 15.** Special Handling Instructions and Additional Information - Use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. For international shipments, enter the point of departure (City and State).
- Item 16.** Generator's Certification - Read and sign by hand the certification statement. Enter the date the waste was shipped. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below the certification statement.

## TRANSPORTER

- Item 17.** Transporter 1 Acknowledgement of Receipt of Materials - Print or type the name of the person accepting the waste on behalf of the transporter. Sign and enter the date of receipt.
- Item 18.** Transporter 2 Acknowledgement of Receipt of Materials - If applicable, see Item 17.

## DESIGNATED FACILITY

- Item 19.** Discrepancy Indication Space - The Designated Facility's authorized representative must note in this space any significant discrepancy between the waste described on the Manifest and the waste actually received.
- Item 20.** Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. Sign and enter the date of receipt.



ER-SWM-51-REV. 6/87

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

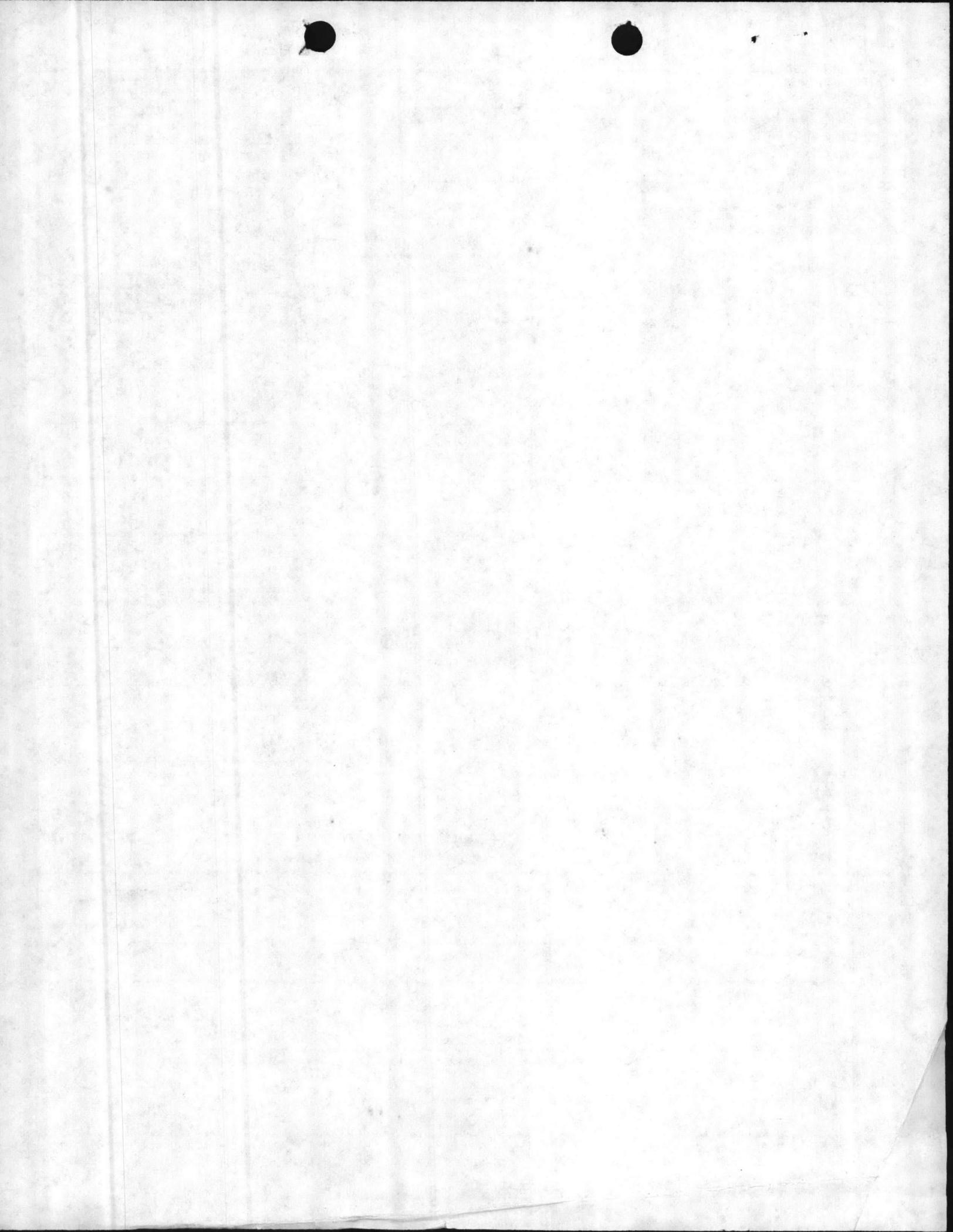
<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. N.C.B. 170022B-7.0115-009		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law but is required by State law.					
3. Generator's Name and Mailing Address New River Air Station C/O Marine Corps Base Camp Lejeune, NC 28542 PH 919 451-5613						A. State Manifest Document Number PAB 4632294							
5. Transporter 1 Company Name Oldover Corp.						6. US EPA ID Number A.D.O. 4.01-59-13.6		C. State Trans. ID PA-AH					
7. Transporter 2 Company Name						8. US EPA ID Number		D. Transporter's Phone 804 798-7891					
9. Designated Facility Name and Site Address Oldover Corp. Rt #2, Aqueduct Rd Newwood, N.C. 28128						10. US EPA ID Number C.D.O. 0.0-773655		E. State Trans. ID PA-AH					
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>RD Waste Oil, NOS</b> Combustible Liquid <b>UN 1970</b>						FOO1 D001		22.00		G		FOO1 D001	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)						K. Handling Codes for Wastes Listed Above							
Haz. Code		Physical State		Haz. Code		Physical State		a. SOL		c. SOL			
a. ITT		L CLIN		c. CLIN		CLIN		b. SOL		d. SOL			
b. CLIN		CLIN		d. CLIN		CLIN							
15. Special Handling Instructions and Additional Information						DLA200-87-D-0045 # 0062							
a. Oil with freon						d							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name HUNTER L.E.						Signature <i>L. E. Hunter</i>			Month Day Year 11 06 87				
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>Frank Dennis Jr</i>			Month Day Year 11 06 87				
Printed/Typed Name Frank Dennis Jr						Signature			Month Day Year				
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature			Month Day Year				
Printed/Typed Name						Signature			Month Day Year				
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.													
Printed/Typed Name						Signature			Month Day Year				

GENERATOR

TRANSPORTER

FACILITY

PAB 4632294



4

# FILE COPY

AS 009

## DELIVERY ORDER INVENTORY (NON PCB)

## PICKUP REPORT

GENERATOR <i>Maxine Camp Base</i>		EPA NUMBER <i>NC 8170022570</i>	AWARDED CONTRACT NUMBER <i>87-0045</i>	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE	
COMPLETE ADDRESS <i>Camp Maxine NC 28542</i>		DRMO <i>Leisure</i>	CONTRACT NUMBER <i>87-D-0045</i>	DELIVERY ORDER NUMBER <i>0062</i>	
COR <i>Geo. Engert</i>		PICKUP LOCATION <i>New River Air Station</i>	AUTHORIZED TRANSPORTER NAME <i>Oldover Corp</i>	EPA NUMBER <i>VA D040159436</i>	
COMMERCIAL PHONE NUMBER <i>919-451-5613/5652</i>		AUTOVON PHONE NUMBER <i>484-5613/5652</i>	TSDF NAME <i>Oldover Corp</i>	EPA NUMBER <i>NC D000773655</i>	
GENERATOR REQUEST NUMBER <i>L016</i>		RIC CODE <i>SWA</i>	AUTHORIZED TRANSPORTER SIGNATURE <i>Frank Dennis Jr</i>		
DATE SENT TO CONTRACTING <i>10-6-87</i>		DATE RECEIVED BY CONTRACTING <i>10-6-87</i>			AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR) <i>Laurie B. Hunter</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	15 DATE PICKED UP DDMMYY
		LSN	DODAAC	DATE	SERIAL	DRUM NUMBER		QUANTITY	UNIT							QUANTITY	UNIT		
4742	00 AA	9150 00	M93182	7274	0003	Waste oil	above of tank	tank	AS-420	30,000	gal	2.70	81,000.00	F001	2200	G	PAB436221	11-06-87	
4742	10 AB	9150 00	M93182	7274	0004	Waste oil	above of tank	tank	AS-421	30,000	gal	2.70	81,000.00	D001					
													19,200.00						



**COLLECTION SUMMARY REPORT**

CONTRACT NO.

DELIVERY ORDER NO.

0062

Please complete this form and submit it to the DPDS Contracting Officer within ten (10) working days from the time that the contractor leaves the collection site. The address of the DPDS 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 <i>Marine Corps Air Station</i>	2. RIC <i>SY-2014</i>
	<i>Camp Lejeune, NC</i> <i>TANK # 120</i>	3. Accountable DPDO <i>LEJEUNE</i>

B. DESCRIPTION OF MISCELLANEOUS CHEMICALS COLLECTED. (Attach copy of DD-250 or DPDS-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

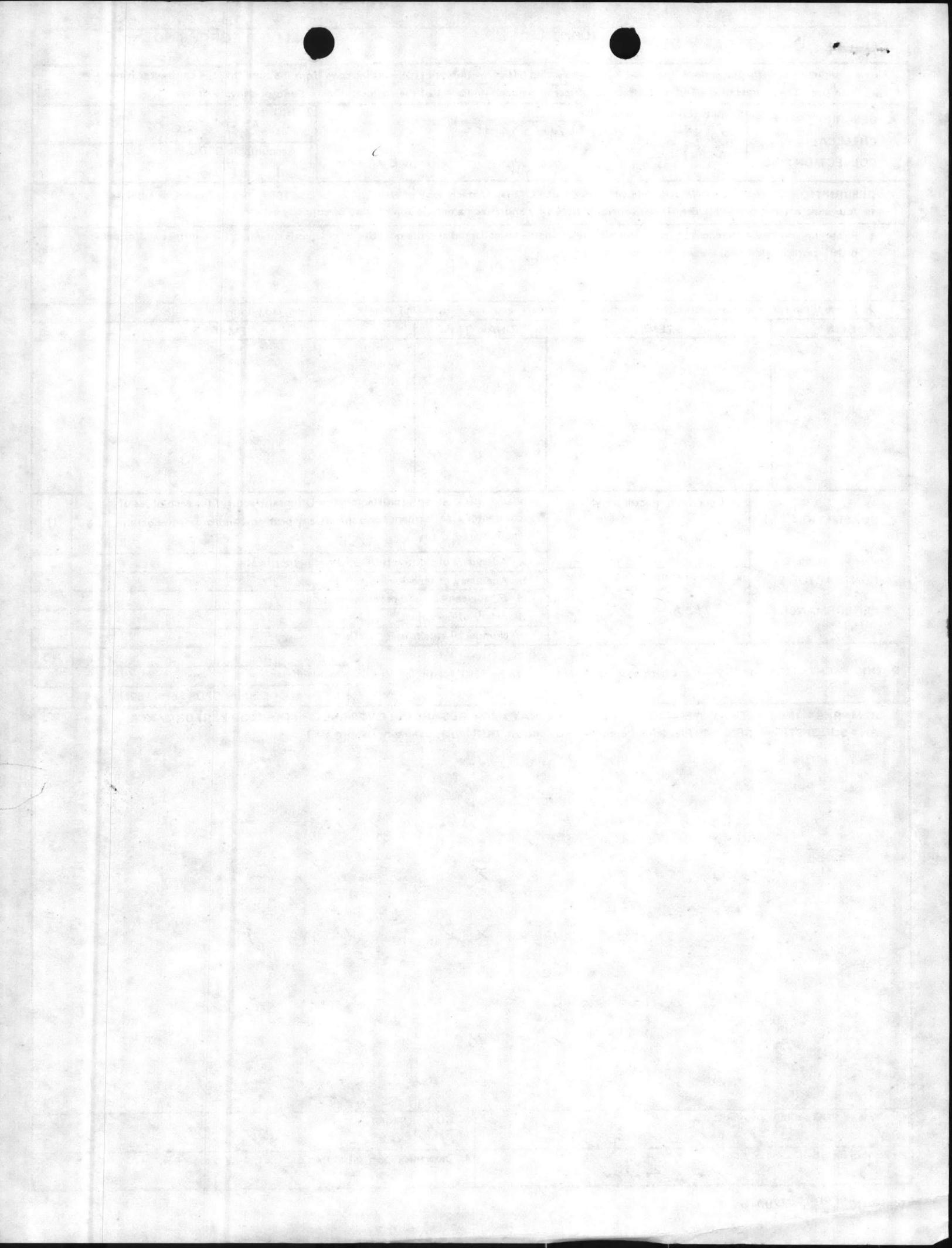
C. EVALUATION OF CONTRACTOR'S PERFORMANCE	1. Date of contractor arrival <i>11-05-87</i>	3. Please check either S (satisfactory) or U (unsatisfactory) for each phase of contractor's performance and specify any problems and/or positive actions encountered, if any.	S	U
	2. Date of contractor departure <i>11-05-87</i>			
		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	<i>2</i>		

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

a. Manifest	YES	NO
b. Form DD 250 (or DPDS 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 <i>Demo Camp Lejeune NC</i>	3. COR Signature <i>Lawrence E. Hunter</i>
2. Printed or typed name of COR <i>LAWRENCE E. HUNTER</i>	4. Date this report submitted <i>11-05-87</i>





PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

Bureau of Waste Management
P. O. Box 2063
Harrisburg, PA 17120

Form approved:
OMB No. 2050-0039
Expires 9-30-88

ER-SWM-51:REV. 6/87

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

UNIFORM HAZARDOUS WASTE MANIFEST form with sections for generator information, transporter information, container descriptions, and certifications. Includes handwritten entries for generator name (New River Air Station), transporter (Oldover Corporation), and waste description (RQ Waste Oil n o s Combustible Liquid NA1270).

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343

GENERATOR

TRANSPORTER

FACILITY

PAB 4632025

# INSTRUCTIONS FOR COMPLETION OF THE PA HAZARDOUS WASTE MANIFEST

— Please read these instructions before completing this form —

## GENERAL INFORMATION

This Hazardous Waste Manifest consists of eight copies. As the Manifest is completed the copies are removed from back to front.

For interstate shipments, the copies of the manifest shall be distributed as indicated at the bottom of each copy.

For shipments within Pennsylvania, the Generator shall retain Copies 3, 4, and 8. The TSD Facility shall retain Copies 1, 2, and 6.

If there are more than four different waste streams in a shipment, except for lab packs, complete another Manifest. If there are more than two transporters or if the waste is a lab pack, use the Uniform Hazardous Waste Manifest Continuation Sheet. Continuation Sheets may be purchased commercially.

If you have any questions concerning the completion of this Manifest, call 717-787-6239.

**NOTE:** For interstate shipments you may be required to supply additional information regarding the completion of lettered Items A through K. Please check with both the Generator and Destination States for specific requirements.

