

**Appendix C**

**Chemical Tests of Site Supply Well**



STATE OF CONNECTICUT

Department of Health Services
Laboratory Division
10 Clinton St.
P.O. Box 1689
Hartford, CT 06144
TELEPHONE: (203) 566-5063

POTABLE WATER
EAST HADDAM TOWN SANITARIAN
THOMAS ARMENTANO R.S
TOWN HALL RT. 82
EAST HADDAM CT 06423

Table with columns: ID, ACCESSION NO., ACCOUNT NO., ROUTE, PAGE. Values: NR:96, 22131522, S06423, , 1

INFORMATION
041EAST HADDAM
E.HADD.HIGHWAY GAR.
ROUTE 82
EAST HADDAM CT

Table with columns: COLLECTED, RECEIVED, REPORTED. Values: 03/17/92 00:00, 03/17/92 13:31, 03/18/92 14:58

REPORT: FINAL REPORT COMMENT:

Main data table with columns: TEST, RESULT, ACCEPTABLE RANGE, LOW, ACCEPTABLE RANGE, HIGH. Contains text: ( SAMPLING POINT: SINK ), ( COLLECTOR: TOM ARMENTANO TITLE: R.S. ), ( REASON: POSSIBLE CONTAMINATION WITH INFILT.THROUGH SOIL ), ( COMPLAINT: NONE ), ( USE: CONSTANT ), ( SOURCE: DRILLED WELL ), ( DEPTH: 0158FT DIAMETER: 06IN NOT EVID.AT THIS TIME ), ( POSSIBLE POLLUTION: SEPTIC TANK ), DATE/TIME ANALYZED 3/17/92 14:15, ANALYZED BY RG/ND, ANALYTICAL METHOD MEMBRANE FILTER TECHNIQUE FOR MICROBIOLOGICAL ANALYSES ONLY, TOTAL COLIFORM ABSENT PER 100 ML, \*\*\* THIS IS A FINAL REPORT. \*\*\*



STATE OF CONNECTICUT

Department of Health Services  
Laboratory Division

10 Clinton St.  
P.O. Box 1689  
Hartford, CT 06144  
TELEPHONE: (203) 566-5063

POTABLE WATER  
EAST HADDAM TOWN SANITARIAM  
THOMAS ARMENTANO R.S  
TOWN HALL RT. 82  
EAST HADDAM CT 06423

ID.	ACCESSION NO.	ACCOUNT NO.	ROUTE	PAGE
NR:95	22131323	006423		1

INFORMATION

541 EAST HADDAM  
E. HADDAM TOWN HALL  
ROUTE 82  
EAST HADDAM CT

COLLECTED	RECEIVED	REPORTED
03/17/92 03:00	03/17/92 13:31	03/18/92 14:50

REPORT:	FINAL REPORT	COMMENT:
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TEST	RESULT	ACCEPTABLE RANGE	LOW	ACCEPTABLE RANGE	HIGH
*** ( SAMPLING POINT: SINK ) ( COLLECTOR: TOM ARMENTANO TITLE: R.S. ) ( PUBLIC WELL TREATMENT: NONE ) ( REASON: POSSIBLE CONTAMINATION WITH INFILT. OF SOIL ) ( COMPLAINT: NONE ) ( USE: CONSTANT ) ( SOURCE: DRILLED WELL ) ( DEPTH: 0185FT DIAMETER: 06IN ) ( POSSIBLE POLLUTION: SEPTIC TANK )					
*** DATE/TIME ANALYZED	3/17/92 14:15				
ANALYZED BY	RG/ND				
ANALYTICAL METHOD	MEMBRANE FILTER TECHNIQUE FOR MICROBIOLOGICAL ANALYSES ONLY				
TOTAL COLIFORM	ABSENT				
	*** THIS IS A FINAL REPORT. ***				

ALPHA ANALYTICAL LABORATORIES

Eight Walkup Drive  
Westborough, Massachusetts 01581-1019  
(508) 898-9220

MA:M-MA-086 NH:200395-B/C CT:PH-0574 ME:MA086 RI:65 NY:11148

CERTIFICATE OF ANALYSIS

Client: Land-Tech Consultants	Laboratory Job Number: L0007455
Address: 205 Playhouse Corner	Invoice Number: 40959
Southbury, CT 06488	Date Received: 30-AUG-00
Attn: M. Bartos	Date Reported: 12-SEP-00
Project Number: E00199-04	Delivery Method: Alpha
Site: 7 MAIN	

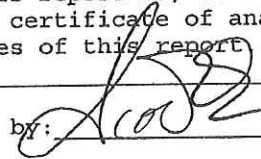
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ALPHA SAMPLE NUMBER	CLIENT IDENTIFICATION	SAMPLE LOCATION
L0007455-01	TAP	EAST HADDAM



I attest under the pains and penalties of perjury that, based upon my inquiry of those individuals immediately responsible for obtaining the information, the material contained in this report is, to the best of my knowledge and belief, accurate and complete. This certificate of analysis is not complete unless this page accompanies any and all pages of this report

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Authorized by: 

Scott McLean - Laboratory Director

ALPHA ANALYTICAL LABORATORIES  
 CERTIFICATE OF ANALYSIS

MA:M-MA-086 NH:200395-B/C CT:PH-0574 ME:MA086 RI:65

Laboratory Sample Number: L0007455-01 Date Collected: 30-AUG-2000  
 TAP Date Received : 30-AUG-2000  
 Sample Matrix: WATER Date Reported : 12-SEP-00  
 Condition of Sample: Satisfactory Field Prep: None

Number & Type of Containers: 2-Amber,1-Plastic

PARAMETER	RESULT	UNITS	RDL	REF	METHOD	DATES PREP ANALYSIS	ID
Hydrocarbons, Total(IR)	ND	mg/l	0.95	4	418.1	05-Sep 05-Sep	TH
Total Metals				3	200.7		
Arsenic, Total	ND	mg/l	0.010	3	200.7		11-Sep RW
Barium, Total	ND	mg/l	0.01	3	200.7		11-Sep RW
Cadmium, Total	ND	mg/l	0.005	3	200.7		11-Sep RW
Chromium, Total	ND	mg/l	0.01	3	200.7		11-Sep RW
Lead, Total	0.001	mg/l	0.001	3	200.9		11-Sep TT
Mercury, Total	ND	mg/l	0.0002	4	245.2	06-Sep 07-Sep	AG
Selenium, Total	ND	mg/l	0.005	3	200.9		12-Sep TT
Silver, Total	ND	mg/l	0.01	3	200.7		11-Sep RW

Comments: Complete list of References and Glossary of Terms found in Addendum I

ALPHA ANALYTICAL LABORATORIES  
 QUALITY ASSURANCE BATCH DUPLICATE ANALYSIS

Laboratory Job Number: L0007455

Parameter	Value 1	Value 2	RPD	Units
Hydrocarbons, Total (IR) for sample(s) 01 (L0007364-03, WG63641)				
Hydrocarbons, Total (IR)	5.7	6.2	8	mg/l
Total Metals for sample(s) 01 (L0007455-01, WG64190)				
Arsenic, Total	ND	ND	NC	mg/l
Barium, Total	ND	ND	NC	mg/l
Cadmium, Total	ND	ND	NC	mg/l
Chromium, Total	ND	ND	NC	mg/l
Lead, Total	0.001	0.001	5	mg/l
Selenium, Total	ND	ND	NC	mg/l
Silver, Total	ND	ND	NC	mg/l
Total Metals for sample(s) 01 (L0007455-01, WG63788)				
Mercury, Total	ND	ND	NC	mg/l

ALPHA ANALYTICAL LABORATORIES  
QUALITY ASSURANCE BATCH SPIKE ANALYSES

Laboratory Job Number: L0007455

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Parameter	% Recovery
Hydrocarbons, Total(IR) LCS for sample(s) 01 (WG63641)	
Hydrocarbons, Total(IR)	85
Total Metals LCS for sample(s) 01 (WG63788)	
Mercury, Total	106
Hydrocarbons, Total(IR) SPIKE for sample(s) 01 (L0007455-01, WG63641)	
Hydrocarbons, Total(IR)	88
Total Metals SPIKE for sample(s) 01 (L0007455-01, WG64190)	
Arsenic, Total	103
Barium, Total	110
Cadmium, Total	105
Chromium, Total	110
Lead, Total	96
Selenium, Total	81
Silver, Total	100
Total Metals SPIKE for sample(s) 01 (L0007455-01, WG63788)	
Mercury, Total	132

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ALPHA ANALYTICAL LABORATORIES  
 QUALITY ASSURANCE BATCH BLANK ANALYSIS

Laboratory Job Number: L0007455

PARAMETER	RESULT	UNITS	RDL	REF	METHOD	DATES PREP ANALYSIS	ID
	Blank Analysis for sample(s) 01						
Hydrocarbons, Total (IR)	ND	mg/l	0.50	4	418.1	05-Sep 05-Sep	TH
	Blank Analysis for sample(s) 01						
Total Metals							
Mercury, Total	ND	mg/l	0.0002	4	245.2	06-Sep 07-Sep	AG



ALPHA ANALYTICAL LABORATORIES  
ADDENDUM I

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REFERENCES

3. Methods for the Determination of Metals in Environmental Samples, Supplement I. EPA/600/R-94/111. May 1994.
4. Methods for Chemical Analysis of Water and Wastes. EPA 600/4-82-055. 1982.