## GENERATOR

- Item 1.** Generator's US EPA ID No. - Enter the twelve digit US EPA Identification Number. Manifest Document No. - The generator must assign a unique five digit number.
- Item 2.** Page 1 of \_\_\_ - Enter the total number of pages used to complete this Manifest including the first page plus the number of Continuation Sheets, if any.
- Item 3.** Generator's Name and Mailing Address - Enter the complete name of the generator and the complete mailing address. The address should be the location that will manage the returned Manifest forms.
- Item A.** State Manifest Document Number - This Number is preprinted; do not alter it. This Number must be placed in item L of each continuation sheet.
- Item B.** State Gen. ID - Not required for PA Generators. See Note (above).
- Item 4.** Generator's Phone Number - Enter the area code and telephone number where an authorized agent of the Generator may be contacted.
- Item 5.** Transporter 1 Company Name - Enter the complete company name of the first transporter who will transport the waste.
- Item 6.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the transporter identified in Item 5.
- Item C.** State Trans. ID - Enter the Hazardous Waste Transporter License No. issued by PA Dept. of Environmental Resources. See Note (above).
- Item D.** Transporter's Phone - Enter the area code and telephone number where an authorized agent of the Transporter may be contacted.
- Item 7.** Transporter 2 Company Name - If applicable, see Item 5.
- Item 8.** US EPA ID Number - If applicable, see Item 6.
- Item E.** State Trans. ID - If applicable, see Item C.
- Item F.** Transporter's Phone - If applicable, see Item D.
- Item 9.** Designated Facility Name and Site Address - Enter the complete company name and complete site address of the facility designated to receive the waste listed on this Manifest. The address must be the site address, which may differ from the mailing address.
- Item 10.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the Designated Facility.
- Item G.** State Facility's ID - Not Required.
- Item H.** Facility's Phone - Enter the area code and phone number where an authorized agent of the Designated Facility may be contacted.
- Item 11.** US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number)) - Enter the US DOT Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number) for each waste as identified in 49 CFR 171 through 177.
- Item 12.** Containers (No. and Type) - Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.
- Item 13.** Total Quantity - Enter the total quantity of each waste. **Do not use decimals or fractions.**
- Item 14.** Unit (Wt/Vol) - Enter the appropriate abbreviation from Table II (below) for the unit of measure.

**Table I — Types of Containers**

<b>DM</b> = Metal drums, barrels, kegs	<b>DT</b> = Dump truck
<b>DW</b> = Wooden drums, barrels, kegs	<b>CY</b> = Cylinders
<b>DF</b> = Fiberboard or plastic drums, barrels, kegs	<b>CM</b> = Metal boxes, cartons, cases (including roll-offs)
<b>TP</b> = Tanks portable	<b>CW</b> = Wooden boxes, cartons, cases
<b>TT</b> = Cargo tanks (tank trucks)	<b>CF</b> = Fiber or plastic boxes, cartons, cases
<b>TC</b> = Tank cars	<b>BA</b> = Burlap, cloth, paper or plastic bags

**Table II — Units of Measure**

<b>G</b> = Gallons (liquids only)	<b>L</b> = Liters (liquids only)
<b>P</b> = Pounds	<b>K</b> = Kilograms
<b>T</b> = Tons (2000 lbs)	<b>M</b> = Metric tons (1000 kg)
<b>Y</b> = Cubic yards	<b>N</b> = Cubic meters

- Item I.** Waste No. - Enter the Hazardous Waste No. of the waste or wastes. Refer to Section 75.261 of the Department's Regulations. See Note (above). If a waste is not hazardous in PA but regulated by another State, enter that State's waste code. Also, enter in Item J, "This waste is not a hazardous waste according to PA law."
- Item J.** Additional Descriptions for Materials Listed Above (include physical state and hazard code) - Enter the physical state of each waste (S-solid, L-liquid, SL-sludge or G-gas) and the hazard code or codes that correspond to the Hazardous Waste No. (I-ignitable, C-corrosive, R-reactive, E-EP toxic, H-acute hazardous, and T-toxic). See Note (above).
- Item K.** Handling Codes for Wastes Listed Above - Not required for PA Generators. See Note (above).
- Item 15.** Special Handling Instructions and Additional Information - Use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. For international shipments, enter the point of departure (City and State).
- Item 16.** Generator's Certification - Read and sign by hand the certification statement. Enter the date the waste was shipped. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below the certification statement.

## TRANSPORTER

- Item 17.** Transporter 1 Acknowledgement of Receipt of Materials - Print or type the name of the person accepting the waste on behalf of the transporter. Sign and enter the date of receipt.
- Item 18.** Transporter 2 Acknowledgement of Receipt of Materials - If applicable, see Item 17.

## DESIGNATED FACILITY

- Item 19.** Discrepancy Indication Space - The Designated Facility's authorized representative must note in this space any significant discrepancy between the waste described on the Manifest and the waste actually received.
- Item 20.** Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. Sign and enter the date of receipt.



**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES**  
 Bureau of Waste Management  
 P. O. Box 2063  
 Harrisburg, PA 17120

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

ER-SWM-51:REV. 6/87

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

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>N.C.8.1.7.0.0.2.2.5.7.9</b>		Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law but is required by State law.		
		3. Generator's Name and Mailing Address <b>New River Air Station ZMarine Corps Base Camp LEJuene, NC 28542</b>				A. State Manifest Document Number <b>PAB 4632025</b>		
4. Generator's Phone ( 919 ) 451 5613				B. State Gen. ID <b>SAME</b>				
5. Transporter 1 Company Name <b>OLIVIER CORPORATION</b>		6. US EPA ID Number <b>VA.D.040.15.943.6</b>		C. State Trans. ID <b>PA-AH</b>				
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone ( )				
9. Designated Facility Name and Site Address <b>OLIVIER CORPORATION RT 2 OLD AGUADALE RD MORWOOD, N.C. 28128</b>		10. US EPA ID Number <b>N.C.D00.0.9.736.5</b>		E. State Trans. ID <b>PA-AH</b>				
				F. Transporter's Phone ( 804 ) 778-1781				
				G. State Facility's ID <b>Not Required</b>				
				H. Facility's Phone ( 704 ) 474-5597				
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. RQ Waste Oil nos Combustible LIquid NA1270				D001 F001	0 0 1 T T	58.0.0	G	F 0 0 1 D. 0 0 1
b.								
c.								
d.								
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)				K. Handling Codes for Wastes Listed Above				
Haz. Code		Physical State		Haz. Code		Physical State		
a. IIT	L	CLIN4742		c.				
b.				d.				
15. Special Handling Instructions and Additional Information <b>DLA200-87-D-0045 #0062</b>								
a. oil with Freon								
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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>Monte, L.F.</b>				Signature <i>Lawrence B. Monte</i>		Month Day Year <b>11 05 87</b>		
17. Transporter 1 Acknowledgement of Receipt of Materials								
Printed/Typed Name <b>Glen A. THOMPSON</b>				Signature <i>Glen A. Thompson</i>		Month Day Year <b>11 05 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		



FILE COPY

AS 007

DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <i>Marine Camp Base</i>				EPA NUMBER <i>NC 8170022570</i>				AWARDED CONTRACT NUMBER <i>87-0045</i>				SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE					
COMPLETE ADDRESS <i>Camp Dupine, NC 28542</i>				DRMO <i>Leflore</i>				CONTRACT NUMBER <i>87-D-0045</i>				DELIVERY ORDER NUMBER <i>0062</i>					
COR <i>Geo. E. Co. 212</i>				PICKUP LOCATION <i>New River Air Station</i>				AUTHORIZED TRANSPORTER NAME <i>Oldover Corporation</i>				EPA NUMBER <i>VA 040159436</i>					
COMMERCIAL PHONE NUMBER <i>919-451-5613/5652</i>				AUTOVON PHONE NUMBER <i>484-5613/5652</i>				TSD NAME <i>Oldover Agade</i>				EPA NUMBER <i>NC 0007 7350</i>					
GENERATOR REQUEST NUMBER <i>L016</i>				RIC CODE <i>SWA</i>				AUTHORIZED TRANSPORTER SIGNATURE <i>Glenn E. Thompson</i>				AUTHORIZED CONTRACTING OFFICER REPRESENTATIVE (COR) <i>Thomas E. Ruster</i>					
DATE SENT TO CONTRACTING <i>10-6-87</i>				DATE RECEIVED BY CONTRACTING <i>10-6-87</i>													
1	2	3	4			5	6	7	8	9	10	11	12	13		14	15
CLIN	SUFFIX	NSN LSN	DODAAC	DATE	SERIAL	ITEM NAME US DOT DESCRIPTION	STORAGE CONTAINER DRUM NUMBER	STORAGE LOCATION	QUANTITY	UNIT	PRICE	AMOUNT	EPA WASTE CODE	QUANTITY	UNIT	PICKUP MANIFEST NUMBER LINE CODE	DATE PICKED UP DDMMYY
4742	00 AA	9150 00 waste oil	M93182	7274	0003	Waste oil	above of tank	Tank AS-420	30,000	gal	2.70	81,000.00	F001 D001	5800	GL	PAB 4632025	11-5-87
4742	10 AB	9150 00 waste oil	M93182	7274	0004	Waste oil	above of tank	Tank AS-421	30,000	gal	2.70	81,000.00 10,200.00					

// FILE COPY

Direct Corporation 4040 10 14 52  
Direct Agency 4040 10 14 52

*[Handwritten signature]*

4040 10 14 52



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

Bureau of Waste Management  
P. O. Box 2063  
Harrisburg, PA 17120

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

ER-SWM-51:REV. 6/87

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. N.C.8.1.7.0.0.22579		Manifest Document No. AS007		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.			
3. Generator's Name and Mailing Address New River Air Station Marine Corps Case Camp LEJEune NC 28542						A. State Manifest Document Number PAB 4632014					
4. Generator's Phone (919) 451 5613x						B. State Gen. ID SAME					
5. Transporter 1 Company Name DIDOVER CORPORATION				6. US EPA ID Number V.A.D.0.4.0.1.5.9.4.3.6		C. State Trans. ID PA-AH					
7. Transporter 2 Company Name						D. Transporter's Phone (804) 748-7981					
9. Designated Facility Name and Site Address DIDOVER CORPORATION RT. 2 OLD AQUADALE RD NORWOOD, NC 28128						10. US EPA ID Number N.C.D.0.0.7.7.3.6.5.5		E. State Trans. ID PA-AH			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol	15. Waste No.
a. RQ Waste oil n o s Combustible Liquid NA1270						No. Type 0 0 1 T T		5.8.0.0		G	F 0 0 1 D O X 0 1
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)						K. Handling Codes for Wastes Listed Above					
a. [I] [T] [L] CLIN4742		c. [ ] [ ] [ ] [ ]		a.		c.					
b. [ ] [ ] [ ] [ ]		d. [ ] [ ] [ ] [ ]		b.		d.					
15. Special Handling Instructions and Additional Information a. oil with Freon						DLA DLA200-87-D-0045 #0062					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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, LAWRENCE E.				Signature Lawrence E. Hunter		Month Day Year 11 05 87					
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name BENJY EDWARDS				Signature Benjy Edwards		Month Day Year 11 05 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				Signature		Month Day Year					

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343

GENERATOR

TRANSPORTER

FACILITY

PAB 4632014

# INSTRUCTIONS FOR COMPLETION OF THE PA HAZARDOUS WASTE MANIFEST

—Please read these instructions before completing this form—

## GENERAL INFORMATION

This Hazardous Waste Manifest consists of eight copies. As the Manifest is completed the copies are removed from back to front.

For interstate shipments, the copies of the manifest shall be distributed as indicated at the bottom of each copy.

For shipments within Pennsylvania, the Generator shall retain Copies 3, 4, and 8. The TSD Facility shall retain Copies 1, 2, and 6.

If there are more than four different waste streams in a shipment, except for lab packs, complete another Manifest. If there are more than two transporters or if the waste is a lab pack, use the Uniform Hazardous Waste Manifest Continuation Sheet. Continuation Sheets may be purchased commercially.

If you have any questions concerning the completion of this Manifest, call 717-787-6239.

**NOTE:** For interstate shipments you may be required to supply additional information regarding the completion of lettered Items A through K. Please check with both the Generator and Destination States for specific requirements.

## GENERATOR

- Item 1.** Generator's US EPA ID No. - Enter the twelve digit US EPA Identification Number. Manifest Document No. - The generator must assign a unique five digit number.
- Item 2.** Page 1 of \_\_\_ - Enter the total number of pages used to complete this Manifest including the first page plus the number of Continuation Sheets, if any.
- Item 3.** Generator's Name and Mailing Address - Enter the complete name of the generator and the complete mailing address. The address should be the location that will manage the returned Manifest forms.
- Item A.** State Manifest Document Number - This Number is preprinted; do not alter it. This Number must be placed in item L of each continuation sheet.
- Item B.** State Gen. ID - Not required for PA Generators. See Note (above).
- Item 4.** Generator's Phone Number - Enter the area code and telephone number where an authorized agent of the Generator may be contacted.
- Item 5.** Transporter 1 Company Name - Enter the complete company name of the first transporter who will transport the waste.
- Item 6.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the transporter identified in Item 5.
- Item C.** State Trans. ID - Enter the Hazardous Waste Transporter License No. issued by PA Dept. of Environmental Resources. See Note (above).
- Item D.** Transporter's Phone - Enter the area code and telephone number where an authorized agent of the Transporter may be contacted.
- Item 7.** Transporter 2 Company Name - If applicable, see Item 5.
- Item 8.** US EPA ID Number - If applicable, see Item 6.
- Item E.** State Trans. ID - If applicable, see Item C.
- Item F.** Transporter's Phone - If applicable, see Item D.
- Item 9.** Designated Facility Name and Site Address - Enter the complete company name and complete site address of the facility designated to receive the waste listed on this Manifest. The address must be the site address, which may differ from the mailing address.
- Item 10.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the Designated Facility.
- Item G.** State Facility's ID - Not Required.
- Item H.** Facility's Phone - Enter the area code and phone number where an authorized agent of the Designated Facility may be contacted.
- Item 11.** US DOT Description [Including Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number)] - Enter the US DOT Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number) for each waste as identified in 49 CFR 171 through 177.
- Item 12.** Containers (No. and Type) - Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.
- Item 13.** Total Quantity - Enter the total quantity of each waste. **Do not use decimals or fractions.**
- Item 14.** Unit (Wt/Vol) - Enter the appropriate abbreviation from Table II (below) for the unit of measure.

**Table I — Types of Containers**

DM = Metal drums, barrels, kegs	DT = Dump truck
DW = Wooden drums, barrels, kegs	CY = Cylinders
DF = Fiberboard or plastic drums, barrels, kegs	CM = Metal boxes, cartons, cases (including roll-offs)
TP = Tanks portable	CW = Wooden boxes, cartons, cases
TT = Cargo tanks (tank trucks)	CF = Fiber or plastic boxes, cartons, cases
TC = Tank cars	BA = Burlap, cloth, paper or plastic bags

**Table II — Units of Measure**

G = Gallons (liquids only)	L = Liters (liquids only)
P = Pounds	K = Kilograms
T = Tons (2000 lbs)	M = Metric tons (1000 kg)
Y = Cubic yards	N = Cubic meters

- Item I.** Waste No. - Enter the Hazardous Waste No. of the waste or wastes. Refer to Section 75.261 of the Department's Regulations. See Note (above). If a waste is not hazardous in PA but regulated by another State, enter that State's waste code. Also, enter in Item J, "This waste is not a hazardous waste according to PA law."
- Item J.** Additional Descriptions for Materials Listed Above (include physical state and hazard code) - Enter the physical state of each waste (S-solid, L-liquid, SL-sludge or G-gas) and the hazard code or codes that correspond to the Hazardous Waste No. (I-ignitable, C-corrosive, R-reactive, E-EP toxic, H-acute hazardous, and T-toxic). See Note (above).
- Item K.** Handling Codes for Wastes Listed Above - Not required for PA Generators. See Note (above).
- Item 15.** Special Handling Instructions and Additional Information - Use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. For international shipments, enter the point of departure (City and State).
- Item 16.** Generator's Certification - Read and sign by hand the certification statement. Enter the date the waste was shipped. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below the certification statement.

## TRANSPORTER

- Item 17.** Transporter 1 Acknowledgement of Receipt of Materials - Print or type the name of the person accepting the waste on behalf of the transporter. Sign and enter the date of receipt.
- Item 18.** Transporter 2 Acknowledgement of Receipt of Materials - If applicable, see Item 17.