GLOSSARY OF TERMS AND SYMBOLS

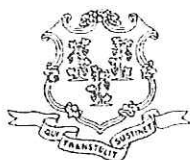
- REF Reference number in which test method may be found.
- METHOD Method number by which analysis was performed.
- ID Initials of the analyst.

LIMITATION OF LIABILITIES

Alpha Analytical, Inc. performs services with reasonable care and diligence normal to the analytical testing laboratory industry. In the event of an error, the sole and exclusive responsibility of Alpha Analytical, Inc., shall be to re-perform the work at its own expense. In no event shall Alpha Analytical, Inc. be held liable for any incidental consequential or special damages, including but not limited to, damages in any way connected with the use of, interpretation of, information or analysis provided by Alpha Analytical, Inc.

We strongly urge our clients to comply with EPA protocol regarding sample volume, preservation, cooling, containers, sampling procedures, holding times and splitting of samples in the field.





17/15

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

October 26, 2001

TOWN OFFICE COMPLEX  
WAYNE GREEN  
7 MAIN STREET  
P O BOX K  
EAST HADDAM, CT 06423

PUBLIC WATER SYSTEM: **TOWN OFFICE COMPLEX**  
ADDRESS: **7 MAIN STREET**  
PWSID: **CT0410264**  
ATTENTION: **WAYNE GREEN**

SUBJECT: **MONITORING/REPORTING VIOLATION OF PUBLIC HEALTH CODE SECTION 19-13-B102**

The Connecticut Public Health Code (PHC) Section 19-13-B102 requires that public water systems must conduct or have conducted specific laboratory tests to monitor the water quality of their supply. Section (h) of this regulation requires the system to report to the State Department of Public Health the results of those tests no later than nine (9) days following each month that the tests are required.

The public water system named above is in violation of PHC Section 19-13-B102 for failure to monitor and/or report quarterly water quality test results for **total coliform bacteria** and **physical parameters** (pH, color, odor, turbidity) during the period of July 1, 2001 to September 30, 2001.

The system is thereby required to notify the consumer of the above violation pursuant to Section 19-13-B102(i)(2) of the PHC. A standard notification form is enclosed for your use. This public notification form must be filled out and posted in a conspicuous place where it can be viewed by all persons who may have exposure to the water at all facilities served by the water system within 90 days of the violation pursuant to Section 19-13-B102(i)(2) of the PHC. Failure to inform the public may lead to the imposition of civil penalties pursuant to Section 25-32e-1 of the Regulations of Connecticut State Agencies. **A copy of the actual notification issued must be forwarded to this office no later than December 31, 2001.**

Your next compliance samples for total coliform bacteria and physical parameters are due to be collected between October 1, 2001 and December 31, 2001, and the test results must be submitted to this office no later than January 9, 2002.



Phone: (860) 509-7333  
Telephone Device for the Deaf (860) 509-7191  
410 Capital Avenue - MS # 51WAT  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer

If you have any questions regarding this matter, please contact the Water Supplies Section's Transient Non-Community Program at (860) 509-7333.

Sincerely,

A handwritten signature in black ink, appearing to read "Cameron Walden". The signature is fluid and cursive, with the first name "Cameron" being more prominent than the last name "Walden".

Cameron Walden  
Sanitary Engineer 3  
Water Supplies Section

enc. Public Notification Form

cc: Dr. Kathryn Johnson, Acting Director of Health, Town of East Haddam



STATE OF CONNECTICUT

Department of Public Health
Division of Laboratory Services
10 Clinton St., P.O. Box 1689
Hartford, CT 06144
CONN. CLINICAL TESTING LICENSE # CL-0197
TELEPHONE: (860) 509-8500

PUBLIC WATER
EAST HADDAM TOWN SANITARIAN
THOMAS ARMENTAND R.S
TOWN HALL RT.82
EAST HADDAM CT 06423

Table with columns: I.D., ACCESSION NO., ACCOUNT NO., AGE, S, PAGE. Values: NR: 11&12, 22295971, S06423, 0, 1

INFORMATION
041EAST HADDAM
TOWN OFFICE BLDG
RT 82
EAST HADDAM CT 06423

Table with columns: COLLECTED, RECEIVED, REPORTED. Values: 02/28/02 15:00, 03/01/02 24:02, 03/04/02 10:18

Table with columns: REPORT, FINAL REPORT, COMMENT

Main report table with columns: TEST(S), RESULT(S). Includes test results for DATE/TIME ANALYZED, ANALYZED BY, ANALYTICAL METHOD, TOTAL COLIFORM, CONF. TOTAL COLIFORM, ESCHERICHIA COLI, NITRATE, NITRITE.

\*\* END OF REPORT \*\*

**Appendix D**

DEP Tank Registration and Other Tank Data

**HAZARD NOTIFICATION**

1.  **HAZARDOUS WASTE**  
 **HAZARDOUS MATERIAL**



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 HAZARDOUS WASTE STORAGE FACILITIES PROGRAM  
 100 CAPITAL BUILDING, HARTFORD, CT 06105  
 TEL: 555-4431



FORM A-100 (REV. 10/83)

3. **FOR STATE AGENCY USE ONLY**  
 3.1 DATE RECEIVED: 11/28/86  
 3.2 DATE SHIPPED: 7/8/87  
 3.3 A SHEET: 426  
 3.4 DOES FACILITY MEET NEW REQUIREMENTS?  
 YES  NO

PLEASE TYPE ALL THREE COPIES MUST BE LEGIBLE!  
 Refer to INSTRUCTIONS FOR FILING NOTIFICATION before completing form.

4. **LOCATION**  
 4.1 OF FACILITY: TOWN GARAGE  
 4.2 BUSINESS NAME AND ADDRESS: TOWN OF EAST HADDAM  
 4.3 FACILITY OWNER: TOWN OF EAST HADDAM

5. **TYPE OF OWNER**  
 PRIVATE  STATE  MUNICIPAL  FEDERAL (C.S.A. No. \_\_\_\_\_)

6. **OPERATOR/CONTACT PERSON**  
 NAME: JOHN BLASCHIK, JR.  
 NO. AND STREET: NORWICH RD.  
 CITY OR TOWN: EAST HADDAM

7. **STATE ZIP CODE TELEPHONE**  
 STATE: CT ZIP CODE: 06423 TELEPHONE: 203 873-8615

10. TANK NO.	11a. DATE OF INSTALLATION (Mo./Yr.)	11b. DATE OF FILLING (Mo./Yr.)	11c. TOTAL CAPACITY (Gals.)	12. IN USE	13. TYPE OF CONTENTS	14. CHEMICAL NAME OF PRINCIPAL SUBSTANCE (not trade name) (Refer C.A.S. No., if known)	15. CONSTRUCTION MATERIALS		16. PROTECTION			17. INTEGRAL PIPING SYSTEM	18. DATE OF INSTALLATION OR REPLACEMENT (Mo./Yr.)	19. FAILURE DETERMINATION	
							STEEL	OTHER (Specify from list)	a. INTERNAL	b. EXTERNAL	c. OTHER (Specify from list)				
Example	5/75	30	5000	X		Heating fuel #2	X		X		H	5	5/75	U	NO
Example	7/60	-	8000		X	W. Fluorocarbon CAS#70018	X		X		E	7	7/60	U	-
A1	?	15	1000	X	X	Unleaded Gasoline	X		X		D	7	-	0	No
B1	?	15	2000	X	X	Regular Gasoline	X		X		D	7	-	0	No
C1	?	15	1000	X	X	Heating Oil	X		X		D	7	-	0	No

20. HAVE YOU ATTACHED SKETCH OF TANKS AND LOCATION?  YES

21. COMMENTS:

22. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted on this form and that the information is true and correct to the best of my knowledge and belief, and I am not aware of any information that would cause this form to be misleading or incomplete. Penalties: any owner who knowingly fails to supply this information is liable for a civil penalty not to exceed \$10,000 for each tank for which such information is not given or for which false information is submitted.

23. SIGNATURE: *John Blaschik, Jr.*  
 23. NAME (Type or Print): John Blaschik, Jr.  
 23. TITLE (Type or Print): First Selectman

24. DATE SIGNED: 11-17-86  
 24. OFFICIAL TITLE (Type or Print): First Selectman

TOWN  
GARAGE

A1

B1

C1



**UNDERGROUND STORAGE FACILITY NOTIFICATION**



STATE OF CONNECTICUT  
Department of Environmental Protection  
UNDERGROUND STORAGE FACILITIES PROGRAM  
Bureau of Hazardous Waste Management  
79 Elm Street, Hartford, CT 06105-5127  
TEL. (860) 424-3374



EP-114-6 Rev 5/94

1. PG. of 11

2. SITE ID. [ ]

3. FOR STATE AGENCY USE ONLY  
3 FEE BILLED [ ]  
C FEE RECEIVED [ ]  
A DATE ENTERED [ ]  
E CODES FACILITY MEET NEW REQUIREMENTS? YES [ ] NO [ ]

1a.  FIRST NOTIFICATION  
OR  
 SUBSEQUENT NOTIFICATION

PLEASE TYPE OR PRINT. ALL THREE COPIES MUST BE LEGIBLE.  
Refer to INSTRUCTIONS FOR FILING NOTIFICATION before completing form.

4. LOCATION OF FACILITY: SITE NAME: PUPPLIC WORKS GARAGE  
CITY OR TOWN: EAST HADDAM  
STATE: CT  
LONGITUDE: 72° 27' 42"

5. BUSINESS NAME AND ADDRESS: PUPPLIC WORKS DEPARTMENT  
CITY OR TOWN: EAST HADDAM  
STATE: CT  
ZIP CODE: 06423  
TELEPHONE: (860) 872-5043

6. MAILING ADDRESS: SUSAN D. MEEBOW DIRECTOR  
CITY OR TOWN: EAST HADDAM  
STATE: CT  
ZIP CODE: 06423  
TELEPHONE: (860) 872-5020

8. TYPE OF OWNER:  PRIVATE  STATE  MUNICIPAL  FEDERAL (G.S.A. NO. \_\_\_\_\_)

9. OPERATOR/CONTACT PERSON: NAME: PETER LINKO  
CITY OR TOWN: EAST HADDAM  
STATE: CT  
ZIP CODE: 06423  
TELEPHONE: (860) 872-5033

TANK ID.	DATE OF INSTALLATION (Mo./Yr.)	EST. QUANTITY LEFT STORED (If any) (Gals.)	EST. QUANTITY IN PLACE (Gals.)	TOTAL CAPACITY (Gals.)	IN USE	13. TYPE OF CONTENTS	14. CONTENTS		15. CONSTRUCTION MATERIALS			16. PROTECTION			17. INTEGRAL PIPING SYSTEM		18. MONITORING SYSTEM (Specify type from list)	19. FAILURE DETERMINATION CONDUCTED? (If "YES", enter "DATE" and attach results; If "NO", enter "N/C")	
							CHEMICAL LIQUID	CHEMICAL SOLID	STEEL	REINFORCED CONCRETE	OTHER (Specify from list A)	UNLINED	INTERNAL	EXTERNAL	DATE OF INSTALLATION OR REPLACEMENT (Mo./Yr.)	PROTECTION (Specify from list B)			CONSTRUCTION (Specify from list C)
Example	5/75	30	5000	X		X													
Example	7/60	-	8000		X			X											
A1	?	15	1000		X			X											
B1	?	15	550		X			X											

20. HAVE YOU ATTACHED SKETCH OF TANKS AND LOCATION?  YES  NO

21. COMMENTS:

22. CERTIFICATION: I certify under penalty of law that I have personally examined the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate and complete. Penalties: any owner who knowingly fails to notify shall be subject to a civil penalty not to exceed \$50,000 for each tank for which notification is not given or for which false information is submitted.

23. DATE SIGNED: 1/12/00

23. SIGNATURE: [Signature]

23. NAME (Type or Print): PETER LINKO

23. OFFICIAL TITLE (of owner or authorized representative): DIR. OF PUBLIC WORKS

COPY 3: RETAIN FOR YOUR RECORDS.

File

# TOWN OF EAST HADDAM

## ZONING AND BUILDING APPLICATION

(Your application can not be reviewed until all required information is provided)

Permit # 0106-0100 Location Town Office 7 Main St.  
No. Street

Map # 17 Lot # 15 Lot Size \_\_\_\_\_ Zone \_\_\_\_\_ Subdivision \_\_\_\_\_

Owner's Name <u>Town of East Haddam</u> Address <u>P.O. Box K</u> <u>Main St.</u> <small>No. Street P.O. Box</small> <u>EAST HADDAM</u> <u>CT.</u> <u>06423</u> <small>Town State Zip</small>	Phone # _____  License # _____ Phone # _____
Contractor <u>Highway Dept.</u> Address _____ <small>No. Street P.O. Box</small> _____ <small>Town State Zip</small>	License # _____ Phone # _____

CONSTRUCTION: New \_\_\_\_\_ Alteration \_\_\_\_\_ Addition \_\_\_\_\_ Repair \_\_\_\_\_ Demolition \_\_\_\_\_ Estimated Cost \$ 2000  
 BRIEF DESCRIPTION OF PROPOSED WORK: REMOVE 500 GAL FUEL TANK  
(paint shed)

EXISTING BUILDING: Total sq. ft. of all floors \_\_\_\_\_ sf. # of stories \_\_\_\_\_ Height \_\_\_\_\_ # of bedrooms \_\_\_\_\_  
 PROPOSED ADDITION / NEW BUILDING: Total sq. ft. of new work \_\_\_\_\_ sf. # of stories \_\_\_\_\_ Height \_\_\_\_\_ # bedrooms (including existing) \_\_\_\_\_

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, HEATING, PLUMBING, WELL, WELL PUMP AND SEPTIC SYSTEMS

**Proposed Work:**  
 Is any work being done to the septic system? Yes \_\_\_ No \_\_\_  
 Is any work being done to the well? Yes \_\_\_ No \_\_\_  
 Is any work being done in Historic District Yes \_\_\_ No \_\_\_  
 Is any work being done within 75 ft. of a lake, pond, river, perennial, stream and / or soil types designates as poorly drained, very poorly drained, alluvial and floodplain? Yes \_\_\_ No \_\_\_

**Other Appeals or Reviews Required / Received**

\_\_\_\_ Tax Collector \_\_\_\_\_  
 \_\_\_\_ Historic Comm. \_\_\_\_\_  
 \_\_\_\_ Variance \_\_\_\_\_  
 \_\_\_\_ Inland Wetlands \_\_\_\_\_  
 \_\_\_\_ Flood Hazard Zone \_\_\_\_\_  
 \_\_\_\_ Driveway Permit \_\_\_\_\_

Signatures: \_\_\_\_\_  
Owner Date

Wayne Jones \_\_\_\_\_  
Agent Date 1/5/00

**OFFICE USE ONLY**

____ APPROVED ____ DISAPPROVED	Permit Fee Paid _____	Check # _____
Zoning Official _____	Date _____	
Comments _____		

<input checked="" type="checkbox"/> APPROVED	____ DISAPPROVED	Permit Fee Paid <u>waived</u>	Check # _____
Building Official <u>Wayne Jones</u>	Date <u>1-5-00</u>		
Comments _____			

# Shire Corporation

795 Route Thirty-Two, P.O. Box 6  
North Franklin, Connecticut 06254-0006  
Telephone (860) 642-6618

January 12, 2000

Town of East Haddam  
P.O. Box K  
East Haddam, CT 06423

Subject: Disposal of Storage Tanks

Dear Sirs:

On 10 January 2000 we disposed of two tanks removed from your property located on 7 Main Street in East Haddam, Connecticut.

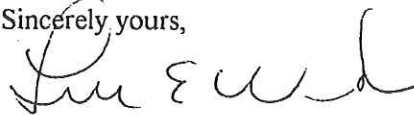
The tanks were as follows:

- 1.) one One Thousand gallon underground storage tank.
- 2.) one Five Hundred Fifty gallon underground storage tank.

The tanks have been disposed of according to federal, state, and local regulations and rendered unfit for further use. Frequent inspections of the Shire yard by Connecticut Department of Environmental Protection staff insure compliance with all state and federal environmental regulations.

Please feel free to call Len or Lori at 1-800-491-7726 with any questions.