## DESIGNATED FACILITY

- Item 19.** Discrepancy Indication Space - The Designated Facility's authorized representative must note in this space any significant discrepancy between the waste described on the Manifest and the waste actually received.
- Item 20.** Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. Sign and enter the date of receipt.



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

Bureau of Waste Management  
P. O. Box 2063  
Harrisburg, PA 17120

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

ER-SWM-51-REV. 6/87

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

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. N.C.8.1.7.0.0.2.2.5.7.9		Manifest Document No. #50087		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.					
3. Generator's Name and Mailing Address New River Air Station ZMarine Corps Case Camp LEJEune NC 28542						A. State Manifest Document Number PAB 4632014							
4. Generator's Phone (919) 451 5613x						B. State Gen. ID SAME							
5. Transporter 1 Company Name DIDOVER CORPORATION			6. US EPA ID Number V.A.D.040.159436			C. State Trans. ID PA-AH							
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone (804) 798-7981							
9. Designated Facility Name and Site Address DIDOVER CORPORATION RT. 2 OLD AQUADALE RD NORWOOD, NC 28128						10. US EPA ID Number N.C.D000773.655							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. RQ Waste oil n o s Combustible Liquid NA1270						No. Type 0 0 1 T T		5.8.0.0		G		F 0 0 1 D 0 X 0 1	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)						K. Handling Codes for Wastes Listed Above							
Haz. Code		Physical State		Haz. Code		Physical State		a.		c.			
a. I T		L		CLIN4742									
b.													
c.													
d.													
15. Special Handling Instructions and Additional Information						RAE DLA200-87-D-0045 #0062							
a. oil with Freon													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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 Maurice B. Hunter						Signature Maurice B. Hunter						Month Day Year 11 15 87	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name BENJY EDWARDS						Signature Benjy Edwards						Month Day Year 11 05 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						Signature						Month Day Year	



12  
FILE COPY

AS009

DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <i>Marine Camp Area</i>	EPA NUMBER <i>NC 8170022570</i>	AWARDED CONTRACT NUMBER <i>87-0045</i>	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE	
COMPLETE ADDRESS <i>Camp Ripino, N.C. 28542</i>	DRMO <i>Leferne</i>	CONTRACT NUMBER <i>87-D-0045</i>	DELIVERY ORDER NUMBER <i>0062</i>	
COR <i>Geo. Everett</i>	PICKUP LOCATION <i>New River Air Station</i>	AUTHORIZED TRANSPORTER NAME <i>O'DOVER CORP</i>	EPA NUMBER <i>VAD040159436</i>	
COMMERCIAL PHONE NUMBER <i>919-451-5613/5652</i>	AUTOVON PHONE NUMBER <i>484-5613/5652</i>	TSD NAME <i>O'DOVER - Aquadale</i>	EPA NUMBER <i>NC D000773655</i>	
GENERATOR REQUEST NUMBER <i>L016</i>	RIC CODE <i>SWA</i>	AUTHORIZED TRANSPORTER SIGNATURE <i>Erin Edwards</i>		
DATE SENT TO CONTRACTING <i>10-6-87</i>	DATE RECEIVED BY CONTRACTING <i>10-6-87</i>	AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR) <i>Dwaine B. Nantz</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		
4742	00	AA	4150 00 waste oil	M93182	7274	0003	Waste oil	above of tank	2 tank	AS-420	30,000	gl	2.70	81,000.00					
4742	10	AB	4150 00 waste oil	M93182	7274	0004	Waste oil	above of tank	2 tank	AS-421	30,000	gl	2.70	81,000.00 @ 10.2,000.00	Fool 2001	5,800	GL	VAB 4632014	11-5-87

5  
FILE COPY

EXAMER COPY  
BANKER - TRUSTEE OF TRUST

TRUST COMPANY

TRUST COMPANY

TRUST COMPANY

AS 006

COLLECTION SUMMARY REPORT

CONTRACT NO.

DELIVERY ORDER NO.

0062

Please complete this form and submit it to the DPDS Contracting Officer within ten (10) working days from the time that the contractor leaves the collection site. The address of the DPDS 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 <i>New River Air Station</i>	2. RIC <i>SY-2014</i>
	<i>Camp Lejeune, NC</i> <i>TANK # 21</i>	3. Accountable DPDO <i>LEJEUNE</i>

B. DESCRIPTION OF MISCELLANEOUS CHEMICALS COLLECTED. (Attach copy of DD-250 or DPDS-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 <i>11-04-87</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.	S	U	
	2. Date of contractor departure <i>11-04-87</i>		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	<i>2</i>			

D. DOCUMENTATION RECEIVED	Check each document received by PDO for filing	a. Manifest	✓	
		b. Form DD 250 (or DPDS 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 <i>Demo Camp Lejeune, NC</i>	3. COR Signature <i>Lawrence E. Hunter</i>
2. Printed or typed name of COR <i>Lawrence E. Hunter</i>	4. Date this report submitted <i>11-04-87</i>





PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

Bureau of Waste Management

P. O. Box 2063

Harrisburg, PA 17120

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

ER-SWM-51:REV. 6/87

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. NC 81700 2 2 5 7 0		Manifest Document No. AS006		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.									
3. Generator's Name and Mailing Address New River Air Station Marine Corps Base Camp LeJeune NC 28542						A. State Manifest Document Number PAB 4632036											
4. Generator's Phone (919) 451 5613						B. State Gen. ID SAME											
5. Transporter 1 Company Name OIDOVER CORPORATION			6. US EPA ID Number V.A.D.0.4.0.1.5.9.436			C. State Trans. ID PA-AH											
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 804 798-7981											
9. Designated Facility Name and Site Address OIDOVER CORPORATION RT 2 Oid Aqueduct RD NORWOOD, NC 28128						E. State Trans. ID PA-AH											
10. US EPA ID Number N.C.D.O.O.0.7.7.3655						F. Transporter's Phone ( )											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. RQ Waste Oil n o s Combustible Liquid NA1270 D001 F001						No. Type 0 0 1 T T		5.8.0.0		G		F 0 0 1 D 0 0 1					
b.																	
c.																	
d.																	
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)						K. Handling Codes for Wastes Listed Above											
Haz. Code		Physical State		Haz. Code		Physical State		a.		c.							
a. I T		L		CLIN4742													
b.				d.				b.		d.							
15. Special Handling Instructions and Additional Information a. oil with Freon						DLA200-87-D-0045 #0062											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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.F.						Signature <i>L.F. Hunter</i>				Month Day Year 10 04 87							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name BENJY EDWARDS				Signature <i>Benjy Edwards</i>				Month Day Year 11 04 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						Signature				Month Day Year							

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343

GENERATOR

TRANSPORTER

FACILITY

PAB 4632036

# INSTRUCTIONS FOR COMPLETION OF THE PA HAZARDOUS WASTE MANIFEST

—Please read these instructions before completing this form—

## GENERAL INFORMATION

This Hazardous Waste Manifest consists of eight copies. As the Manifest is completed the copies are removed from back to front.

For interstate shipments, the copies of the manifest shall be distributed as indicated at the bottom of each copy.

For shipments within Pennsylvania, the Generator shall retain Copies 3, 4, and 8. The TSD Facility shall retain Copies 1, 2, and 6.

If there are more than four different waste streams in a shipment, except for lab packs, complete another Manifest. If there are more than two transporters or if the waste is a lab pack, use the Uniform Hazardous Waste Manifest Continuation Sheet. Continuation Sheets may be purchased commercially.

If you have any questions concerning the completion of this Manifest, call 717-787-6239.

**NOTE:** For interstate shipments you may be required to supply additional information regarding the completion of lettered Items A through K. Please check with both the Generator and Destination States for specific requirements.

## GENERATOR

- Item 1.** Generator's US EPA ID No. - Enter the twelve digit US EPA Identification Number. Manifest Document No. - The generator must assign a unique five digit number.
- Item 2.** Page 1 of \_\_\_ - Enter the total number of pages used to complete this Manifest including the first page plus the number of Continuation Sheets, if any.
- Item 3.** Generator's Name and Mailing Address - Enter the complete name of the generator and the complete mailing address. The address should be the location that will manage the returned Manifest forms.
- Item A.** State Manifest Document Number - This Number is preprinted; do not alter it. This Number must be placed in item L of each continuation sheet.
- Item B.** State Gen. ID - Not required for PA Generators. See Note (above).
- Item 4.** Generator's Phone Number - Enter the area code and telephone number where an authorized agent of the Generator may be contacted.
- Item 5.** Transporter 1 Company Name - Enter the complete company name of the first transporter who will transport the waste.
- Item 6.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the transporter identified in Item 5.
- Item C.** State Trans. ID - Enter the Hazardous Waste Transporter License No. issued by PA Dept. of Environmental Resources. See Note (above).
- Item D.** Transporter's Phone - Enter the area code and telephone number where an authorized agent of the Transporter may be contacted.
- Item 7.** Transporter 2 Company Name - If applicable, see Item 5.
- Item 8.** US EPA ID Number - If applicable, see Item 6.
- Item E.** State Trans. ID - If applicable, see Item C.
- Item F.** Transporter's Phone - If applicable, see Item D.
- Item 9.** Designated Facility Name and Site Address - Enter the complete company name and complete site address of the facility designated to receive the waste listed on this Manifest. The address must be the site address, which may differ from the mailing address.
- Item 10.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the Designated Facility.
- Item G.** State Facility's ID - Not Required.
- Item H.** Facility's Phone - Enter the area code and phone number where an authorized agent of the Designated Facility may be contacted.
- Item 11.** US DOT Description [Including Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number)] - Enter the US DOT Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number) for each waste as identified in 49 CFR 171 through 177.
- Item 12.** Containers (No. and Type) - Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.
- Item 13.** Total Quantity - Enter the total quantity of each waste. **Do not use decimals or fractions.**
- Item 14.** Unit (Wt/Vol) - Enter the appropriate abbreviation from Table II (below) for the unit of measure.

**Table I — Types of Containers**

<b>DM</b> =Metal drums, barrels, kegs	<b>DT</b> =Dump truck
<b>DW</b> =Wooden drums, barrels, kegs	<b>CY</b> =Cylinders
<b>DF</b> =Fiberboard or plastic drums, barrels, kegs	<b>CM</b> =Metal boxes, cartons, cases (including roll-offs)
<b>TP</b> =Tanks portable	<b>CW</b> =Wooden boxes, cartons, cases
<b>TT</b> =Cargo tanks (tank trucks)	<b>CF</b> =Fiber or plastic boxes, cartons, cases
<b>TC</b> =Tank cars	<b>BA</b> =Burlap, cloth, paper or plastic bags

**Table II — Units of Measure**

<b>G</b> =Gallons (liquids only)	<b>L</b> =Liters (liquids only)
<b>P</b> =Pounds	<b>K</b> =Kilograms
<b>T</b> =Tons (2000 lbs)	<b>M</b> =Metric tons (1000 kg)
<b>Y</b> =Cubic yards	<b>N</b> =Cubic meters

- Item I.** Waste No. - Enter the Hazardous Waste No. of the waste or wastes. Refer to Section 75.261 of the Department's Regulations. See Note (above). If a waste is not hazardous in PA but regulated by another State, enter that State's waste code. Also, enter in Item J, "This waste is not a hazardous waste according to PA law."
- Item J.** Additional Descriptions for Materials Listed Above (include physical state and hazard code) - Enter the physical state of each waste (S-solid, L-liquid, SL-sludge or G-gas) and the hazard code or codes that correspond to the Hazardous Waste No. (I-ignitable, C-corrosive, R-reactive, E-E-P toxic, H-acute hazardous, and T-toxic). See Note (above).
- Item K.** Handling Codes for Wastes Listed Above - Not required for PA Generators. See Note (above).
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- Item 16.** Generator's Certification - Read and sign by hand the certification statement. Enter the date the waste was shipped. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below the certification statement.

## TRANSPORTER

- Item 17.** Transporter 1 Acknowledgement of Receipt of Materials - Print or type the name of the person accepting the waste on behalf of the transporter. Sign and enter the date of receipt.
- Item 18.** Transporter 2 Acknowledgement of Receipt of Materials - If applicable, see Item 17.

## DESIGNATED FACILITY

- Item 19.** Discrepancy Indication Space - The Designated Facility's authorized representative must note in this space any significant discrepancy between the waste described on the Manifest and the waste actually received.
- Item 20.** Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. Sign and enter the date of receipt.



ER-SWM-51 REV. 6/87

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

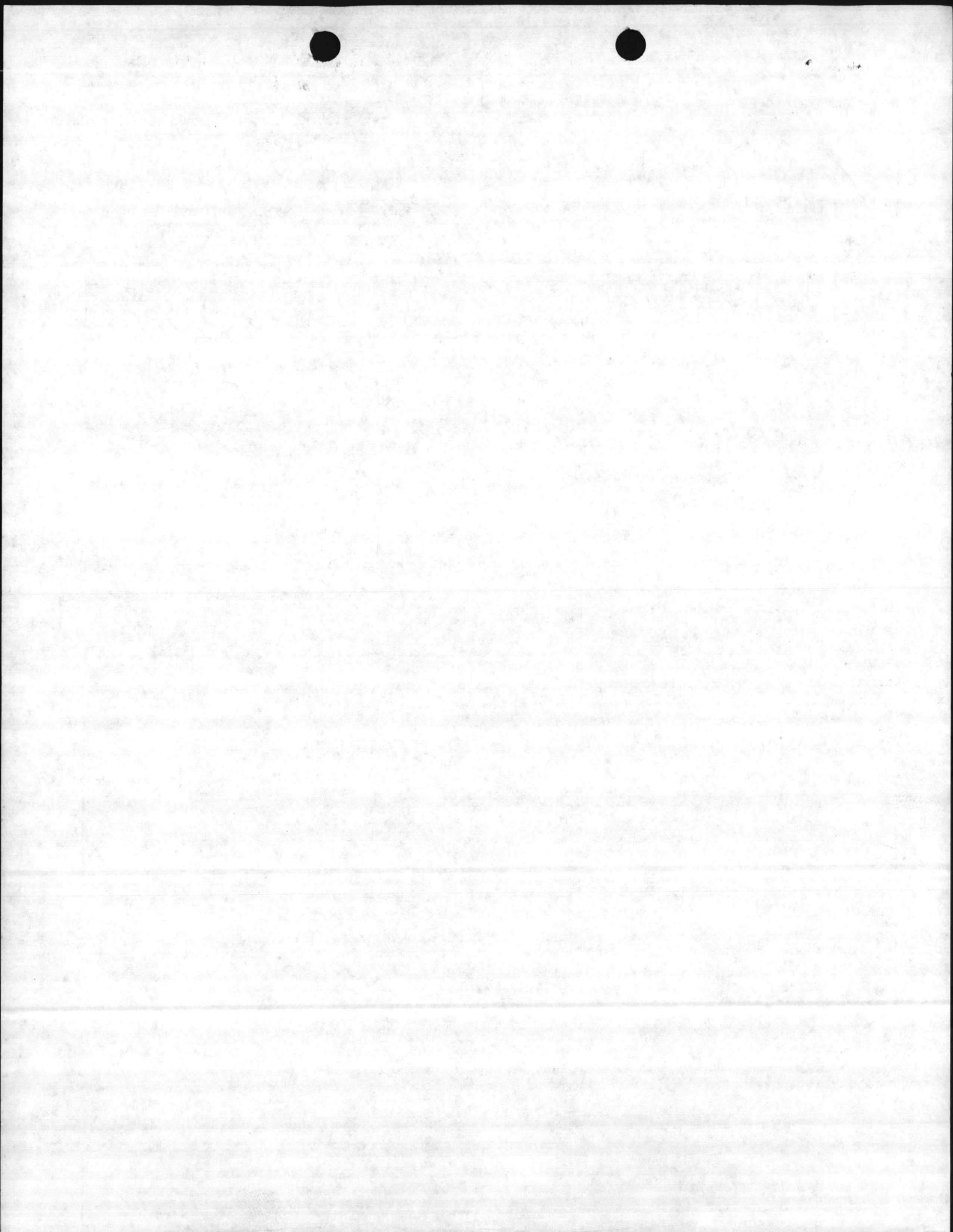
<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. NG 81700 2 2 5 7 0		Manifest Document No. 145006		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.					
3. Generator's Name and Mailing Address New River Air Station Marine Corps Base Camp LeJeune E NC 28542						A. State Manifest Document Number PAB 4632036							
4. Generator's Phone ( 919 ) 451 5613						B. State Gen. ID SAME							
5. Transporter 1 Company Name DIDOVER CORPORATION			6. US EPA ID Number V.A.D.O.4.0.1.5.9.436			C. State Trans. ID PA-AH							
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 804 798 7981							
9. Designated Facility Name and Site Address DIDOVER CORPORATION RT 2 Old Aqueduct RD HORWOOD, NC 28128						10. US EPA ID Number W.C.D.O.O.O.7.7.3655							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
a. RQ Waste Oil n o s Combustible Liquid NA1270						No. Type		5.8.0.0		G		F 0 0 1 D 0 0 1	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)						K. Handling Codes for Wastes Listed Above							
Haz. Code		Physical State		Haz. Code		Physical State		a.		c.			
a. I T		L		CLIN4742		c.							
b.				d.				b.		d.			
15. Special Handling Instructions and Additional Information a. oil with Freon						DLA200-87-D-0045 #0062							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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.F.						Signature <i>L.F. Hunter</i>			Month Day Year 11 04 87				
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>Benj Edwards</i>			Month Day Year 11 04 87				
Printed/Typed Name BENJY EDWARDS						Signature			Month Day Year				
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature			Month Day Year				
Printed/Typed Name						Signature			Month Day Year				
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature			Month Day Year				