Sincerely yours,



Leonard E. Wiese, Sr.  
President



**Appendix E**

Manifests from January 2000 Waste Removal Action



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST PROGRAM
79 Elm St., Hartford, CT 06106-5127

FOR STATE USE ONLY

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

UNIFORM HAZARDOUS WASTE MANIFEST
1. Generator's US EPA ID No. C.T.P.000.023366
2. Page 1 of 1
3. Generator's Name and Mailing Address: TOWN OF EAST HADDAM, 7 MAIN ST, EAST HADDAM, CT 06423
4. Generator's Phone: 860 873-5020
5. Transporter 1 Company Name: Environmental Services, Inc.
6. US EPA ID Number: CT D O 1 8 6 1 1 8 0 2
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: SAFETY-KLEEN (N.E.), INC., 300 CANAL ST, LAWRENCE, MA 01840
10. US EPA ID Number: M A D O O O 6 0 4 4 4 7
11. US DOT Description: a. Waste Toluene, 3, UN1294 PG II; b. Waste Paint Related material, 3, UN1263 PG II; c. Waste Paint Related material, 3, UN1263 PG II (D001); d. Waste Toxic, Liquid, Organic nos. (2,4-Dichlorophenoxy acetic acid, Iso propyl amine salt), 1, UN 2810 PG II
12. Containers: a. 001 DM 00055 G; b. 003 DM 00130 G; c. 002 DM 00110 G; d. 001 DM 00030 G
13. Total Quantity: a. 00055 G; b. 00130 G; c. 00110 G; d. 00030 G
14. Unit Wt/Vol: a. G; b. G; c. G; d. G
15. EPA STATE: a. D001, U220; b. D001, P003; c. D001, D007; d. D008, P003
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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, and all applicable State laws and regulations.
17. Transporter 1 Acknowledgement of Receipt of Materials: Peter R. Linko
18. Transporter 2 Acknowledgement of Receipt of Materials: Mike Ciccis
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: Dimas Rampersaud

FOR SPILLS WITHIN CONNECTICUT, CONTACT THE STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION AT 860-424-8802

FOR THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

MATERIAL PROFILE

**A. GENERATOR INFORMATION**  
 Generator Name: Town of East Haven  
 Facility Address (No P.O. Box): 7 Main St  
 City/State/Zip: East Haven CT 06423  
 Technical Contact: E. Haddock  
 Phone: 860-527-2822  
 Generator Location (if different from Facility Address):  
 SIC Code: 8000  
 DOT Assistance Requested:   
 DOT Proper Shipping Name: Paint in cans  
 Hazard Class/Division: 3 ID # (UN/NA): 1263 Packing Group (PG): II RQ

**B. SHIPPING INFORMATION**  
 DOT Assistance Requested:   
 DOT Proper Shipping Name: Paint in cans  
 Hazard Class/Division: 3 ID # (UN/NA): 1263 Packing Group (PG): II RQ

Material	Quantity	Frequency	Container Type	Bulk Shipping Containers
Gal	200	1 X	Yd. Box or Super Sack	
Gal			Hard Top or Taped Bin	
Gal			End Dump (Traped) Trailer	
Gal			Tank or Vacuum Trailer	

**C. GENERAL MATERIAL & REGULATORY INFORMATION**  
 Name of Material: Paint in cans  
 Process Generating the Material: used solvent  
 Order:  None  Mild  Strong; Describe: used solvent

Regulated or Licensed Radioactive Waste  
 Regulated Medical / Infectious Waste  
 Waste Subject To Benzene NESHAP Regulations  
 TSCA Regulated PCB Waste (List any PCB level in Sec.D)  
 Regulated Subpart CC Waste (VOCs > 500 ppm)  
 Regulated Ozone Depleting Substance  
 CERCLA Regulated (Superfund) Waste  
 Leachables Dobbis (subject to inorganic LDR treatment standards)  
 Waste Contains UHC's/Constituents of Concern

EPA Haz. Waste Only:  1  2  3  4  5  
 Origin Code:  A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z  
 Form Code: B System Code: M

**D. MATERIAL COMPOSITION**  
 1. Chemical / Physical Constituents: List all detectable components by chemical name, including physical material, e.g., solvent, debris.  
 Chemical Constituents & Composition

Chemical Constituents & Composition	ppm	%	Unit
<u>Cans (metal)</u>	<u>10-20</u>		
<u>Mineral spirits</u>	<u>90-10</u>		
<u>Xylene</u>	<u>5-10</u>		
<u>Toluene</u>	<u>5-10</u>		
<u>ethyl benzene</u>	<u>5-10</u>		
<u>Acetylacetone</u>	<u>10-20</u>		
<u>Alkyd Resin</u>	<u>10-20</u>		

Range Total: 100%  
 Section, D continues on the next page for Elemental Constituents

**D. MATERIAL COMPOSITION (Continued)**  
 Check either:  Total Analysis or  TCLP Method or  Generator Knowledge. Item enter data below.

Constituent	ppm	Constituent	ppm	Constituent	ppm
Aluminum		Fluoride		Nickel	
Antimony		Lead	<u>620,1720</u>	Phosphorus	
Arsenic		Lithium		Potassium	
Barium		Magnesium		Selenium	
Beryllium		Mercury		Silicon	
Bromine		Manganese		Silver	
Cadmium		Vanadium		Sulfur	
Chlorine		Zinc		Tellurium	
Chromium				Titanium	
Cobalt				Vanadium	
Copper				Zinc	

**E. REACTIVE CHARACTERISTICS**  
 Check if this waste exhibits No Reactive Characteristics: Yes No  
 Explosive  Oxidizer  Reactive Cyanide  ppm  
 Shock Sensitive  Water Reactive  Reactive Sulfide  ppm  
 Pyrophoric  Air Reactive  Polymerizable  
 Other Incompatibilities: Describe: \_\_\_\_\_

**F. MATERIAL PHYSICAL CHARACTERISTICS @ 70° F.**  
 # of Phases: 1 Color: White Flash Point: \_\_\_\_\_ °F (if < 3°F)  
 Liquids: 60-80 Specific Gravity: 1.0-1.1  < 1.07F  1.01-1.11F  > 1.12F  
 Sludge: 10-12 Viscosity: \_\_\_\_\_ cp  < 100F  > 200F  
 Solids: 10-20 Density: \_\_\_\_\_ lb./cu.ft. Boiling Point (if < 130°F): \_\_\_\_\_  
 Powder: \_\_\_\_\_ Ash % (Bulldrop Only): \_\_\_\_\_  
 Gas: \_\_\_\_\_

**G. GENERATOR PROFILE CERTIFICATION**  
 I hereby certify that I am an authorized agent of the generator and warrant on behalf of the generator that the information supplied on this form and on any other forms hereto is complete and accurate, and that all known or suspected hazards of the material(s) described herein have been identified and that if the sample test results indicate a discrepancy with any information supplied on this form, that either Safety-Kleen or the generator may initiate further testing and evaluation in accordance with the terms and conditions of the contract between Safety-Kleen and the generator and that the profile certification may be amended accordingly.  
 Name & Title (Printed or Typed): John R. Janko D.P.W. 1/26/00  
 Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**SAFETY-KLEEN USE ONLY**  
 SK Site Rep. Name: \_\_\_\_\_ Product Code or Part #: \_\_\_\_\_ TFI Flow-path #: \_\_\_\_\_  
 Process Approval #: \_\_\_\_\_ Territory/Branch #: \_\_\_\_\_  
 Waste Approval & Certification: \_\_\_\_\_  
 I certify acceptability of this waste stream and that all appropriate permits have been obtained, as indicated by Safety-Kleen's facility approval below:  
 Safety-Kleen's Authorized Facility Signature: \_\_\_\_\_ Name & Title (Printed or Typed): \_\_\_\_\_ Date: \_\_\_\_\_  
 GENERATOR  
 © 1999 All Rights Reserved. Safety-Kleen Corp. Page 2 of 2

MATERIAL PROFILE

**A. GENERATOR INFORMATION**

Generator Name: Town of East Andover Billing Company: East Andover Sewer and Water

Facility Address (No P.O. Box): 7 Main St Billing Address: 41 Parkfield St

City/State/Zip: South Weston CT

Technical Contact: R. L. Vanko Phone: 860 373 3370 Fax: \_\_\_\_\_

Generator Location (if different from Facility Address): Same

SK Code: \_\_\_\_\_ State Generating ID #: \_\_\_\_\_

**B. SHIPPING INFORMATION**

DOT Assistance Requested:  Check if SK Transportation Services are requested

US DOT Proper Shipping Name: Waste Paint solvent Related material

Hazard Class / Division #: 3 ID #: NA Packing Group (PG): II RQ \_\_\_\_\_

Material	Non-Bulk Shipping Containers	Container Type	Quantity & Size	Frequency
56 Gal	<input type="checkbox"/> Drum <input type="checkbox"/> Super Sack	<input type="checkbox"/> Yr. Bucket <input type="checkbox"/> Super Sack		
20 Gal	<input type="checkbox"/> Drum <input type="checkbox"/> Trapped Bin	<input type="checkbox"/> Hand Trip up <input type="checkbox"/> Trapped Bin		
1 Gal	<input type="checkbox"/> Drum <input type="checkbox"/> End Dump (Trapped) Trailer	<input type="checkbox"/> End Dump (Trapped) Trailer		
1 Gal	<input type="checkbox"/> Drum <input type="checkbox"/> Tank or Vacuum Trailer	<input type="checkbox"/> Tank or Vacuum Trailer		

**C. GENERAL MATERIAL & REGULATORY INFORMATION**

Name of Material: Paint solvent

Process Generating The Material: Paint solvent

Color: None  Solid  Strong Describe: solvent

Regulated or Licensed Radioactive Waste

Regulated Medical / Infectious Waste

Waste Subject To Benzene / NESHA Regulations

TSCA Regulated PCB Waste (List any PCB level in Sec D)

Regulated Subpart CC Waste (VOCs > 2,500 ppm)

Regulated Ozone Depleting Substance

CERCLA Regulated (Superfund) Waste

Hazardous Debris (subject to alternative LDR treatment (40 CFR))

Waste Contains UHVCs/Constituents of Concern

If Yes, list in  Sec. D or  Constituent Addendum

EPA Haz Waste Only: 01 02 03 04 05 Source Code: A Form Code: D System Code: N

**D. MATERIAL COMPOSITION**

1. Chemical / Physical Constituents: List all detectable components by chemical name, including physical material, e.g., solvent, debris.