GENERATOR

TRANSPORTER

FACILITY

PAB 4632036



DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <i>Marine Camp Base</i>	EPA NUMBER <i>NC 8170022570</i>	AWARDED CONTRACT NUMBER <i>87-0045</i>	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE	
COMPLETE ADDRESS <i>Camp Dupino NC 28542</i>	DRMO <i>Reefers</i>	CONTRACT NUMBER <i>87-D-0045</i>	DELIVERY ORDER NUMBER <i>0062</i>	
COR <i>Geo. E. Egan</i>	PICKUP LOCATION <i>New River Air Station</i>	AUTHORIZED TRANSPORTER NAME <i>OIDOVER CORP</i>	EPA NUMBER <i>VA D040159436</i>	
COMMERCIAL PHONE NUMBER <i>919-451-5613/5652</i>	AUTOVON PHONE NUMBER <i>1-84-5613/5652</i>	TSDF NAME <i>OIDOVER CORP Aquadale</i>	EPA NUMBER <i>NC D000773655</i>	
GENERATOR REQUEST NUMBER <i>L016</i>	RIC CODE <i>SWA</i>	AUTHORIZED TRANSPORTER SIGNATURE <i>Benjamin Edwards</i>		
DATE SENT TO CONTRACTING <i>10-6-87</i>	DATE RECEIVED BY CONTRACTING <i>10-6-87</i>	AUTHORIZED CONTRACTING OFFICER'S REPRESENTATIVE (COR) <i>James H. Smith</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 LINE CODE	15 DATE PICKED UP DDMMYY
			DODAAC	DATE	SERIAL		DRUM NUMBER	QUANTITY							UNIT			
4742	00 AA	9150 00 waste oil	M93182	7274	0003	Waste oil	above gr tank	Tank AS-420	30,000	gal	2.70	81,000.00	F001 D001	5,800	G	PAB 4632036	11-4-87	
4742	10 AB	9150 00 waste oil	M93182	7274	0004	Waste oil	above gr tank	Tank AS-421	30,000	gal	2.70	81,000.00 #10,200.00						

FILE COPY

1952-1953  
1954-1955

1956-1957  
1958-1959

AS-004 / AS-005  
 DELIVERY ORDER NO. 0062

**COLLECTION SUMMARY REPORT**

CONTRACT NO.

DLA 200-87-D-0045

Please complete this form and submit it to the DPDS Contracting Officer within ten (10) working days from the time that the contractor leaves the collection site. The address of the DPDS 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  
 New River Air Station Tank # 421  
 Jacksonville, NC 28544

2. RIC SY-2014  
 3. Accountable DPDO  
 Lejeune

**B. DESCRIPTION OF MISCELLANEOUS CHEMICALS COLLECTED.** (Attach copy of DD-250 or DPDS-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  
 11-03-87

2. Date of contractor departure  
 11-03-87

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
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	

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

	YES	NO
a. Manifest	✓	
b. Form DD 250 (or DPDS 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 Lejeune, NC.

2. Printed or typed name of COR  
 Lawrence E. Hunter

3. COR Signature  
*Lawrence E. Hunter*

4. Date this report submitted  
 11-03-87



1950-1951

Year 1952



# INSTRUCTIONS FOR COMPLETION OF THE PA HAZARDOUS WASTE MANIFEST

— Please read these instructions before completing this form —

## GENERAL INFORMATION

This Hazardous Waste Manifest consists of eight copies. As the Manifest is completed the copies are removed from back to front.

For interstate shipments, the copies of the manifest shall be distributed as indicated at the bottom of each copy.

For shipments within Pennsylvania, the Generator shall retain Copies 3, 4, and 8. The TSD Facility shall retain Copies 1, 2, and 6.

If there are more than four different waste streams in a shipment, except for lab packs, complete another Manifest. If there are more than two transporters or if the waste is a lab pack, use the Uniform Hazardous Waste Manifest Continuation Sheet. Continuation Sheets may be purchased commercially.

If you have any questions concerning the completion of this Manifest, call 717-787-6239.

**NOTE:** For interstate shipments you may be required to supply additional information regarding the completion of lettered Items A through K. Please check with both the Generator and Destination States for specific requirements.

## GENERATOR

- Item 1.** Generator's US EPA ID No. - Enter the twelve digit US EPA Identification Number. Manifest Document No. - The generator must assign a unique five digit number.
- Item 2.** Page 1 of \_\_\_ - Enter the total number of pages used to complete this Manifest including the first page plus the number of Continuation Sheets, if any.
- Item 3.** Generator's Name and Mailing Address - Enter the complete name of the generator and the complete mailing address. The address should be the location that will manage the returned Manifest forms.
- Item A.** State Manifest Document Number - This Number is preprinted; do not alter it. This Number must be placed in item L of each continuation sheet.
- Item B.** State Gen. ID - Not required for PA Generators. See Note (above).
- Item 4.** Generator's Phone Number - Enter the area code and telephone number where an authorized agent of the Generator may be contacted.
- Item 5.** Transporter 1 Company Name - Enter the complete company name of the first transporter who will transport the waste.
- Item 6.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the transporter identified in Item 5.
- Item C.** State Trans. ID - Enter the Hazardous Waste Transporter License No. issued by PA Dept. of Environmental Resources. See Note (above).
- Item D.** Transporter's Phone - Enter the area code and telephone number where an authorized agent of the Transporter may be contacted.
- Item 7.** Transporter 2 Company Name - If applicable, see Item 5.
- Item 8.** US EPA ID Number - If applicable, see Item 6.
- Item E.** State Trans. ID - If applicable, see Item C.
- Item F.** Transporter's Phone - If applicable, see Item D.
- Item 9.** Designated Facility Name and Site Address - Enter the complete company name and complete site address of the facility designated to receive the waste listed on this Manifest. The address must be the site address, which may differ from the mailing address.
- Item 10.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the Designated Facility.
- Item G.** State Facility's ID - Not Required.
- Item H.** Facility's Phone - Enter the area code and phone number where an authorized agent of the Designated Facility may be contacted.
- Item 11.** US DOT Description [Including Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number)] - Enter the US DOT Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number) for each waste as identified in 49 CFR 171 through 177.
- Item 12.** Containers (No. and Type) - Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.
- Item 13.** Total Quantity - Enter the total quantity of each waste. **Do not use decimals or fractions.**
- Item 14.** Unit (Wt/Vol) - Enter the appropriate abbreviation from Table II (below) for the unit of measure.

**Table I — Types of Containers**

DM = Metal drums, barrels, kegs	DT = Dump truck
DW = Wooden drums, barrels, kegs	CY = Cylinders
DF = Fiberboard or plastic drums, barrels, kegs	CM = Metal boxes, cartons, cases (including roll-offs)
TP = Tanks portable	CW = Wooden boxes, cartons, cases
TT = Cargo tanks (tank trucks)	CF = Fiber or plastic boxes, cartons, cases
TC = Tank cars	BA = Burlap, cloth, paper or plastic bags

**Table II — Units of Measure**

G = Gallons (liquids only)	L = Liters (liquids only)
P = Pounds	K = Kilograms
T = Tons (2000 lbs)	M = Metric tons (1000 kg)
Y = Cubic yards	N = Cubic meters

- Item I.** Waste No. - Enter the Hazardous Waste No. of the waste or wastes. Refer to Section 75.261 of the Department's Regulations. See Note (above). If a waste is not hazardous in PA but regulated by another State, enter that State's waste code. Also, enter in Item J, "This waste is not a hazardous waste according to PA law."
- Item J.** Additional Descriptions for Materials Listed Above (include physical state and hazard code) - Enter the physical state of each waste (S-solid, L-liquid, SL-sludge or G-gas) and the hazard code or codes that correspond to the Hazardous Waste No. (I-ignitable, C-corrosive, R-reactive, E-E-P toxic, H-acute hazardous, and T-toxic). See Note (above).
- Item K.** Handling Codes for Wastes Listed Above - Not required for PA Generators. See Note (above).
- Item 15.** Special Handling Instructions and Additional Information - Use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. For international shipments, enter the point of departure (City and State).
- Item 16.** Generator's Certification - Read and sign by hand the certification statement. Enter the date the waste was shipped. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below the certification statement.

## TRANSPORTER

- Item 17.** Transporter 1 Acknowledgement of Receipt of Materials - Print or type the name of the person accepting the waste on behalf of the transporter. Sign and enter the date of receipt.
- Item 18.** Transporter 2 Acknowledgement of Receipt of Materials - If applicable, see Item 17.

## DESIGNATED FACILITY

- Item 19.** Discrepancy Indication Space - The Designated Facility's authorized representative must note in this space any significant discrepancy between the waste described on the Manifest and the waste actually received.
- Item 20.** Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. Sign and enter the date of receipt.



**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES**  
**Bureau of Waste Management**  
 P. O. Box 2063  
 Harrisburg, PA 17120

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

ER-SWM-51:REV. 6/87

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. N.C.S. 1.7.002257		Manifest Document No. 945005		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.					
		3. Generator's Name and Mailing Address New River Air Station ZMarine Corps Base Camp LeJeune NC 28542						A. State Manifest Document Number PAB 4632051					
4. Generator's Phone ( 919 ) 451 5613						B. State Gen. ID SAME							
5. Transporter 1 Company Name Oldover Corp.			6. US EPA ID Number V.A.D.O.4.0.1.5.9.4.3.6			C. State Trans. ID PA-AH							
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone (804) 792-7961							
9. Designated Facility Name and Site Address Oldover Corp. Rt 2 Aqueduct Rd. Norwood, NC 28127			10. US EPA ID Number N.C.D.O.O.O.7.7.3.6.5.5			E. State Trans. ID PA-AH							
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. RQ Waste Oil n o s Combustibel Liquid NA1270						D001 F001		0 0 1 1 T T		6.00.0		G F 0 0 1 D 0 0 1	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)						K. Handling Codes for Wastes Listed Above							
Haz. Code		Physical State		Haz. Code		Physical State							
a. L T		L		CLIN4742		c.				a.		c.	
b.				d.						b.		d.	
15. Special Handling Instructions and Additional Information a. oil with Freon						DLA200-87-B-0045 #0062							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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 Lawrence L. Hunter				Month Day Year 11 03 87			
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name Fred Everhart						Signature Fred Everhart				Month Day Year 11 03 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						Signature				Month Day Year			

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343

GENERATOR

TRANSPORTER

FACILITY

PAB 4632051

# INSTRUCTIONS FOR COMPLETION OF THE PA HAZARDOUS WASTE MANIFEST

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## GENERATOR

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- Item 8.** US EPA ID Number - If applicable, see Item 6.
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- Item 12.** Containers (No. and Type) - Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.
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<b>TP</b> = Tanks portable	<b>CW</b> = Wooden boxes, cartons, cases
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<b>T</b> = Tons (2000 lbs)	<b>M</b> = Metric tons (1000 kg)
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## TRANSPORTER

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- Item 18.** Transporter 2 Acknowledgement of Receipt of Materials - If applicable, see Item 17.