Chemical Constituents & Compound	ppm	Chemical Constituents & Compound	ppm
<u>Paint Pigments</u>	<u>5-1000</u>	<u>Toxins</u>	<u>1-1</u>
<u>Polystyrene</u>	<u>1-5</u>	<u>Alkyd Resin</u>	<u>5-10</u>
<u>Calcium carbonate</u>	<u>1-5</u>	<u>Acrylic Resin</u>	<u>5-10</u>
<u>Ammonium sulfate</u>	<u>5-10</u>		
<u>Diethylene glycol</u>	<u>1-5</u>		
<u>Diethylene glycol</u>	<u>1-5</u>		

Range Total ≥ 100% \_\_\_\_\_

MATERIAL PROFILE

**D. MATERIAL COMPOSITION (Continued)**

Check either:  Total Analysis or  TCLP Method or  Generator Knowledge, then enter data below.

Constituent	ppm	Constituent	ppm	Constituent	ppm
Aluminum		Fluorine		Nickel	
Antimony		Lead		Phosphorus	
Arsenic		Lithium		Potassium	
Barium		Manganese		Selenium	
Beryllium		Mercury		Silicon	
Bromine		Molybdenum		Silver	
Cadmium				Zinc	
Chlorine					
Chromium					
Cobalt					
Copper					
Iodine					

**E. REACTIVE CHARACTERISTICS**

Check if this waste exhibits No Reactive Characteristics

Explosive  Oxidizer  Reactive Cyanide

Shock Sensitive  Water Reactive  Reactive Sulfide

Pyrophoric  Air Reactive  Polymetallable

Other Incompatibilities Describe: \_\_\_\_\_

**F. MATERIAL PHYSICAL CHARACTERISTICS @ 70° F.**

# of Phases: 2 Flash Point: \_\_\_\_\_ °F (if < 73°F)

Color: Brown/Red pH: \_\_\_\_\_ Liquids > 20°C H<sub>2</sub>O or \_\_\_\_\_ pH  Non-Aqueous

Liquid %: 75 Specific Gravity: 0.9-1.05 @ 73-100°F  100-141°F  < 2.4 pH  > 4-10 pH

Sludge %: 25 Viscosity cP: \_\_\_\_\_  142°F-230°F F  230°F F

Solid %: \_\_\_\_\_ Density: 1.1-1.88 Boiling Point (if < 133°F): \_\_\_\_\_  > 10- < 12.5 pH  ≥ 12.5 pH

Powder %: \_\_\_\_\_ Ash % (Dryweight Only): \_\_\_\_\_ BTU's/lb or Range: 5000-10,000

Comments: Spill on sidewalk

**G. GENERATOR PROFILE CERTIFICATION**

I hereby certify that I am an authorized agent of the generator, and warrant on behalf of the generator that the information supplied on this form and on any attachments or supplements hereto is complete and accurate, and that all known or suspected hazards of the material(s) described herein have been disclosed. I agree that if the sample test results indicate a discrepancy with any information supplied on this form, that either Safety-Kleen or the generator may initiate further testing and evaluation. It is understood with the terms and conditions of the contract between Safety-Kleen and the generator and that this profile certification may be amended accordingly.

Name & Title (Printed or Typed): John K. ... Date: 1/26/00

Generator Authorized Signatory: \_\_\_\_\_





**STATE OF CONNECTICUT**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**Hazardous Waste MANIFEST PROGRAM**  
 79 Elm St., Hartford, CT 06106-5127

FOR STATE USE ONLY

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

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.  
 FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP. - OIL AND CHEMICAL SPILL RESPONSE AT (203) 266-3328.  
 GENERATOR  
 TRANSPORTER  
 FACILITY

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>16</b> Manifest Document No. <b>CT-P-0000233601a-7783</b>		2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but may be required by State law	
3. Generator's Name and Mailing Address <b>TOWN OF EAST HADDAM 7 MAIN ST EAST HADDAM, CT 06423</b>				A. State Manifest Document Number <b>CT F 0887783</b>		
4. Generator's Phone (860) <b>873-5020</b>				B. G.S.I. (Gen. Site Address) <b>SAME</b>		
5. Transporter 1 Company Name <b>Environmental Services, Inc.</b>		6. US EPA ID Number <b>CTD018811802</b>		C. S.T.I. (Trans. Lic. Plate #) <b>ET91-A</b>		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Tran. Phone ( <b>860 528-9500</b> )		
9. Designated Facility Name and Site Address <b>SAFETY-KLEEN (N.E.), INC. 300 CANAL ST LAWRENCE, MA 01840</b>		10. US EPA ID Number <b>MA D 0 0 0 5 0 4 4 4 7</b>		E. S.T.I. (Trans. Lic. Plate #)		
				F. Tran. Phone ( )		
				G. State Facility's ID (Not Required)		
				H. Facility's Phone ( <b>978 683-1002</b> )		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
a. <b>PG Waste Flammable Liquids, Toxic, N.O.S., (Xylenes, Pentachlorophenol) (F027), 3, un 1992, PG II</b>		No. Type	0.01 DF 0.050 P	P	EPA Doc, F027, D027 STATE None	
b. <b>Waste Corrosive Liquid, Basic, Inorganic (Ammonium Hydroxide, Sodium Silicate), 8, un 3262, PG II</b>		No. Type	0.01 DF 0.050 P	P	EPA Doc 02 STATE None	
c. <b>Waste Corrosive Liquid, acidic, Inorganic, (Aluminum Chloride Solution), 8, un 3264, PG II</b>		No. Type	0.01 DF 0.050 P	P	EPA Doc 02 STATE None	
d.		No. Type			EPA STATE	
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above				
a. <b>LAB PACK 112569 -01</b>		b. <b>LAB PACK 112569 -02</b>		Interim Final	Interim Final	
15. Special Handling Requirements and Other Information <b>24 HOUR EMERGENCY CONTACT (978) 683-1002 // ESI PROJECT # 200078</b> <b>11a ERG # 131</b> <b>11b ERG # 123</b>		<b>11c ERG # 126</b> <b>Point of Departure:</b> <b>SEE ATTACHED packing list</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, and all applicable State laws and 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>Peter R. Linko</b>		Signature <i>Peter R. Linko</i>		Month Day Year <b>01 26 00</b>		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name <b>Mike Ciaccia</b>		Signature <i>Mike Ciaccia</i>		Month Day Year <b>01 26 00</b>
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name <b>Dimitris Komposarou</b>		Signature <i>Dimitris Komposarou</i>		Month Day Year <b>01 12 00</b>		

# Laidlaw Environmental Services (North East), Inc.

## LAB PACK CONTAINER CONTENTS

*East Haddam*

CONTAINER NO.: <span style="float: right;">-01</span>	
SHIPPING NAME: <b>20 Waste Flammable Liquids, Toxic No. 5</b>	DATE: <b>1/21/00</b>
ADD'L DESC: <b>(Xylenes, Pentachloroethanol) (F027)</b>	ROUTING:
HAZARD CLASS: <b>3</b>	PHYSICAL STATE: <b>S</b> PACKING GROUP: <b>II</b>
PRIMARY LABEL: <b>Flamm</b>	SUBSIDIARY LABEL: <b>Toxic</b>
UN/NA NO.: <b>1992</b>	<b>D001 F027 D037</b>
LOC CODE:	
LANDBAN: <input checked="" type="checkbox"/> N <input type="checkbox"/> V	
NON REG: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	HAZ: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
WASTE WATER: <input checked="" type="checkbox"/> N	CAT: <b>2a/b</b>
SUB CAT:	LEGEND:
TREATMENT STANDARDS:	

TYPE/SIZE: <b>16 DF</b>	GP: <b>D</b>
LES APP:	
DISP APP:	
BILLING CODE:	
PRICING CODE:	
SOURCE CODE: A <b>58</b>	IA <b>---</b>
FORM CODE: B <b>003</b>	
NY TREAT CODE:	