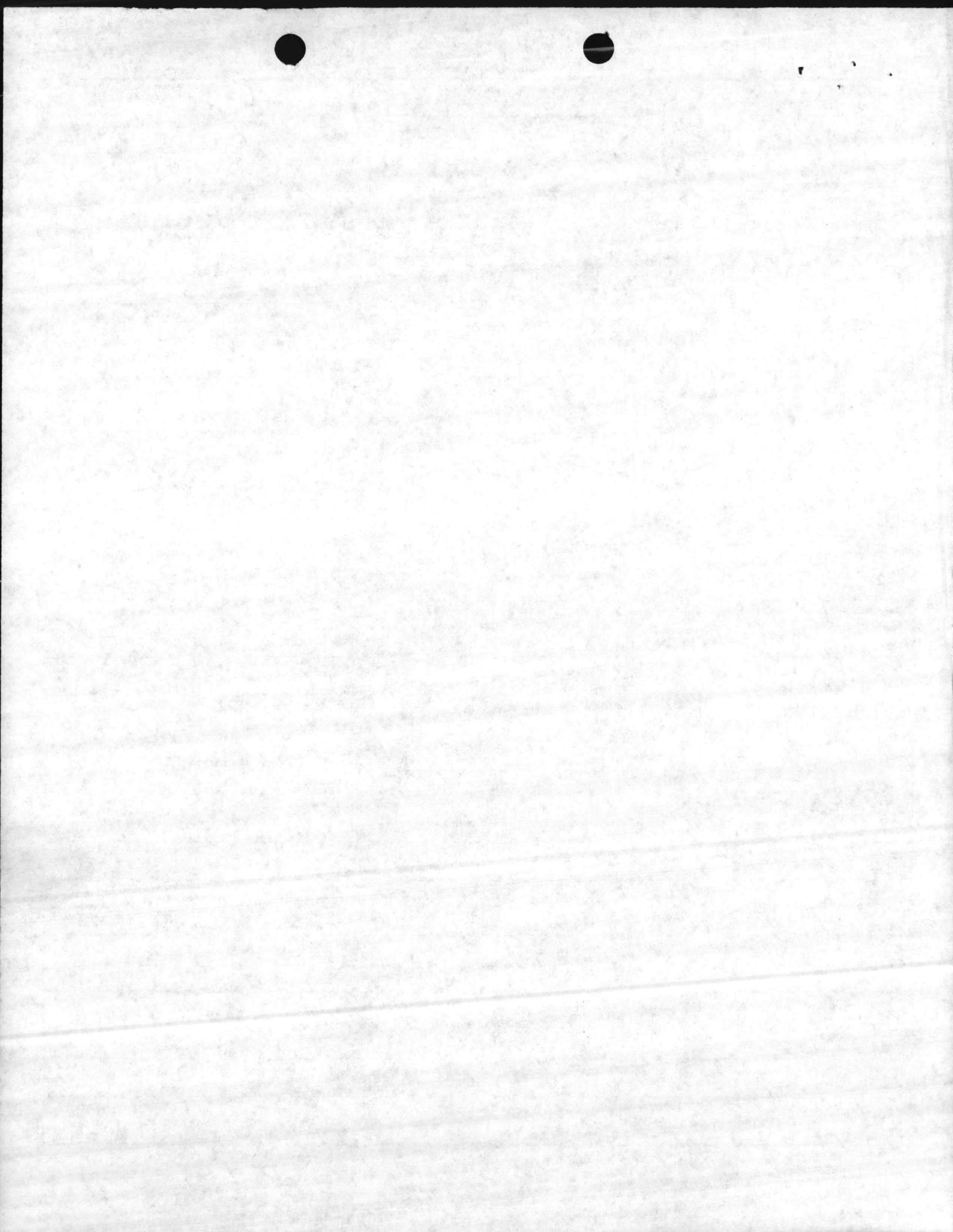
## DESIGNATED FACILITY

- Item 19.** Discrepancy Indication Space - The Designated Facility's authorized representative must note in this space any significant discrepancy between the waste described on the Manifest and the waste actually received.
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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. N.C.8.1.7.0.0.2.2.5.7		Manifest Document No. 9A5004		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.		
3. Generator's Name and Mailing Address New River Air Station Marine Corps Base Camp LEJeune NC 28542					A. State Manifest Document Number PAB 4632040					
4. Generator's Phone ( 919, 451 5613					B. State Gen. ID SAME					
5. Transporter 1 Company Name Oldover Corporation			6. US EPA ID Number V.A.D.0.4.0.1.59.43.6		C. State Trans. ID PA-AH					
7. Transporter 2 Company Name			8. US EPA ID Number		D. Transporter's Phone ( 804 798-7981					
9. Designated Facility Name and Site Address Oldover Corporation Rt # 2, Aquadale Rd. Howwood, NC 28128					10. US EPA ID Number N.C.0.0.0.7.7.36.5.5		E. State Trans. ID PA-AH			
					F. Transporter's Phone ( )			G. State Facility's ID Not Required		
					H. Facility's Phone ( 704) 474-5377					
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 Waste Oil n o s Combustible liquid NA1270 D001 F001						No. Type 0 0 1 T T		5 0 0 0	G	F 0 0 1 D 0 0 1
b.										
c.										
d.										
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)						K. Handling Codes for Wastes Listed Above				
Haz. Code		Physical State		Haz. Code		Physical State		a.		c.
a. I T		L		CLIN4742		c.				
b.				d.				b.		d.
15. Special Handling Instructions and Additional Information a. oil with Freon						DLA200-87-D-0045 #0062				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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.F.				Signature Lester				Month Day Year 1 1 87		
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name Frank Dennis Jr				Signature Frank Dennis Jr				Month Day Year 1 1 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				Signature				Month Day Year		

PAB 4632040



9 FILE COPY

DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <i>Marine Camp Base</i>		EPA NUMBER <i>NC 8170022570</i>	AWARDED CONTRACT NUMBER <i>87-0045</i>
COMPLETE ADDRESS <i>Camp Dupine NC 28542</i>		DRMO <i>Leisure</i>	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE
COR <i>Geo. Engstrom</i>		PICKUP LOCATION <i>New River Air Station</i>	CONTRACT NUMBER <i>87-D-0045</i>
COMMERCIAL PHONE NUMBER <i>419-451-5613/5652</i>		AUTOVON PHONE NUMBER <i>484-5613/5652</i>	DELIVERY ORDER NUMBER <i>0062</i>
GENERATOR REQUEST NUMBER <i>L016</i>		RIC CODE <i>SWA</i>	AUTHORIZED TRANSPORTER NAME <i>Oldover Corp</i>
DATE SENT TO CONTRACTING <i>10-6-87</i>		DATE RECEIVED BY CONTRACTING <i>10-6-87</i>	EPA NUMBER <i>VAD 040159436</i>
			EPA NUMBER <i>NC D000773655</i>
			AUTHORIZED TRANSPORTER SIGNATURE <i>Frank Dennis Jr</i>
			AUTHORIZED CONTRACTING OFFICER'S REPRESENTATIVE (COR) <i>Thomas E. 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	15 DATE PICKED UP DDMMYY
		LSN	DODAAC	DATE	SERIAL	DRUM NUMBER		QUANTITY	UNIT							QUANTITY	UNIT		
4742	00 AA	9150 00		1193182	7274	0003	Waste oil	above of tank	Tank AS-420	30,000	gl	2.70	81,000.00						
4742	10 AB	9150 00		1193182	7274	0004	Waste oil	above of tank	Tank AS-421	30,000	gl	2.70	81,000.00	D001 Fuel	5000	G	PAB 4632040	11/3/87	
													\$10,200.00						

FILE COPY

Handwritten notes in the top left corner, including the word "BROOK" and other illegible scribbles.

Handwritten notes in the middle left section, including the word "2000" and other illegible scribbles.



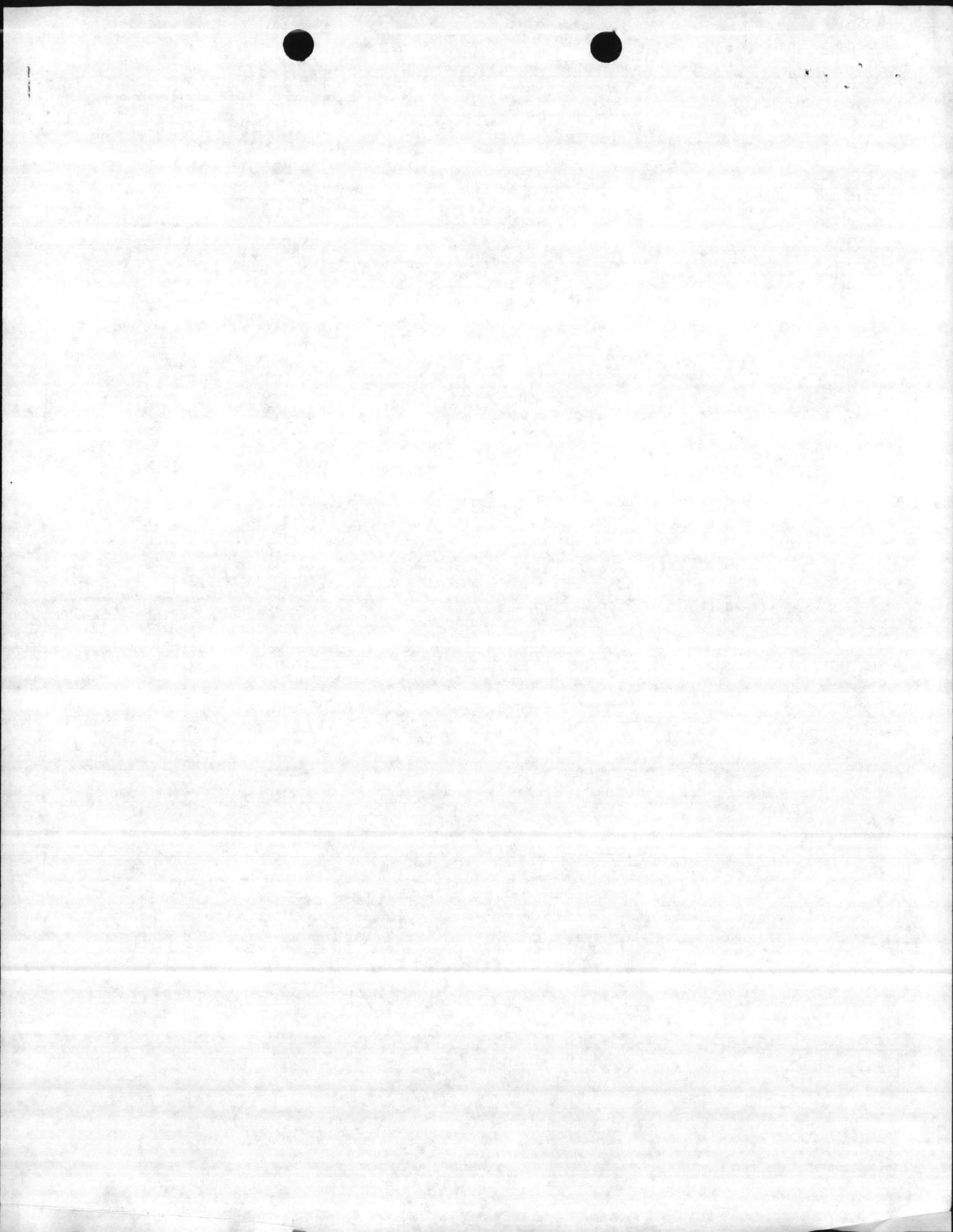
ER-SWM-51:REV. 6/97

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. N.C. 8. 1. 7. 0 0 2 2 5 7 9A5005		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.		
3. Generator's Name and Mailing Address New River Air Station Marine Corps Base Camp LeJeune NC 28542						A. State Manifest Document Number PAB 4632051				
4. Generator's Phone (919) 451 5613						B. State Gen. ID SAME				
5. Transporter 1 Company Name Oldover Corp.			6. US EPA ID Number V.A.D.O.4.0.1.5.9.4.3.6		C. State Trans. ID PA-AH					
7. Transporter 2 Company Name			8. US EPA ID Number		D. Transporter's Phone (804) 797-7921					
9. Designated Facility Name and Site Address Oldover Corp. Rt 2 Aqueduct Rd. Norwood, NC 26128						E. State Trans. ID PA-AH				
10. US EPA ID Number N.C.D.O.0.0.7.7.3.6.5.5						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. RQ Waste Oil n o s Combustibel Liquid NA1270 D001 P001						0 0 1 T T		6.000.0	G	F 0 0 1 D 0 0 1
b.						.		.	.	.
c.						.		.	.	.
d.						.		.	.	.
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)						K. Handling Codes for Wastes Listed Above				
Haz. Code		Physical State		Haz. Code		Physical State		a.		c.
a. I T		L		CLIN4742		c.		.		.
b.		.		.		d.		.		.
15. Special Handling Instructions and Additional Information a. oil with Freon						DLA200-87-B-0045 #0062				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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 10 87				
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>Fred Everhart</i>		Month Day Year 11 10 87		
Printed/Typed Name Fred Everhart						Signature				
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature				
Printed/Typed Name						Month Day Year				
19. Discrepancy Indication Space										
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.										
Printed/Typed Name				Signature		Month Day Year				

GENERATOR TRANSPORTER FACILITY

PAB 4632051



8 FILE COPY

DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <i>Marine Camp Base</i>		EPA NUMBER <i>NC 8170022570</i>	AWARDED CONTRACT NUMBER <i>87-0045</i>	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE	
COMPLETE ADDRESS <i>Camp Dupino NC 28542</i>		DRMO <i>Reelone</i>	CONTRACT NUMBER <i>87-D-0045</i>	DELIVERY ORDER NUMBER <i>0062</i>	
COR <i>Geo. Everts</i>		PICKUP LOCATION <i>Mill River Air Station</i>	AUTHORIZED TRANSPORTER NAME <i>Oldover Corp.</i>	EPA NUMBER <i>VAD040159436</i>	
COMMERCIAL PHONE NUMBER <i>419-451-5613/5652</i>		AUTOVON PHONE NUMBER <i>484-5613/5652</i>	TSDF NAME <i>Oldover Corp.</i>	EPA NUMBER <i>NC0000773655</i>	
GENERATOR REQUEST NUMBER <i>L016</i>		RIC CODE <i>SWA</i>	AUTHORIZED TRANSPORTER SIGNATURE <i>Fred Everts</i>		
DATE SENT TO CONTRACTING <i>10-6-87</i>		DATE RECEIVED BY CONTRACTING <i>10-6-87</i>	AUTHORIZED CONTRACTING OFFICER'S REPRESENTATIVE (COR) <i>James E. Hunter</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	15 DATE PICKED UP DDMMYY
		LSN	DODAAC	DATE	SERIAL	DRUM NUMBER		QUANTITY	UNIT							QUANTITY	UNIT		
4742	00 AA	9150 00		1193182	7274	0003	Waste oil	above gr tank	Tank AS-420	30,000	gal	2.70	81,000.00						
4742	10 AB	9150 00		1193182	7274	0004	Waste oil	above gr tank	Tank AS-421	30,000	gal	2.70	81,000.00	D001 F001	6000	gal	PAB 4632051 11A	11/3/87	

FILE COPY

8

Handwritten notes, possibly bleed-through from the reverse side of the page. The text is faint and difficult to decipher but appears to include words like "WORKING" and "RECORDS".

**COLLECTION SUMMARY REPORT**

**CONTRACT NO.**

DLA 200-87-D-0045

**DELIVERY ORDER NO.**

0062

Please complete this form and submit it to the DPDS Contracting Officer within ten (10) working days from the time that the contractor leaves the collection site. The address of the DPDS 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  
 NEW RIVER AIR STATION MCB  
 CAMPEJEUNE N.C. 28542  
 TANK 420 - 421

2. RIC  
 Sy2014  
 3. Accountable DPDO  
 LEJEUNE

**B. DESCRIPTION OF MISCELLANEOUS CHEMICALS COLLECTED.** (Attach copy of DD-250 or DPDS-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  
 27 OCT 87

2. Date of contractor departure  
 27 OCT 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
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		

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

	YES	NO
a. Manifest	✓	
b. Form DD 250 (or DPDS 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

LEJEUNE

3. COR signature

*George Eggers*

2. Printed or typed name of COR

GEORGE EGGERS

4. Date this report submitted

27 OCT 87

SECRET

CONFIDENTIAL - SECURITY INFORMATION

SECRET

SECRET

SECRET

SECRET

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES**  
**Bureau of Waste Management**  
 P. O. Box 2063  
 Harrisburg, PA 17120

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

ER-SWM-51:REV. 6/87

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. <b>NC-8-1-7-80 0225-0195003</b>		Manifest Document No. <b>95003</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.					
		3. Generator's Name and Mailing Address <b>New River Air Station Marine corps Base Camp LEJeune, NC 28542</b>				A. State Manifest Document Number <b>PAB 4632062</b>		B. State Gen. ID <b>SAME</b>					
4. Generator's Phone ( <b>919</b> ) <b>451 5613</b>		5. Transporter 1 Company Name <b>WASTE CONVERSION</b>		6. US EPA ID Number <b>PA-D-0-8-5-6-9-0-5-9-2</b>		C. State Trans. ID <b>PA-AH 0-1-3-9</b>		D. Transporter's Phone <b>(215) 822-8996</b>					
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address <b>WASTE CONVERSION 2869 SANDSTONE DRIVE HATFIELD PA. 19440</b>		10. US EPA ID Number <b>PA-D-0-8-5-6-9-0-5-9-2</b>		E. State Trans. ID <b>PA-AH</b>					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
										a. <b>RQ Waste Oil n o s Combustible Liquid NA1270</b>		F 0 0 1 D 0 0 1	
										b.			
										c.			
d.													
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)		K. Handling Codes for Wastes Listed Above											
a. Haz. Code <b>IT</b> Physical State <b>L</b> <b>CLIN4742</b>		c. Haz. Code Physical State		a. <b>501</b>		c.							
b.		d.		b.		d.							
15. Special Handling Instructions and Additional Information <b>DLA200-87-D-0045 #0062</b>													
a. <b>oil with Freon</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>GEORGE EGGERS</b>				Signature <i>George Eggers</i>				Month Day Year <b>10 27 87</b>					
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name <b>Brad Jensen</b>				Signature <i>Brad Jensen</i>		Month Day Year <b>10 27 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					

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343

GENERATOR

TRANSPORTER

FACILITY

PAB 4632062

# INSTRUCTIONS FOR COMPLETION OF THE PA HAZARDOUS WASTE MANIFEST

— Please read these instructions before completing this form —

## GENERAL INFORMATION

This Hazardous Waste Manifest consists of eight copies. As the Manifest is completed the copies are removed from back to front.