Line No.	MATERIAL DESCRIPTION	Odor Problem	Cont. Type	Phy St	Material Quantity	EPA Waste Code #
01	<b>2,4-Bis(isopropylamino)-6</b>	<b>N</b>	<b>M</b>	<b>L</b>	<b>5 gal</b>	<b>D001, F027, D03</b>
02	<b>- methoxy-5-triazine</b>				<b>3.12%</b>	
03	<del><b>Pentachloroethanol</b></del>				<b>1.12%</b>	
04	<b>Aromatic solvents</b>				<b>Balance</b>	
05	<b>(pet distals)</b>					
06						
07						
08						
09						
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11						
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22						
23						
24						

CHEMIST: *R. H.*

# Laidlaw Environmental Services (North East), Inc.

## LAB PACK CONTAINER CONTENTS

*East Haddam*

CONTAINER NO.: <span style="float: right;">-02</span>			
SHIPPING NAME: <i>Waste Corrosive Liquid, alkaline Basic, Inorganic</i>			
ADD'L DESC: <i>(Ammonium Hydroxide, Sodium Silicate)</i>			
HAZARD CLASS: <i>8</i>	PHYSICAL STATE: <i>5</i>	PACKING GROUP: <i>II</i>	
PRIMARY LABEL: <i>Corrosive</i>		SUBSIDIARY LABEL:	
UN/NA NO.: <i>3262</i>	<i>D002</i>		
LOC CODE:			
LANDBAN: <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> V			
NON REG: <input checked="" type="radio"/> Y <input type="radio"/> N	HAZ: <input checked="" type="radio"/> Y <input type="radio"/> N	WASTE WATER: <input type="radio"/> Y <input checked="" type="radio"/> N	CAT: <i>2a/b</i>
SUB CAT:		LEGEND:	
TREATMENT STANDARDS:			

DATE: <i>1/21/00</i>
ROUTING: <i>LES</i>
TYPE/SIZE: <i>16 DF</i> GP: <i>B</i>
LES APP:
DISP APP:
BILLING CODE:
PRICING CODE:
SOURCE CODE: A <i>58</i> /A
FORM CODE: B <i>003</i>
NY TREAT CODE:

Line No.	MATERIAL DESCRIPTION	Odor Problem	Cont. Type	Phy St	Material Quantity	EPA Waste Code #
01	<i>Ammonium Hydroxide</i>	<i>Y</i>	<i>P</i>	<i>L</i>	<i>3 X 1 gal</i>	<i>D002</i>
02	<i>Sodium Silicate Solution</i>	<i>N</i>	<i>G</i>	<i>L</i>	<i>9 X 2.5 gal</i>	<i>D002</i>
03	<i>Sodium Carbonate</i>	<i>N</i>	<i>P</i>	<i>S</i>	<i>10 lbs</i>	<i>CROSSMASH</i>
04						
05						
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CHEMIST: *[Signature]*

# Laidlaw Environmental Services (North East), Inc.

## LAB PACK CONTAINER CONTENTS

*East Haddam*

CONTAINER NO.: / <span style="float: right;">-03</span>			
SHIPPING NAME: <i>Waste Corrosive Liquid, acidic, inorganic</i>			
ADD'L DESC: <i>(Aluminum chloride solution)</i>			
HAZARD CLASS: <i>8</i>	PHYSICAL STATE: <i>S</i>	PACKING GROUP: <i>III</i>	
PRIMARY LABEL: <i>Corrosive</i>		SUBSIDIARY LABEL:	
UN/NA NO.: <i>3264</i>	<i>D002</i>		
LOC CODE:			
LANDBAN: <i>UN V</i>			
NON'REG: <i>Y</i> <input checked="" type="checkbox"/>	HAZ: <input checked="" type="checkbox"/> <i>N</i>	WASTE WATER: <input checked="" type="checkbox"/> <i>N</i>	CAT: <i>2a/b</i>
SUB CAT:		LEGEND:	
TREATMENT STANDARDS:			

DATE: <i>1/2/00</i>
ROUTING: <i>LES</i>
TYPE/SIZE <i>16DF</i> GP:
LES APP:
DISP APP:
BILLING CODE:
PRICING CODE:
SOURCE CODE: A <i>50</i> /A
FORM CODE: B <i>003</i>
NY TREAT CODE:

Line No.	MATERIAL DESCRIPTION	Odor Problem	Cont. Type	Phy St	Material Quantity	EPA Waste Code #
01	<i>Aluminum chloride sol'n</i>	<i>N</i>	<i>G</i>	<i>L</i>	<i>10 x 250ml</i>	<i>D002</i>
02	<i>Sodium chloride</i>	<i>N</i>	<i>P</i>	<i>S</i>	<i>25 lb</i>	<i>NA99, C1205</i>
03						
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*[Signature]*



Customer Notification And Certification

FORM A  
Page: 1

Generator Name/Location: Town of East Haddam  
EPA I.D. Number: CTP000023  
Waste Profile or ARF Designation:  
Manifest Number: CTF0887783  
EPA Waste Number(s): D001, F027, B037, D002

7 main ST  
E. Haddam CT  
06423

Waste Analysis Information: Attached or On file at receiving facility

UNRESTRICTED WASTE NOTIFICATION (Category 1)

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

RESTRICTED WASTE NOTIFICATION (Category 2a)

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

LAB PACK CERTIFICATION (Category 6)

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes which have not been excluded under appendix IV to 40 CFR part 268 and that this lab pack will be sent to a combustion facility in compliance with the alternative treatment standards for lab packs at 40 CFR 268.42(c). I am aware there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

SIGNATURE: Peter M. Lillo DATE: 1-26-00

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_



FORM B (Must be accompanied by Form A)

Generator Name/Location:

Town of East Haddam

7 main St E. Haddam, CT  
38 Haddam  
06423

EPA I.D. Number: CTP000023

Manifest: CTF0887783

Page: 2

Waste Profile or ARF	Category No.	EPA or STATE Waste Code	Variance Date	Treatability Group (WW or NWW)	Description/Sub Category/Waste Constituents (where required)
-01	27/6	D001 F027 E037		NWW	Ignitable characteristic waste High Toc Pentachlorophenol TC for pentachlorophenol
-02	29/6	D002		NWW	Corrosive characteristic waste
-03	29/6	D002		NWW	Corrosive characteristic waste



STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION Hazardous Waste MANIFEST PROGRAM 79 Elm St., Hartford, CT 06106-5127

FOR STATE USE ONLY

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

FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP., OIL AND CHEMICAL SPILL RESPONSE AT 1-800-332-3338. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

UNIFORM HAZARDOUS WASTE MANIFEST form with sections for generator information, transporter information, waste description, and signatures.

MATERIAL PROFILE

**A. GENERATOR INFORMATION**

Generator Name: East-Hadley Billing Company: East-Hadley

Facility Address: 7 Main St Billing Address: 77 Southfield St

City/State/Zip: East-Hadley CT 06183

Technical Contact: John L. ... Billing Contact: John L. ...

Phone: 860-873-1020 Fax: 860-873-1020

Generator Location (if different from Facility-Address): East-Hadley CT 06183

SIC Code: 2820 CESSQ US EPA ID: RTI000023360 State Generating ID # ...

**B. SHIPPING INFORMATION**

US DOT Proper Shipping Name: Non-hazardous liquid Check if SK Transportation Services are requested

Hazard Class / Division # / Class ID # (UN NA): NA Packing Group (PO): NA

Size	Qty	Fiber	Quantity	Frequency	Container Type	Quantity & Size	Frequency
30 Gal	1	0	1	1x	Super Sack		
24 Gal	1	0	1	1x	Hard Top or Taped Bin		
Gal	0	0	0		End Dump (Taped) Trailer		
Gal	0	0	0		Tank or Vacuum Trailer		

**C. GENERAL MATERIAL & REGULATORY INFORMATION**

Name of Material: Defergent liquid

Process Generating the Material: used product detergent

Other:  None  Alkali  Strongly Corrosive

Yes/No:  Regulated or Licensed Radioactive Waste  Meets LDR Standards or  Partially Meets (See Label Only)

Regulated Medical / Infectious Waste  Commingled Waste (Two or more hazardous wastes mixed as one)

Waste Subject To Benzene NESHAP Regulations  Sorbent Aqueous: If Yes, is sorbent biodegradable?  Yes  No

TSCA Regulated PCB Waste (List any PCB level in Sec. D)  Exempt Waste: If Yes, list reference in CFR

Regulated Subpart CC Waste (VOCs > 500 ppm)  State Hazardous Waste: State Code: HA01, ER01

Regulated Ozone Depleting Substance  EPA Hazardous Waste

CERCLA Regulated (Superfund) Waste  EPA Waste Codes (including any LDR abbreviations 4, 1, D01) Water Reactant

Hazardous Debris (Subject to alternative LDR treatment standards)

Waste Contains UHCs/Constituents of Concern

If Yes, list in  Sec. D or  Constituent Addendum

**D. MATERIAL COMPOSITION**

I. Chemical / Physical Constituents: List all detectable components by chemical name, including physical material, e.g., sorbent, debris.