For interstate shipments, the copies of the manifest shall be distributed as indicated at the bottom of each copy.

For shipments within Pennsylvania, the Generator shall retain Copies 3, 4, and 8. The TSD Facility shall retain Copies 1, 2, and 6.

If there are more than four different waste streams in a shipment, except for lab packs, complete another Manifest. If there are more than two transporters or if the waste is a lab pack, use the Uniform Hazardous Waste Manifest Continuation Sheet. Continuation Sheets may be purchased commercially.

If you have any questions concerning the completion of this Manifest, call 717-787-6239.

**NOTE:** For interstate shipments you may be required to supply additional information regarding the completion of lettered Items A through K. Please check with both the Generator and Destination States for specific requirements.

## GENERATOR

- Item 1.** Generator's US EPA ID No. - Enter the twelve digit US EPA Identification Number. Manifest Document No. - The generator must assign a unique five digit number.
- Item 2.** Page 1 of \_\_\_ - Enter the total number of pages used to complete this Manifest including the first page plus the number of Continuation Sheets, if any.
- Item 3.** Generator's Name and Mailing Address - Enter the complete name of the generator and the complete mailing address. The address should be the location that will manage the returned Manifest forms.
- Item A.** State Manifest Document Number - This Number is preprinted; do not alter it. This Number must be placed in item L of each continuation sheet.
- Item B.** State Gen. ID - Not required for PA Generators. See Note (above).
- Item 4.** Generator's Phone Number - Enter the area code and telephone number where an authorized agent of the Generator may be contacted.
- Item 5.** Transporter 1 Company Name - Enter the complete company name of the first transporter who will transport the waste.
- Item 6.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the transporter identified in Item 5.
- Item C.** State Trans. ID - Enter the Hazardous Waste Transporter License No. issued by PA Dept. of Environmental Resources. See Note (above).
- Item D.** Transporter's Phone - Enter the area code and telephone number where an authorized agent of the Transporter may be contacted.
- Item 7.** Transporter 2 Company Name - If applicable, see Item 5.
- Item 8.** US EPA ID Number - If applicable, see Item 6.
- Item E.** State Trans. ID - If applicable, see Item C.
- Item F.** Transporter's Phone - If applicable, see Item D.
- Item 9.** Designated Facility Name and Site Address - Enter the complete company name and complete site address of the facility designated to receive the waste listed on this Manifest. The address must be the site address, which may differ from the mailing address.
- Item 10.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the Designated Facility.
- Item G.** State Facility's ID - Not Required.
- Item H.** Facility's Phone - Enter the area code and phone number where an authorized agent of the Designated Facility may be contacted.
- Item 11.** US DOT Description [Including Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number)] - Enter the US DOT Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number) for each waste as identified in 49 CFR 171 through 177.
- Item 12.** Containers (No. and Type) - Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.
- Item 13.** Total Quantity - Enter the total quantity of each waste. **Do not use decimals or fractions.**
- Item 14.** Unit (Wt/Vol) - Enter the appropriate abbreviation from Table II (below) for the unit of measure.

**Table I — Types of Containers**

<b>DM</b> = Metal drums, barrels, kegs	<b>DT</b> = Dump truck
<b>DW</b> = Wooden drums, barrels, kegs	<b>CY</b> = Cylinders
<b>DF</b> = Fiberboard or plastic drums, barrels, kegs	<b>CM</b> = Metal boxes, cartons, cases (including roll-offs)
<b>TP</b> = Tanks portable	<b>CW</b> = Wooden boxes, cartons, cases
<b>TT</b> = Cargo tanks (tank trucks)	<b>CF</b> = Fiber or plastic boxes, cartons, cases
<b>TC</b> = Tank cars	<b>BA</b> = Burlap, cloth, paper or plastic bags

**Table II — Units of Measure**

<b>G</b> = Gallons (liquids only)	<b>L</b> = Liters (liquids only)
<b>P</b> = Pounds	<b>K</b> = Kilograms
<b>T</b> = Tons (2000 lbs)	<b>M</b> = Metric tons (1000 kg)
<b>Y</b> = Cubic yards	<b>N</b> = Cubic meters

- Item I.** Waste No. - Enter the Hazardous Waste No. of the waste or wastes. Refer to Section 75.261 of the Department's Regulations. See Note (above). If a waste is not hazardous in PA but regulated by another State, enter that State's waste code. Also, enter in Item J, "This waste is not a hazardous waste according to PA law."
- Item J.** Additional Descriptions for Materials Listed Above (include physical state and hazard code) - Enter the physical state of each waste (S-solid, L-liquid, SL-sludge or G-gas) and the hazard code or codes that correspond to the Hazardous Waste No. (I-ignitable, C-corrosive, R-reactive, E-EP toxic, H-acute hazardous, and T-toxic). See Note (above).
- Item K.** Handling Codes for Wastes Listed Above - Not required for PA Generators. See Note (above).
- Item 15.** Special Handling Instructions and Additional Information - Use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. For international shipments, enter the point of departure (City and State).
- Item 16.** Generator's Certification - Read and sign by hand the certification statement. Enter the date the waste was shipped. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below the certification statement.

## TRANSPORTER

- Item 17.** Transporter 1 Acknowledgement of Receipt of Materials - Print or type the name of the person accepting the waste on behalf of the transporter. Sign and enter the date of receipt.
- Item 18.** Transporter 2 Acknowledgement of Receipt of Materials - If applicable, see Item 17.

## DESIGNATED FACILITY

- Item 19.** Discrepancy Indication Space - The Designated Facility's authorized representative must note in this space any significant discrepancy between the waste described on the Manifest and the waste actually received.
- Item 20.** Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. Sign and enter the date of receipt.



ER-SWM-51:REV. 6/87

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

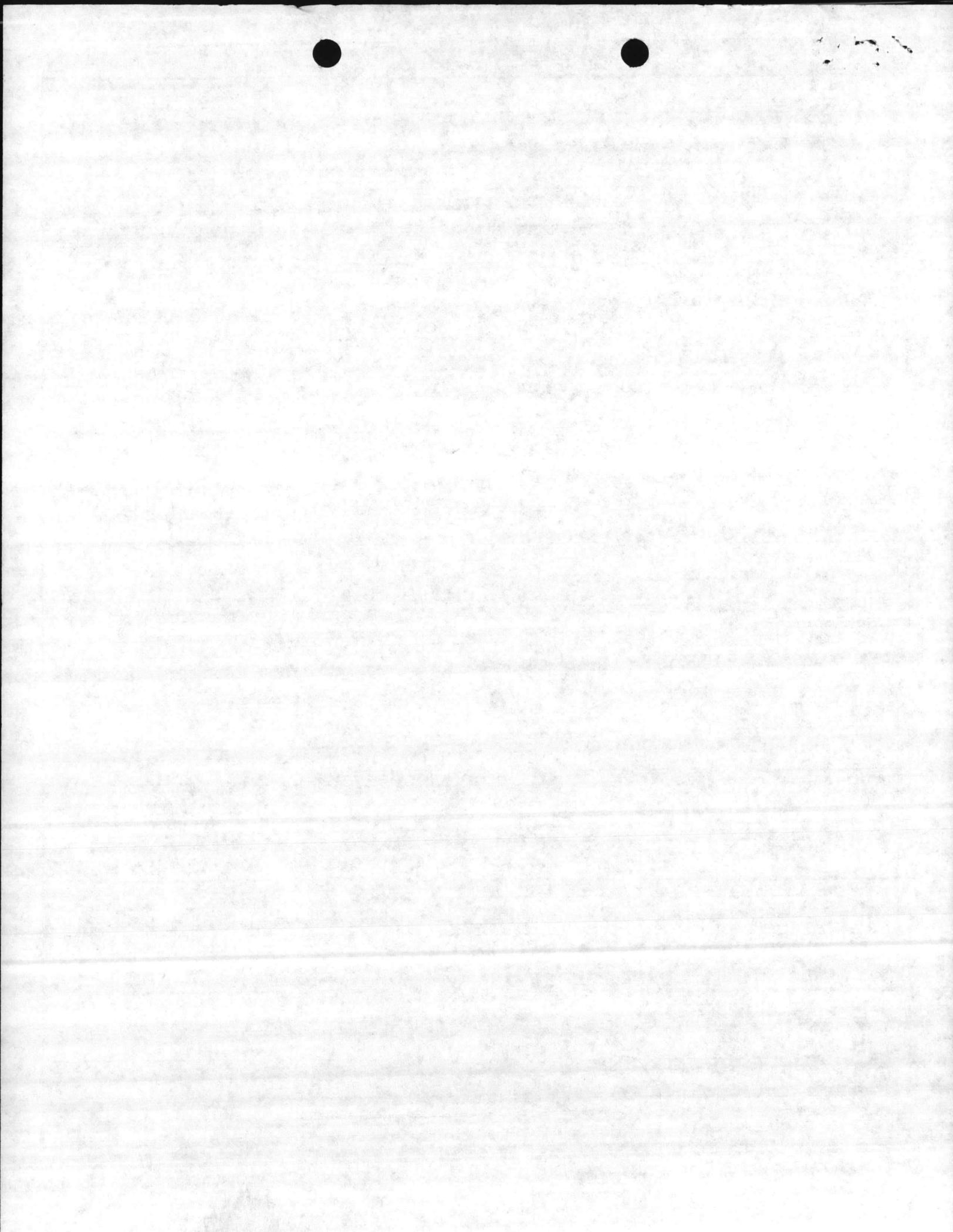
<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. PA-C-8-1-7-20 0 2 2 3 0 0 5 0 0 3		Manifest Document No.		2. Page 1 of 1 information in the shaded areas is not required by Federal law but is required by State law.			
3. Generator's Name and Mailing Address New River Air Station Marine corps Base Camp Lejeune, NC 28542				A. State Manifest Document Number PAB 4632062					
4. Generator's Phone ( 919) 451 5613				B. State Gen. ID PAZ					
5. Transporter 1 Company Name WASTE CONVERSION		6. US EPA ID Number PA0085690592		C. State Trans. ID PA-AH 101-3-91408060					
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (215) 822 8996					
9. Designated Facility Name and Site Address WASTE CONVERSION 3869 SANDSTONE DRIVE HATFIELD P.A. 19440				E. State Trans. ID PA-AH					
10. US EPA ID Number PA0085690592				F. Transporter's Phone (215) 822 8996					
				G. State Facility's ID Not Required					
				H. Facility's Phone ( )					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers	13. Total	14. Unit	I. Waste No.
a. RQ Waste Oil n o s Combustible Liquid NA1270						No.	Quantity	Wt/Vol	Waste No.
							0 9 0 0 0	G	F 0 0 1 D 0 0 1
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code)						K. Handling Codes for Wastes Listed Above			
Haz. Code		Physical State		Haz. Code		Physical State			
a. [L] [T]		[L] [L] CLIN4742		c. [ ] [ ]		[ ] [ ]		a. SD1	
b. [ ] [ ]		[ ] [ ]		d. [ ] [ ]		[ ] [ ]		b. [ ] [ ]	
15. Special Handling Instructions and Additional Information						DLA200-87-D-0045 #0062			
a. oil with Freon									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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 GEORGE EGGERS				Signature <i>George Eggert</i>				Month Day Year 10 27 87	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name Brad Jensen				Signature <i>Brad Jensen</i>				Month Day Year 10 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 in Item 19.									
Printed/Typed Name				Signature				Month Day Year	

GENERATOR

TRANSPORTER

FACILITY

PAB 4632062



DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <i>Martine Corps Base</i>		EPA NUMBER <i>NC 8170022570</i>	AWARDED CONTRACT NUMBER <i>87-0045</i>
COMPLETE ADDRESS <i>Camp Levine NC, 28542</i>		DRMO <i>Lejeune</i>	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE
COR <i>Geo. Eggers</i>	PICKUP LOCATION <i>New River Air Station</i>	CONTRACT NUMBER <i>87-D-0045</i>	DELIVERY ORDER NUMBER <i>0062</i>
COMMERCIAL PHONE NUMBER <i>919-451-5613/5652</i>	AUTOVON PHONE NUMBER <i>484-5613/5652</i>	AUTHORIZED TRANSPORTER NAME <i>WASTE CONVERSION INC</i>	EPA NUMBER <i>PAD 085690592</i>
GENERATOR REQUEST NUMBER <i>L016</i>	RIC CODE <i>SWA</i>	TSDF NAME <i>WASTE CONVERSION INC</i>	EPA NUMBER <i>PAD 085690592</i>
DATE SENT TO CONTRACTING <i>10-6-87</i>	DATE RECEIVED BY CONTRACTING <i>10-6-87</i>	AUTHORIZED TRANSPORTER SIGNATURE <i>Brad Jensen</i>	AUTHORIZED CONTRACTING OFFICER'S REPRESENTATIVE (COR) <i>George Eggers</i>

CLIN	SUFFIX	NSN	DTID			ITEM NAME US DOT DESCRIPTION	STORAGE CONTAINER DRUM NUMBER	STORAGE LOCATION	QUANTITY	UNIT	PRICE	AMOUNT	EPA WASTE CODE	PICKUP		PICKUP MANIFEST NUMBER LINE CODE	DATE PICKED UP DDMMYY
			LSN	DODAAC	DATE									SERIAL	QUANTITY		
4742	00 AA	9150 00	M93182	7274	0003	Waste oil	shave of tank	Tank AS-420	30,000	gl	2.70	81,000.00	F001 D001	4000	G	PAB 4632062 11A	10/27/87
4742	10 AB	9150 00	M93182	7274	0004	Waste oil	shave of tank	Tank AS-421	30,000	gl	2.70	81,000.00					
												162,000.00					

1850

1851

1852

**COLLECTION SUMMARY REPORT**

CONTRACT NO.

DLA 200-87-D-0045

DELIVERY ORDER NO.

0062

Please complete this form and submit it to the DPDS Contracting Officer within ten (10) working days from the time that the contractor leaves the collection site. The address of the DPDS 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  
**NEW RIVER AIR STATION  
 JACKSONVILLE N.C. 28544  
 TANK 421**

2. RIC  
**542014**  
 3. Accountable DPDO  
**LEJEUNE**

B. DESCRIPTION OF MISCELLANEOUS CHEMICALS COLLECTED. (Attach copy of DD-250 or DPDS-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  
**23 OCT 87**

2. Date of contractor departure  
**23 OCT 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
a. Adequacy of Contractor/COR briefing/notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Adequacy of repackaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Final clean-up and decontamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Safety of personnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Number of trucks used	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	YES	NO
a. Manifest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Form DD 250 (or DPDS Form 1697)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**LEJEUNE**

3. COR Signature

*George Eggers*

2. Printed or typed name of COR

**GEORGE EGGERS**

4. Date this report submitted

**26 OCT 87**



\_\_\_\_\_

Handwritten text, possibly a title or header, located at the top of the page.

Handwritten text at the bottom right of the page.