Chemical Constituents & Compounds	ppm	wt %	wt %
Water	80-90		
Trisodium phosphate	0-3		
Sodium lauryl sulfate	0-3		

Chemical Constituents & Compounds: None

EPA file: Waste Only  Origin Code:  1  2  3  4  5 Source Code: A Form Code: B System Code: M

Range Total  $\geq$  100%

Note: Completion of Sections D.2 & F is optional for Analytical Profile (representative sample submitted, test results used to complete D.2 & F). Completion of Sections D.2, E, & F is optional for Standard Industry Profile (Safety-Kleen Corp. historical data utilized to complete D.2, E, & F).

**D. MATERIAL COMPOSITION (Continued)**

2. Elemental Constituents

Check either:  Total Analysis or  TCLP Method or  Generator Knowledge, then enter data below.

Constituent	ppm	Constituent	ppm	Constituent	ppm
Aluminum		Fluorine		Nickel	
Antimony		Lead		Phosphorus	< 10,000
Arsenic		Lithium		Potassium	
Barium		Manganese		Selenium	
Beryllium		Mercury		Silver	
Bismuth		Molybdenum		Sulfur	< 10,000

**E. REACTIVE CHARACTERISTICS**

Check if this waste exhibits No Reactive Characteristics

Yes/No:  Explosive  Oxidizer  Reactive Cyanide  ppm

Shock Sensitive  Water Reactive  Reactive Sulfide  ppm

Pyrophoric  Air Reactive  Polymerizable

Other Incompatibilities: Describe: \_\_\_\_\_

**F. MATERIAL PHYSICAL CHARACTERISTICS @ 70° F.**

# of Phases: 1 Color: clear Flash Point: \_\_\_\_\_ °F (if < 75°F)

Liquid %: 100 Specific Gravity: 1.0-1.05 °F: 73-100°F or 100-141°F

Sludge %: 0 Viscosity cP: 100-200 °F: 142°F - 230°F or 230°F

Solid %: 0 Density: 1.0-1.05 g/cc (if < 1.30°F) Boiling Point (if < 130°F): \_\_\_\_\_

Powder %: 0 Ash % (Highpurity Only): \_\_\_\_\_

Comments: \_\_\_\_\_

**G. GENERATOR PROFILE CERTIFICATION**

I hereby certify that I am an authorized agent of the generator, and warrant on behalf of the generator that the information supplied on this form and on any attachments or supplements hereto is complete and accurate, and that all known or suspected hazards of the material(s) described herein have been disclosed. I agree that if the sample test results indicate a discrepancy with any information supplied on this form, that either Safety-Kleen or the generator may initiate further testing and evaluation in accordance with the terms and conditions of the contract between Safety-Kleen and the generator and that this profile certification may be amended accordingly.

Signature: [Signature] Name & Title (Printed or Typed): John R. Linker, DW Date: 1/21/00

Generator's Authorized Signature





2206399

### MATERIAL PROFILE

**A. GENERATOR INFORMATION**

Generator Name: Iron at East Hadley  
 Billing Company: ILL. Logistics Inc  
 Billing Address: 90 Brookfield St  
 City/State/Zip: East Hadley, CT 06828  
 Technical Contact: P. Luksa  
 Generator Location (if different from facility address): CT-17902333  
 SIC Code: 28

**B. SHIPPING INFORMATION**

US DOT Proper Shipping Name: State regulated oil waste  
 Hazard Class / Division # (UN NA): 9  
 Non-Bulk Shipping Containers: 1  
 Bulk Shipping Containers: 0

**C. GENERAL MATERIAL & REGULATORY INFORMATION**

Name of Material: oil waste  
 Process Generating the Material: make vehicle maintenance  
 Color: None  
 Yes  No  Regulated or Licensed Radioactive Waste  
 Yes  No  Regulated Medical / Infectious Waste  
 Yes  No  Waste Subject to Benzene NESHAP Regulations  
 Yes  No  TSCA Regulated PCB Waste (List any PCB level in Sec. D)  
 Yes  No  Regulated Subpart CC Waste (VOs > 500 ppm)  
 Yes  No  Regulated Ozone Depleting Substance  
 Yes  No  CERCLA Regulated (Superfund) Waste  
 Yes  No  Hazardous Debris (Subject to alternative LDR treatment standards)  
 Yes  No  Waste Contains UHCs/Constituents of Concern  
 If Yes, list in  Sec. D or  Constituent Addendum

**D. MATERIAL COMPOSITION**

1. Chemical / Physical Constituents: List all detectable components by chemical name, including physical material, e.g., sorbent, debris.

Chemical Constituents & Compounds	ppm	Range Total ≥ 100%
<u>toluene</u>	<u>20-70</u>	
<u>ethylene glycol</u>	<u>20-30</u>	
<u>oil</u>	<u>50-60</u>	

Section D continues on the next page for Elemental Constituents

GENERATOR

2206399

Note: Completion of Sections D.2, E & F is optional for:  Analytical Profile (representative sample submitted); test results used to complete D.2, E & F.  
 Completion of Sections D.2, E & F is optional for:  Standard Industry Profile (Safety-Kleen Corp. historical data utilized to complete D.2, E & F).

**D. MATERIAL CONSTITUENTS (Continued)**

Check either:  Total Analysis or  TCLP Method or  Generator Knowledge, then enter data below.

Constituent	ppm	Constituent	ppm	Constituent	ppm
Aluminum		Fluoride		Nickel	
Antimony		Lead		Phosphorus	
Arsenic		Lithium		Potassium	
Barium		Manganese		Selenium	
Beryllium		Mercury		Silicon	
Bromine		Molybdenum		Silver	
Cadmium				Sulfur	
Chlorine				Tellurium	
Chromium				Titanium	
Cobalt				Vanadium	
Copper				Zinc	
Iodine					

**E. REACTIVE CHARACTERISTICS**

Check if this waste exhibits. No Reactive Characteristics

Yes  No

Explosive  Oxidizer  Reactive Cyanide  ppm

Shock Sensitive  Water Reactive  ppm

Pyrophoric  Air Reactive  Polymerizable

Other Incompatibilities: Describe \_\_\_\_\_

**F. MATERIAL PHYSICAL CHARACTERISTICS @ 70° F.**

Check if this waste exhibits. No Reactive Characteristics

Yes  No

# of Phases: 2 Color: Black/gray Flash Point: \_\_\_\_\_ °F (if < 70° F)

Liquid %: 50 Specific Gravity: 1.0 Liquid:  70 - < 100° F  100 - 141° F  142° F - < 200° F  > 200° F

Solids %: 50 Viscosity: 8.8 Sludge %: \_\_\_\_\_ Boiling Point (if < 130° F): \_\_\_\_\_

Solid %: \_\_\_\_\_ Density: \_\_\_\_\_ Ash % (Highly Dependent): \_\_\_\_\_

Powder %: \_\_\_\_\_ Comments: \_\_\_\_\_

Gas %: \_\_\_\_\_

**G. GENERATOR PROFILE CERTIFICATION**

I hereby certify that I am an authorized agent of the generator, and warrant on behalf of the generator that the information supplied on this form and on any attachments or supplements hereto is complete and accurate, and that all known or suspected hazards of the material(s) described herein have been disclosed. I agree that if the sample test results indicate a discrepancy with any information supplied on this form, that either Safety-Kleen Inc. or the generator may initiate further testing and evaluation in accordance with the terms and conditions of the contract between Safety-Kleen Inc. and the generator and that this profile certification may be amended accordingly.

Generator's Authorized Signature: Pete A. Links Date: 1/26/00

**Safety-Kleen Use Only**

SK States Rep. Name: \_\_\_\_\_ Product Code or Part #: \_\_\_\_\_ Territory Branch #: \_\_\_\_\_

Process Approval # \_\_\_\_\_ TRI Flowpath # \_\_\_\_\_ Pricing \_\_\_\_\_

Waste Approval & Certification

I certify acceptability of this waste stream and that all appropriate permits have been obtained, as indicated by Safety-Kleen's facility approval below.