**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES**  
**Bureau of Waste Management**  
 P. O. Box 2063  
 Harrisburg, PA 17120

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

ER-SWM-51:REV. 6/87

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. NC 817002.2.5.7.0		Manifest Document No. 15001		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.							
3. Generator's Name and Mailing Address New River Air Station Marine Corps Base Camp LeJeune NC 28542						A. State Manifest Document Number PAB 4632003									
4. Generator's Phone ( 919 451 5613						B. State Gen. ID SAME									
5. Transporter 1 Company Name WASTE CONVERSION, INC				6. US EPA ID Number PA.D0.85.6.9.05.9.2		C. State Trans. ID PA-AH 0.139									
7. Transporter 2 Company Name						8. US EPA ID Number									
9. Designated Facility Name and Site Address WASTE CONVERSION, INC 2869 SANDSTONE DRIVE HATFIELD, PA 19440						10. US EPA ID Number PA.D0.85.6.9.05.9.2									
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. RQ Waste Oil n o s Combustible Liquid NA1270 D001 F001						0.0.1		T.T		0.4.4.50		G F001 D00.1.			
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)						K. Handling Codes for Wastes Listed Above									
Haz. Code		Physical State		Haz. Code		Physical State		a.		c.					
a. IT		L CLIN4742		c.				a. SO2		c.					
b.				d.				b.		d.					
15. Special Handling Instructions and Additional Information a. oil with freon						DLA200-87-D_0045 #0062									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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 BARBARA A COOGLE						Signature Barbara A Coogle						Month Day Year 10 23 87			
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name VINCENT MURONTZ						Signature Vincent Murontz		Month Day Year 10 23 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						Signature						Month Day Year			

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343

GENERATOR

TRANSPORTER

FACILITY

PAB 4632003

# INSTRUCTIONS FOR COMPLETION OF THE PA HAZARDOUS WASTE MANIFEST

—Please read these instructions before completing this form—

## GENERAL INFORMATION

This Hazardous Waste Manifest consists of eight copies. As the Manifest is completed the copies are removed from back to front.

For interstate shipments, the copies of the manifest shall be distributed as indicated at the bottom of each copy.

For shipments within Pennsylvania, the Generator shall retain Copies 3, 4, and 8. The TSD Facility shall retain Copies 1, 2, and 6.

If there are more than four different waste streams in a shipment, except for lab packs, complete another Manifest. If there are more than two transporters or if the waste is a lab pack, use the Uniform Hazardous Waste Manifest Continuation Sheet. Continuation Sheets may be purchased commercially.

If you have any questions concerning the completion of this Manifest, call 717-787-6239.

**NOTE:** For interstate shipments you may be required to supply additional information regarding the completion of lettered Items A through K. Please check with both the Generator and Destination States for specific requirements.

## GENERATOR

- Item 1.** Generator's US EPA ID No. - Enter the twelve digit US EPA Identification Number. Manifest Document No. - The generator must assign a unique five digit number.
- Item 2.** Page 1 of \_\_\_ - Enter the total number of pages used to complete this Manifest including the first page plus the number of Continuation Sheets, if any.
- Item 3.** Generator's Name and Mailing Address - Enter the complete name of the generator and the complete mailing address. The address should be the location that will manage the returned Manifest forms.
- Item A.** State Manifest Document Number - This Number is preprinted; do not alter it. This Number must be placed in item L of each continuation sheet.
- Item B.** State Gen. ID - Not required for PA Generators. See Note (above).
- Item 4.** Generator's Phone Number - Enter the area code and telephone number where an authorized agent of the Generator may be contacted.
- Item 5.** Transporter 1 Company Name - Enter the complete company name of the first transporter who will transport the waste.
- Item 6.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the transporter identified in Item 5.
- Item C.** State Trans. ID - Enter the Hazardous Waste Transporter License No. issued by PA Dept. of Environmental Resources. See Note (above).
- Item D.** Transporter's Phone - Enter the area code and telephone number where an authorized agent of the Transporter may be contacted.
- Item 7.** Transporter 2 Company Name - If applicable, see Item 5.
- Item 8.** US EPA ID Number - If applicable, see Item 6.
- Item E.** State Trans. ID - If applicable, see Item C.
- Item F.** Transporter's Phone - If applicable, see Item D.
- Item 9.** Designated Facility Name and Site Address - Enter the complete company name and complete site address of the facility designated to receive the waste listed on this Manifest. The address must be the site address, which may differ from the mailing address.
- Item 10.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the Designated Facility.
- Item G.** State Facility's ID - Not Required.
- Item H.** Facility's Phone - Enter the area code and phone number where an authorized agent of the Designated Facility may be contacted.
- Item 11.** US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number)) - Enter the US DOT Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number) for each waste as identified in 49 CFR 171 through 177.
- Item 12.** Containers (No. and Type) - Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.
- Item 13.** Total Quantity - Enter the total quantity of each waste. **Do not use decimals or fractions.**
- Item 14.** Unit (Wt/Vol) - Enter the appropriate abbreviation from Table II (below) for the unit of measure.

**Table I — Types of Containers**

<b>DM</b> = Metal drums, barrels, kegs	<b>DT</b> = Dump truck
<b>DW</b> = Wooden drums, barrels, kegs	<b>CY</b> = Cylinders
<b>DF</b> = Fiberboard or plastic drums, barrels, kegs	<b>CM</b> = Metal boxes, cartons, cases (including roll-offs)
<b>TP</b> = Tanks portable	<b>CW</b> = Wooden boxes, cartons, cases
<b>TT</b> = Cargo tanks (tank trucks)	<b>CF</b> = Fiber or plastic boxes, cartons, cases
<b>TC</b> = Tank cars	<b>BA</b> = Burlap, cloth, paper or plastic bags

**Table II — Units of Measure**

<b>G</b> = Gallons (liquids only)	<b>L</b> = Liters (liquids only)
<b>P</b> = Pounds	<b>K</b> = Kilograms
<b>T</b> = Tons (2000 lbs)	<b>M</b> = Metric tons (1000 kg)
<b>Y</b> = Cubic yards	<b>N</b> = Cubic meters

- Item I.** Waste No. - Enter the Hazardous Waste No. of the waste or wastes. Refer to Section 75.261 of the Department's Regulations. See Note (above). If a waste is not hazardous in PA but regulated by another State, enter that State's waste code. Also, enter in Item J, "This waste is not a hazardous waste according to PA law."
- Item J.** Additional Descriptions for Materials Listed Above (include physical state and hazard code) - Enter the physical state of each waste (S-solid, L-liquid, SL-sludge or G-gas) and the hazard code or codes that correspond to the Hazardous Waste No. (I-ignitable, C-corrosive, R-reactive, E-EP toxic, H-acute hazardous, and T-toxic). See Note (above).
- Item K.** Handling Codes for Wastes Listed Above - Not required for PA Generators. See Note (above).
- Item 15.** Special Handling Instructions and Additional Information - Use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. For international shipments, enter the point of departure (City and State).
- Item 16.** Generator's Certification - Read and sign by hand the certification statement. Enter the date the waste was shipped. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below the certification statement.

## TRANSPORTER

- Item 17.** Transporter 1 Acknowledgement of Receipt of Materials - Print or type the name of the person accepting the waste on behalf of the transporter. Sign and enter the date of receipt.
- Item 18.** Transporter 2 Acknowledgement of Receipt of Materials - If applicable, see Item 17.

## DESIGNATED FACILITY

- Item 19.** Discrepancy Indication Space - The Designated Facility's authorized representative must note in this space any significant discrepancy between the waste described on the Manifest and the waste actually received.
- Item 20.** Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. Sign and enter the date of receipt.



PA DEPARTMENT OF ENVIRONMENTAL RESOURCES  
Bureau of Waste Management  
P. O. Box 2063  
Harrisburg, PA 17120

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

ER-SWM-51:REV. 6/87

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

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NC8:17002257</b>		Manifest Document No. <b>043002</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.	
3. Generator's Name and Mailing Address <b>New River Air Station Marine Corps Base Camp LeJeune, NC 28542</b>						A. State Manifest Document Number <b>PAB 4631966</b>			
4. Generator's Phone ( <b>919 451 5613</b> )						B. State Gen. ID <b>SAME</b>			
5. Transporter 1 Company Name <b>Waste Conversion Inc</b>		6. US EPA ID Number <b>PAD085690592</b>		C. State Trans. ID <b>PA-AH</b>		13. Total Quantity <b>0.139</b>		14. Unit Wt/Vol <b>H08076W</b>	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone ( <b>215 822 8996</b> )		E. State Trans. ID <b>PA-AH</b>		F. Transporter's Phone ( )	
9. Designated Facility Name and Site Address <b>ECOLOTEC incorp 636 N Irwin Street Dayton, OHIO 45403</b>						10. US EPA ID Number <b>OH D980700942</b>		G. State Facility's ID <b>Not Required</b>	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		1. Waste No.	
a. <b>RQ Waste oil n o s Combustible Liquid NA1270</b>						No. Type <b>0.01 TT</b>		13. Total Quantity <b>0.450.0</b>	
b.								14. Unit Wt/Vol <b>G</b>	
c.								1. Waste No. <b>F001 D'001</b>	
d.									
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)						K. Handling Codes for Wastes Listed Above			
Haz. Code		Physical State		Haz. Code		Physical State		a.	
a. <b>IT</b>		<b>L CLIN4742</b>		c.				d.	
b.				d.				S02	
15. Special Handling Instructions and Additional Information <b>a. oil with Freon</b>						<b>DLA200-87-D-0045 #0062</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>BARBARA A COOGLE</b>				Signature <i>Barbara A Coogle</i>				Month Day Year <b>10 23 87</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name <b>Brad Jensen</b>				Signature <i>Brad Jensen</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name				Signature				Month Day Year	

PAB 4631966

# INSTRUCTIONS FOR COMPLETION OF THE PA HAZARDOUS WASTE MANIFEST

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- Item 10.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the Designated Facility.
- Item G.** State Facility's ID - Not Required.
- Item H.** Facility's Phone - Enter the area code and phone number where an authorized agent of the Designated Facility may be contacted.
- Item 11.** US DOT Description [Including Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number)] - Enter the US DOT Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number) for each waste as identified in 49 CFR 171 through 177.
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<b>P</b> = Pounds	<b>K</b> = Kilograms
<b>T</b> = Tons (2000 lbs)	<b>M</b> = Metric tons (1000 kg)
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- Item 15.** Special Handling Instructions and Additional Information - Use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. For international shipments, enter the point of departure (City and State).
- Item 16.** Generator's Certification - Read and sign by hand the certification statement. Enter the date the waste was shipped. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below the certification statement.

## TRANSPORTER

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- Item 18.** Transporter 2 Acknowledgement of Receipt of Materials - If applicable, see Item 17.

## DESIGNATED FACILITY

- Item 19.** Discrepancy Indication Space - The Designated Facility's authorized representative must note in this space any significant discrepancy between the waste described on the Manifest and the waste actually received.
- Item 20.** Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. Sign and enter the date of receipt.

AS002

DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR: *Marine Corps Base*  
 COMPLETE ADDRESS: *Camp Lejeune NC, 28542*  
 COR: *Geo. Eggers*  
 COMMERCIAL PHONE NUMBER: *919-451-5613/5652*  
 GENERATOR REQUEST NUMBER: *L016*  
 DATE SENT TO CONTRACTING: *10-6-87*

EPA NUMBER: *NC 8170022570*  
 DRMO: *Lejeune*  
 PICKUP LOCATION: *New River Air Station*  
 AUTOVON PHONE NUMBER: *484-5613/5652*  
 RIC CODE: *SWA*  
 DATE RECEIVED BY CONTRACTING: *10-6-87*

AWARDED CONTRACT NUMBER  
*87-0045*

SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE

CONTRACT NUMBER: *87-D-0045*  
 AUTHORIZED TRANSPORTER NAME: *WASTE CONVERSION*  
 TSDF NAME: *WASTE CONVERSION*  
 AUTHORIZED TRANSPORTER SIGNATURE: *[Signature]*  
 AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR): *George Eggers*

DELIVERY ORDER NUMBER: *0062*  
 EPA NUMBER: *PAD 085690592*  
 EPA NUMBER: *PAD 085690592*

CLIN	SUFFIX	NSN	DTID			ITEM NAME US DOT DESCRIPTION	STORAGE CONTAINER DRUM NUMBER	STORAGE LOCATION	QUANTITY	UNIT	PRICE	AMOUNT	EPA WASTE CODE	PICKED UP		PICKUP MANIFEST NUMBER LINE CODE	DATE PICKED UP DDMMYY	
			LSN	DODAAC	DATE									SERIAL	QUANTITY			UNIT
42	00	AA	9150 00 Waste oil	M93182	7274	0003	Waste oil	above of tank	Tank AS-420	30,000	gl	2.70	81,000.00					
4742	10	AB	9150 00 Waste oil	M93182	7274	0004	Waste oil	above of tank	Tank AS-421	30,000	gl	2.70	81,000.00	D001 F001	4450	GL	PAB4632003 11A	10/23/87



DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR <i>Maxine Corp Base</i>		EPA NUMBER <i>NC 8170022570</i>	AWARDED CONTRACT NUMBER <i>87-8045</i>
COMPLETE ADDRESS <i>Camp Maxine NC 28542</i>		DRMO <i>Leflore</i>	SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE
COR <i>Geo. Eggers</i>		PICKUP LOCATION <i>New River Air Station</i>	CONTRACT NUMBER <i>87-D-8045</i>
COMMERCIAL PHONE NUMBER <i>919-451-5613/5652</i>		AUTOVON PHONE NUMBER <i>484-5613/5652</i>	DELIVERY ORDER NUMBER <i>DL 62</i>
GENERATOR REQUEST NUMBER <i>L016</i>		RIC CODE <i>SWA</i>	AUTHORIZED TRANSPORTER NAME <i>WASTE CONVERSION</i>
DATE SENT TO CONTRACTING <i>10-6-87</i>		DATE RECEIVED BY CONTRACTING <i>10-6-87</i>	EPA NUMBER <i>PAD085690592</i>
			TSDF NAME <i>ECOLOTEC INCORP</i>
			EPA NUMBER <i>OHD980700942</i>
			AUTHORIZED TRANSPORTER SIGNATURE <i>[Signature]</i>
			AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR) <i>[Signature]</i>

CLIN	SUFFIX	NSN	DTID			ITEM NAME US DOT DESCRIPTION	STORAGE CONTAINER DRUM NUMBER	STORAGE LOCATION	QUANTITY	UNIT	PRICE	AMOUNT	EPA WASTE CODE	PICKED UP		PICKUP MANIFEST NUMBER	DATE PICKED UP DDMMYY
			DODAAC	DATE	SERIAL									QUANTITY	UNIT		
42	00 AA	9150 00	M93182	7274	0003	Waste oil	above tank	AS-420	30,000	gl	2.70	81,000.00					
		<i>waste oil</i>					<i>of tank</i>										
47	42 10 AB	9150 00	M93182	7274	0004	Waste oil	above tank	AS-421	30,000	gl	2.70	81,000.00	5001 F001	4500	GL	PAB4631966 11A	10/23/87
		<i>waste oil</i>					<i>of tank</i>										

MISSISSIPPI  
COUNTY OF  
JAN 10 1890  
J. H. [unclear]

MISSISSIPPI  
COUNTY OF  
JAN 10 1890





**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES**  
**Bureau of Waste Management**  
 P. O. Box 2063  
 Harrisburg, PA 17120

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

ER-SWM-51:REV. 6/87

Please print or type. (Form designed for use on a 12-pin dot matrix printer.)