Safety-Kleen's Authorized Facility Signature: \_\_\_\_\_ Name & Title (Printed or Typed): \_\_\_\_\_ Date: \_\_\_\_\_

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### MATERIAL PROFILE

**A. GENERATOR INFORMATION**

Generator Name: Team at East-Halls Billing Company: Evu Services Plus  
 Facility Address (No PO Box): 7 Pine St Billing Address: LA Rockwell St  
 City/State/Zip: Portland ME 04107 City/State/Zip: Portland ME 04107  
 Technical Contact: P. Lillis Billing Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Generator Location (if different from Facility Address): \_\_\_\_\_ State Generating ID #: \_\_\_\_\_  
 SIC Code: \_\_\_\_\_ CESQG \_\_\_\_\_ SOG US EPA ID # \_\_\_\_\_  
 State: Maine DOT Assistance Requested:  Check if SK Transportation Services are requested  
 US DOT Proper Shipping Name: State Regulated Oil Waste Packing Group (PG): II  
 Hazard Class / Division # 3 UN # 1993 Non-Bulk Shipping Containers: \_\_\_\_\_  
 Bulk Shipping Containers: \_\_\_\_\_

**B. SHIPPING INFORMATION**

Material Type: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Container Type: \_\_\_\_\_ Quantity & Size: \_\_\_\_\_  
 Yd. Box  Super Sack  
 55 Gallon Drum  200 Gallon Drum  
 110 Gallon Drum  240 Gallon Drum  
 30 Gallon Drum  40 Gallon Drum  
 60 Gallon Drum  80 Gallon Drum  
 100 Gallon Drum  120 Gallon Drum  
 150 Gallon Drum  200 Gallon Drum  
 250 Gallon Drum  300 Gallon Drum  
 350 Gallon Drum  400 Gallon Drum  
 450 Gallon Drum  500 Gallon Drum  
 600 Gallon Drum  700 Gallon Drum  
 800 Gallon Drum  900 Gallon Drum  
 1000 Gallon Drum  1200 Gallon Drum  
 1500 Gallon Drum  2000 Gallon Drum  
 2500 Gallon Drum  3000 Gallon Drum  
 3500 Gallon Drum  4000 Gallon Drum  
 4500 Gallon Drum  5000 Gallon Drum  
 6000 Gallon Drum  7000 Gallon Drum  
 8000 Gallon Drum  9000 Gallon Drum  
 10000 Gallon Drum

**C. GENERAL MATERIAL & REGULATORY INFORMATION**

Name of Material: #6 Oil  
 Process Generating The Material: used material  
 Yes  No  Mild  Strong Describe: \_\_\_\_\_  
 Regulated or Licensed Radioactive Waste  
 Regulated Medical / Infectious Waste  
 Waste Subject To Benzene NESHAP Regulations  
 TSCA Regulated PCB Waste (List any PCB level in Sec. D)  
 Regulated Subpart CC Waste (VOCs  $\geq$  500 ppm)  
 Regulated Ozone Depleting Substance  
 CERCLA Regulated (Superfund) Waste  
 Hazardous Debris (Subject to alternate LDR treatment standards)  
 Waste Contains UHCs-Constituents of Concern  
 If Yes, list in  Sec. D or  Constituent: Addendum  
 EPA Use: Acute Only Origin Code: 01 03 03 04 05 System Code: M  
 Source Code: A Form Code: B

**D. MATERIAL COMPOSITION**

I. Chemical / Physical Constituents: List all detectable components by chemical name, including physical material, e.g., solvent, debris.  
 Chemical Constituents & Compound ppm  
Acetic Acid ppm  
Acetone ppm  
Aluminum ppm  
Ammonia ppm  
Asbestos ppm  
Benzene ppm  
Bismuth ppm  
Butane ppm  
Calcium ppm  
Carbon ppm  
Chlorine ppm  
Chromium ppm  
Cobalt ppm  
Copper ppm  
Cyanide ppm  
Dioxin ppm  
Fluorine ppm  
Gold ppm  
Iron ppm  
Lead ppm  
Lithium ppm  
Manganese ppm  
Mercury ppm  
Molybdenum ppm  
Nickel ppm  
Phosphorus ppm  
Potassium ppm  
Selenium ppm  
Silicon ppm  
Silver ppm  
Sodium ppm  
Sulfur ppm  
Tantalum ppm  
Tin ppm  
Titanium ppm  
Vanadium ppm  
Zinc ppm

Range Total  $\geq$  100%  
 SECTION D CONTINUES ON THE NEXT PAGE FOR ELEMENTAL CONSTITUENTS

### 2. ELEMENTAL CONSTITUENTS

Check either:  Total Analysis or  TCLP Method or  Generator Knowledge, then enter data below.

Constituent	ppm	Constituent	ppm	Constituent	ppm
Aluminum		Fluorine		Nickel	
Antimony		Lead		Phosphorus	
Arsenic		Lithium		Potassium	
Barium		Manganese		Selenium	
Beryllium		Mercury		Silicon	
Bismuth		Molybdenum		Silver	
Boron				Sulfur	
Bromine				Tantalum	
Calcium				Tin	
Chlorine				Titanium	
Chromium				Vanadium	
Cobalt				Zinc	
Copper					
Cyanide					
Dioxin					
Fluorine					
Gold					
Iron					
Lead					
Lithium					
Manganese					
Mercury					
Molybdenum					
Nickel					
Phosphorus					
Potassium					
Selenium					
Silicon					
Silver					
Sulfur					
Tantalum					
Tin					
Titanium					
Vanadium					
Zinc					

**E. REACTIVE CHARACTERISTICS** Check if this waste exhibits No Reactive Characteristics

Yes No Yes No  
 Explosive  Oxidizer  Reactive Cyanide  ppm  
 Shock Sensitive  Water Reactive  Reactive Sulfide  ppm  
 Pyrophoric  Air Reactive  Polymerizable

**F. MATERIAL PHYSICAL CHARACTERISTICS @ 70° F.**

# of Phases: 1 Color: Brown Flash Point: \_\_\_\_\_ F (if < 70° F)  
 Liquid?  Specific Gravity: 0.9 70° - 100° F \_\_\_\_\_ 100° - 141° F \_\_\_\_\_  
 Sludge?  Viscosity cps: 100 142° F - 200° F 100 200° F \_\_\_\_\_  
 Solid?  Density: 5.0 Boiling Point (if < 130° F) \_\_\_\_\_  
 Powder?  Ash % (Biodegradable Only) \_\_\_\_\_  
 Gas?  Comments: \_\_\_\_\_

**G. GENERATOR PROFILE CERTIFICATION**

I hereby certify that I am an authorized agent of the generator, and warrant on behalf of the generator that the information supplied on this form and on all attachments hereto is complete and accurate, and that all known or suspected hazards of the material(s) described herein are disclosed. I agree that if the sample test results indicate a discrepancy with any information supplied on this form, that either Safety-Kleen or the generator may initiate further testing and evaluation in accordance with the terms and conditions of the contract between Safety-Kleen and the generator and that this profile certification may be amended accordingly.

Signature: John A. Smith Date: 1/26/00  
 Name & Title (Printed or Typed): \_\_\_\_\_  
 Generator Authorized Signature

**Safety-Kleen Use Only**

SK Sales Rep. Name: \_\_\_\_\_ Rep # \_\_\_\_\_ Territory/Branch # \_\_\_\_\_  
 Process Approval # \_\_\_\_\_ Product Code or Part # \_\_\_\_\_ TRI Flow-path # \_\_\_\_\_ Pricing \_\_\_\_\_  
 Waste Approval & Certification \_\_\_\_\_

I certify acceptability of this waste stream and that all appropriate permits have been obtained, as indicated by Safety-Kleen's facility approval below.

Safety-Kleen's Authorized Facility Signature \_\_\_\_\_ Name & Title (Printed or Typed) \_\_\_\_\_ Due \_\_\_\_\_  
 © 1999, All Rights Reserved. Safety-Kleen Corp. GENERATOR

**Customer Notification And Certification**

Generator Name/Location: Town of East Haddam, East Haddam CT  
EPA I.D. Number: CTP8000  
Waste Profile or ARF Designation: 2206399 2206485 2206390  
Manifest Number: CTF0887785  
EPA Waste Number(s): MA01, MA59, CR02, CR0A

Waste Analysis Information: Attached or On file at receiving facility

UNRESTRICTED WASTE NOTIFICATION (Category 1)

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

RESTRICTED WASTE NOTIFICATION (Category 2a)

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

LAB PACK CERTIFICATION (Category 6)

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes which have not been excluded under appendix IV to 40 CFR part 268 and that this lab pack will be sent to a combustion facility in compliance with the alternative treatment standards for lab packs at 40 CFR 268.42(c). I am aware there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

The waste associated with this manifest shipment is disposal restricted in the state of New York and is subject to 6NYCRR Part 376. The treatment standards listed in the Notification must be applied for waste disposed in New York state if the state standards are more stringent than federal standards listed in 40 CFR Part 268. New York Certification statement(s) and specific treatment standards are listed on the following page(s) where applicable.

SIGNATURE: Peter K. Jurek DATE: 1.26.00

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_



Generator Name/Location: *W. Am. T.*  
EPA I.D. Number: *1.55-00*

Manifest: *1.55-00*

Waste Profile or ARF	Category No.	EPA or STATE Waste Code	Variance Date	Treatability Group (WW or NWW)	Description/Sub Category/ Waste Constituents (where required)
2206399	1	MA01 CR02		NWW	N/A
2206485	1	MA01 CR02		NWW	N/A
2206390	1	MA99 CR04		NWW	N/A
2206340	1	MA99 CR04		NWW	N/A

*5599300 550982 5599300*