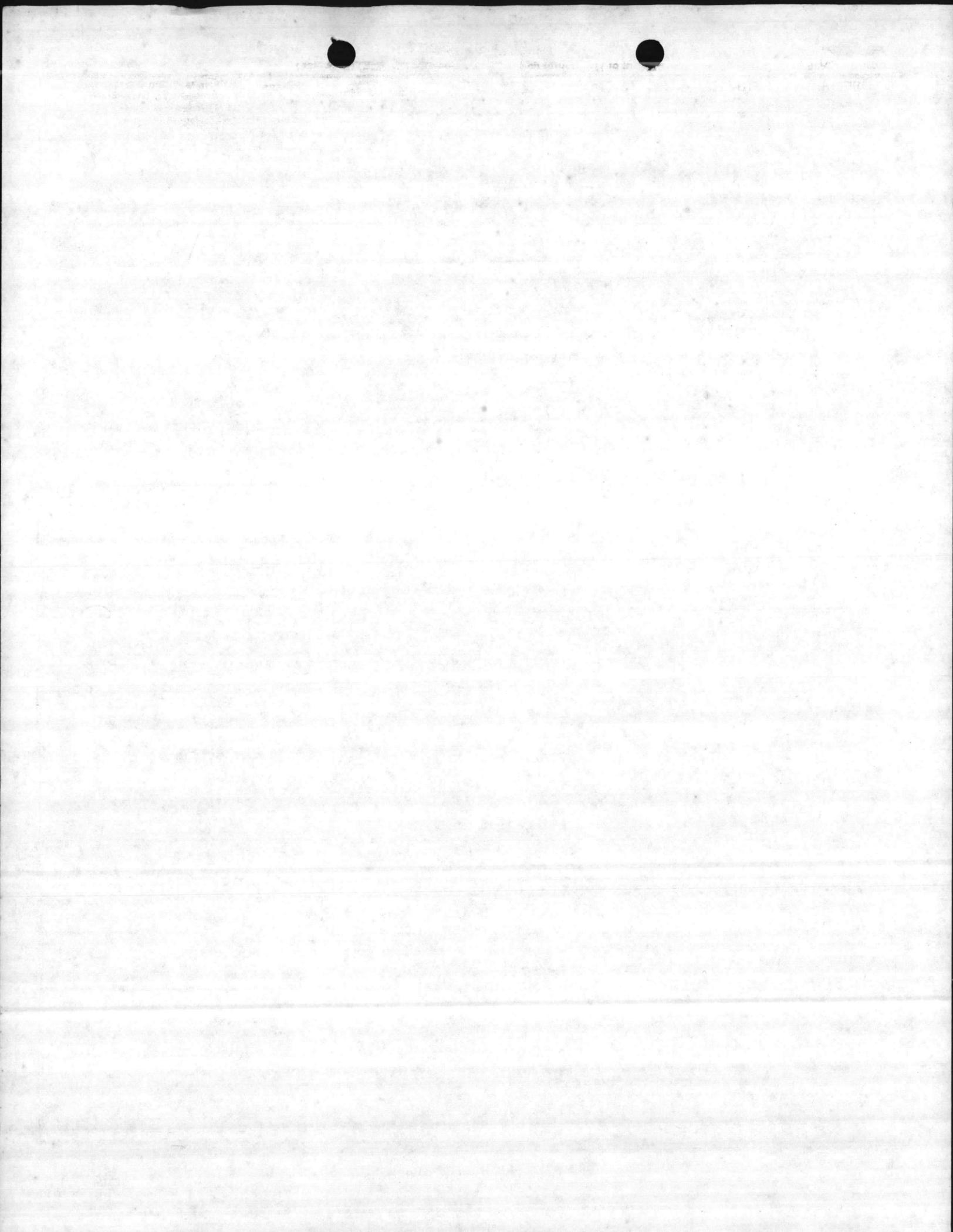
<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NC817002257945004</b>		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.							
3. Generator's Name and Mailing Address <b>New River Air Station Z Marine Corps Base Camp LEJeune NC 28542</b>						A. State Manifest Document Number <b>PAB 4632040</b>									
4. Generator's Phone <b>(919) 451 5613</b>						B. State Gen. ID <b>SAME</b>									
5. Transporter 1 Company Name <i>Delaware Corporation</i>			6. US EPA ID Number <b>V.A.004.015.9.43.6</b>			C. State Trans. ID <b>PA-AH</b>									
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone (89)									
9. Designated Facility Name and Site Address <i>Wilmington Air Station</i>						E. State Trans. ID <b>PA-AH</b>									
10. US EPA ID Number <b>NC.D.0.0.0.7.7.3.6.5.5</b>						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>RQ Waste Oil n o s Combustible liquid NA1270</b>						No. Type		Quantity		Wt/Vol		Waste No.			
						0 0 1 T 1		5000		G		F 0 0 1 D 0 0 1			
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)						K. Handling Codes for Wastes Listed Above									
Haz. Code		Physical State		Haz. Code		Physical State		<b>502 718 Lightweight Aggregate Rotary Kiln</b>							
a. <b>IT</b>		<b>L</b>		<b>CLIN4742</b>											
b.				c.		d.									
15. Special Handling Instructions and Additional Information <b>a. oil with Freon</b>						<b>DLA200-87-D-0045 #0062</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 <i>Arthur L. F.</i>		Signature <i>Arthur L. F.</i>		Month Day Year <b>11 13 87</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name <i>Dennis Jr</i>		Signature <i>Dennis Jr</i>		Month Day Year <b>11 13 87</b>					
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name		Signature		Month Day Year					
19. Discrepancy Indication Space <b>5651 Gals</b>						<b>39640 LBS</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>John Bursess</b>		Signature <i>John Bursess</i>		Month Day Year <b>11 03 87</b>	

GENERATOR

TRANSPORTER

FACILITY

PAB 4632040





ER-SWM-51-REV. 6/87

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

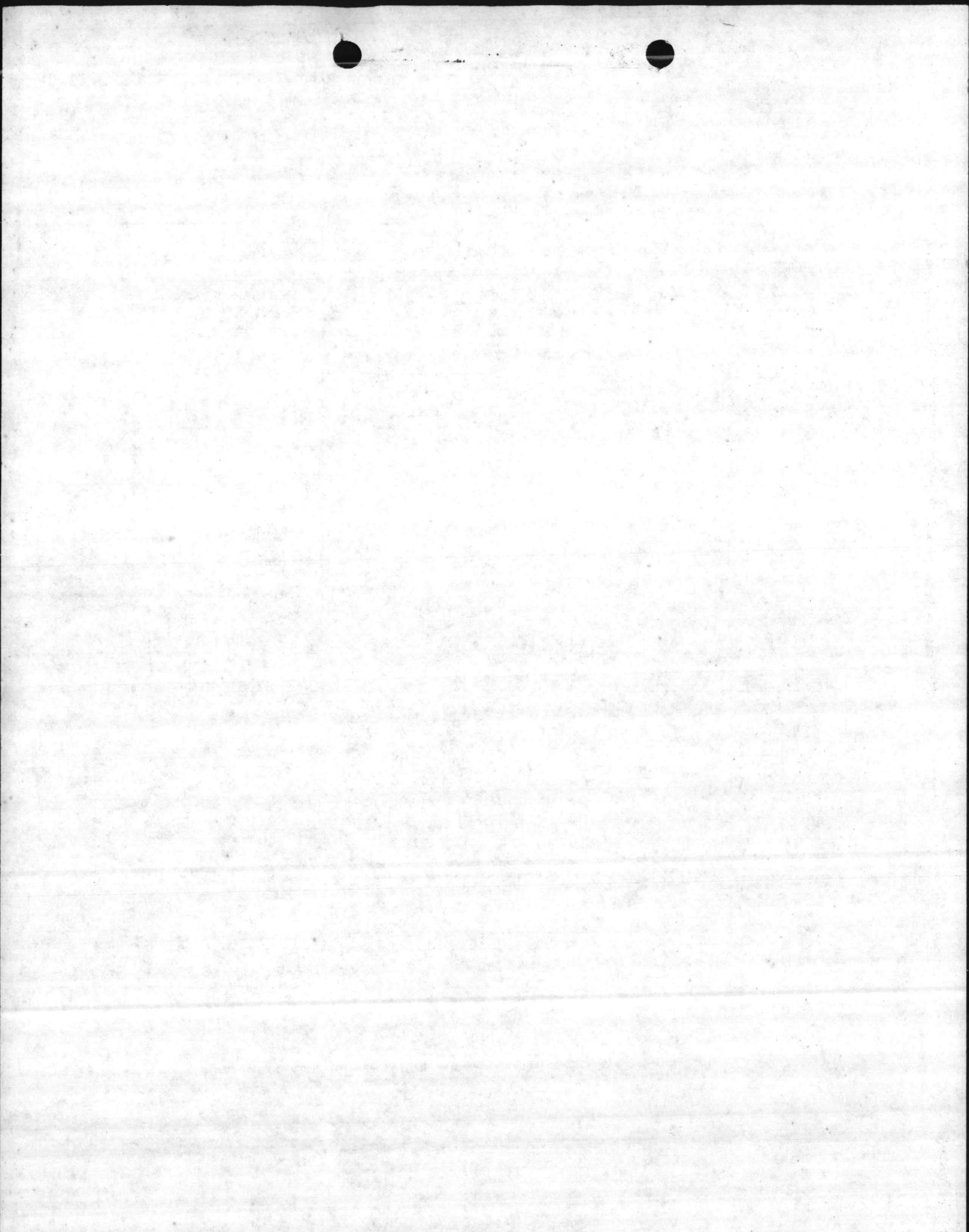
<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. N.C.8.1.7.Q.Q.2.2.5.7 945005		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.			
3. Generator's Name and Mailing Address New River Air Station ZMarine Corps Base Camp LeJeune NC 28542						A. State Manifest Document Number PAB 4632051					
4. Generator's Phone ( 919 ) 451 5613						B. State Gen. ID SAME					
5. Transporter 1 Company Name Offshore Co.			6. US EPA ID Number V.A.D.O.4.0.1.5.9.4.3.4			C. State Trans. ID PA-AH					
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone ( )					
9. Designated Facility Name and Site Address						10. US EPA ID Number N.C.D.O.O.O.7.7.3.6.5.9			E. State Trans. ID PA-AH		
						F. Transporter's Phone ( )					
						G. State Facility's ID			Not Required		
						H. Facility's Phone ( )					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol	15. Waste No.
a. RQ Waste Oil n o s Combustibel Liquid RA1270						No. Type		600.0		G	FOO1 DOO1
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)						K. Handling Codes for Wastes Listed Above					
Haz. Code		Physical State		Haz. Code		Physical State		502 TIP Lightweight Aggregate Rotary Kiln			
a. LL		L CLIN474Z		c. LL		LL					
b. LL		LL		d. LL		LL					
15. Special Handling Instructions and Additional Information						DLA200-87-B-0045 #0062					
a. oil with Freon											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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 Shirley L.F.						Signature Shirley L.F.			Month Day Year 11 13 87		
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name Fred Embert						Signature Fred Embert			Month Day Year 11 . . .		
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature			Month Day Year		
19. Discrepancy Indication Space											
5886 Gals						41580 LBS					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name John Burgess						Signature John Burgess			Month Day Year 11 10 87		

GENERATOR

TRANSPORTER

FACILITY

PAB 4632051



DOC. IDENT.		RI FROM		MI & S		STOCK NUMBER										QUANTITY		DOCUMENT NUMBER										UNIT PRICE	
B7J		9150-00-WASTE OIL		6L		3000										EST		493192 17274 0004										53	
SHIPPED FROM		SHIP TO		MARK FOR		PROJECT		TOTAL PRICE																					
BASE MAINTENANCE SHOP 10		MCB, CAMP LEJEUNE, NC		HW		X		DOLLARS CTS.																					
A		B (451-1634) NC 61700-22580		C		D		E																					
WAREHOUSE LOCATION		TYPE OF CARGO	UNIT PACK	UNIT WEIGHT		UNIT CUBE	UFC		NMFC		FREIGHT RATE		DOCUMENT DATE	MAT. COND.	QUANTITY		TOTAL PRICE												
F		G	H	I		J	K		L		M		N	O	P		Q		R										
SUBSTITUTE DATA (ITEM ORIGINALLY REQUESTED)		FREIGHT CLASSIFICATION NOMENCLATURE																											
9150-00-WASTE OIL		U DLA 200 87 D 0045																											
W		X HAZARDOUS WASTE - WASTE OIL ABOVE GROUND STORAGE TANK																											
SELECTED BY AND DATE		TYPE OF CONTAINER(S)		TOTAL WEIGHT		TANK CAPACITY		RECEIVED BY AND DATE		INSPECTED BY AND DATE																			
		TANK # AS-421		30,000		TANK CAPACITY 30,000 GALLONS		30,000		Eggers 7274																			
PACKED BY AND DATE		NO. OF CONTAINERS		TOTAL CUBE		RECEIVED BY AND DATE		WAREHOUSE LOCATION																					
		SEE ATTACHED DOCUMENT				7		8																					
REMARKS		AA		BB		CC		DD		FF		GG																	
MCB, CAMP LEJEUNE, NC NC6170022580		FIRST DESTINATION ADDRESS		DATE SHIPPED		THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF DOT & EPA		15 RECEIVER'S DOCUMENT NUMBER																					
13 TRANSPORTATION CHARGEABLE TO		14 B/LADING, AWB, OR RECEIVER'S SIGNATURE (AND DATE)		15		DAVID K. BULLOCK		DAVID K. BULLOCK																					

DD FORM 1348-1  
S/N 0102 LF 013-1040

1 MAR 74

EDITION OF 1 JAN 64 MAY BE USED  
UNTIL EXHAUSTED

DOD SINGLE LINE ITEM RELEASE/RECEIPT DOCUMENT

AA1 D PQ Z \* W N 2 A H X F

3

WATER-TEST

Box No. 11 D. 0042

WATER-TEST

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
DOC. IDENT.		RI FROM		M & S		STOCK NUMBER										QUANTITY		DOCUMENT NUMBER										SUPPLEMENTARY ADDRESS		FUND		DISTRIBUTION		PROJECT		REQ'D DEL DATE		ADVICE		RI		UNIT PRICE																																					
B7J						9150-00-WASTE OIL										PL 3000		HQ3182 7274 0003																		07		NA		H		53																																					
SHIPPED FROM										SHIP TO										MARK FOR		PROJECT										TOTAL PRICE																																															
BASE MAINTENANCE SHOP 10										MCB, CAMP LEJEUNE, NC										HW		X										DOLLARS		CTS.																																													
A										B (451-1634) NC 61700-22580										C		D										E																																															
WAREHOUSE LOCATION				TYPE OF CARGO		UNIT PACK		UNIT WEIGHT		UNIT CUBE		U F C		N M F C		FREIGHT RATE		DOCUMENT DATE		MAT. COND		QUANTITY		R		30,000																																																					
F				G		H		I		J		K		L		M		N		O		P		Q		R																																																					
SUBSTITUTE DATA (ITEM ORIGINALLY REQUESTED)										FREIGHT CLASSIFICATION NOMENCLATURE										U		V																																																									
T										DUA 200 87 D 0045												474200 AA																																																									
W										X HAZARDOUS WASTE - WASTE OIL ABOVE GROUND STORAGE TANKS																																																																					
SELECTED BY AND DATE				TYPE OF CONTAINERS				TOTAL WEIGHT				TANK CAPACITY				RECEIVED BY AND DATE				INSPECTED BY AND DATE																																																											
1				TANK # AS 420								30,000				Eagan 7274																																																															
PACKED BY AND DATE				NO. OF CONTAINERS				TOTAL CUBE				WAREHOUSED BY AND DATE				WAREHOUSE LOCATION																																																															
4				5				6				ASG 7250				AS4200000																																																															
REMARKS										THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF DOT & EPA										DD		GG																																																									
AA										BB										CC		DD										EE																																															
FIRST DESTINATION ADDRESS										DATE SHIPPED												15 RECEIVER'S DOCUMENT NUMBER																																																									
11										12										FF		13										GG																																															
13 TRANSPORTATION CHARGEABLE TO										14 B/LADING, AWB, OR RECEIVER'S SIGNATURE (AND DATE)												15 DAVID K. BULLOCK																																																									

DD FORM 1348-1  
S/N 0102-1F 012 1040

1 MAR 74

EDITION OF 1 JAN 64 MAY BE USED  
UNTIL EXHAUSTED

DOD SINGLE LINE ITEM RELEASE/RECEIPT DOCUMENT

ARID PQ Z \* WN ZA HXP

3

4.1.25.00 AH

DIA 2008.2 D.0032



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FOLDER  
EA

