



DUNS NO. 05106-0408

FOR SERVICE CALL

FED. ID NO. 39-0000

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

TRANSPORTER

STEVEN RUSSELL
919-865-5081

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY
87- 22	01-10
MANIFEST NUMBER	92344

CUSTOMER

3-031-02-6081-1
CAMP LEJEUNE
NAVAL HOSPITAL
FACILITY BLDG NH118
CAMP LEJEUNE

NC 28542

0-100 NC
3-031-02-0460
SUPPLY OFFICER NAVAL HOSP
BREWSTER BLVD
CAMP LEJEUNE NC 2

BILL

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE			
6/2/87	3776	XXXX	EXEMPT	S	T	49.50			
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX
07	9999	N6700187M1103	919-451-4392	NO	NO	005	001	.05	.05

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS) (INITIAL)	REMARKS	MACHINE INSPEC (PLEASE CHECK APP)
303-98019	49.50	.00	49.50	04		PO EXP 06-30-87	MACHINE CONDITION & CLEANLINESS LAMP ASSEMBLY CONDITION DECALS IN PLACE AND LEGIBLE FUSIBLE LINK INSTALLED EMERGENCY CLOSING OF LID UNDER PRESSURE MACHINE PROPERLY OIL GRAZED LOCAL PHONE NO. (SEE APPROPRIATE MACHINE)
TOTAL SERVICE SECTION			\$49.50	GENERATOR USA EPA ID NO. NC6170022580		GENERATOR STATE ID NO. 34-33	

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

PAIS NO. DM	SSPW TANKS DF	16 GAL NO. DM	30 GAL NO. DM	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
		1		Waste, Petroleum Naphtha, Combustible Liquid, UN 1255 Waste, Compound, Cleaning, Liquid, Corrosive Material, NA 1760

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal.

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
HIGHWAY 301, NORTH ST PAUL NC 28384
USA EPA ID NO. NCD9808
STATE ID NO.

PRODUCT SALES SECTION

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
101	43.50	CS				
104	49.00	CS				
105	47.50	CS				
106	49.00	CS				
107	43.50	CS				
108	49.00	CS				
602	7.75	EA				
604	15.50	EA				
610	2.78	EA				
611	2.78	EA				
619	3.77	EA				
666	28.80	BX				
10666	117.00	BX				
609	65.00	EA				
612	9.85	PR				
600	3.70	EA				
613	10.60	EA				
614	7.40	EA				
615	6.50	EA				

PAYMENT RECEIVED SECTION

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
V. #	AMOUNT \$	
	AMOUNT \$	
	AMOUNT \$	

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE INITIALED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAIMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN IS TO RECOVER COSTS OF COLLECTION, INCLUDING ATTORNEY'S FEES.

Steven Russell
GENERATOR/CUSTOMER SIG

SEE REVERSE SIDE FOR IMPORTANT INFORMATION



DUNS NO. 05106-0408

FOR SERVICE CALL

FED. ID NO. 39-6090019

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

TRANSPORTER

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REF NO
87- 22	01-10	29

STEVEN RUSSELL
919-865-5081 0-100 NC

MANIFEST NUMBER 92344

3-031-02-6081-1
CAMP LEJEUNE
NAVAL HOSPITAL
FACILITY BLDG NH118
CAMP LEJEUNE

3-031-02-0460
SUPPLY OFFICER NAVAL HOSP
BREWSTER BLVD
CAMP LEJEUNE NC 285

CUSTOMER GENERATOR

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PER OVER			
6/2/87	3776	XXXX	EXEMPT	S	T	49.50				
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.B. TAX	PRG
07	9999	N6700187M1103	919-451-4392	NO	NO	005	001	.05	.05	.0

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS) (INITIAL)	REMARKS	MACHINE INSPECTION (PLEASE CHECK APPROPRIATE)
303-98019	49.50	.00	49.50	04		PO EXP 06-30-87	MACHINE CONDITION & CLEANLINESS LAMP ASSEMBLY CONDITION DECALS IN PLACE AND LEGIBLE FUSIBLE LINK INSTALLED EMERGENCY CLOSING OF LID UNOBSTRUCTED MACHINE PROPERLY GROUNDED LOCAL PHONE NO. STICKER AFFIXED TO MACHINE
TOTAL SERVICE SECTION			49.50	GENERATOR USA EPA ID NO. NC6170022580		GENERATOR STATE ID NO.	

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS				US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	i certify that my hazardous waste contains 220 pounds (100 kg) for 16 gal. drums and am not required to obtain a manifest.
PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM		
		1		Waste, Petroleum Naphtha, Combustible Liquid, UN 1255	GENERATOR'S INITIALS
				Waste, Compound, Cleaning, Liquid, Corrosive Material, NA 1760	
Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80					

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. ST PAUL NC 28384
HIGHWAY 301, NORTH
USA EPA ID NO. NCD981466
STATE ID NO.

PRODUCT SALES SECTION

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
101	43.50	CS				
104	49.00	CS				
105	47.50	CS				
106	49.00	CS				
107	43.50	CS				
108	49.00	CS				
602	7.75	EA				
604	15.50	EA				
610	2.78	EA				
611	2.78	EA				
619	3.77	EA				
666	28.80	BX				
10666	117.00	BX				
609	65.00	EA				
612	9.85	PR				
600	3.70	EA				
613	10.60	EA				
614	7.40	EA				
615	6.50	EA				

PAYMENT RECEIVED SECTION

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

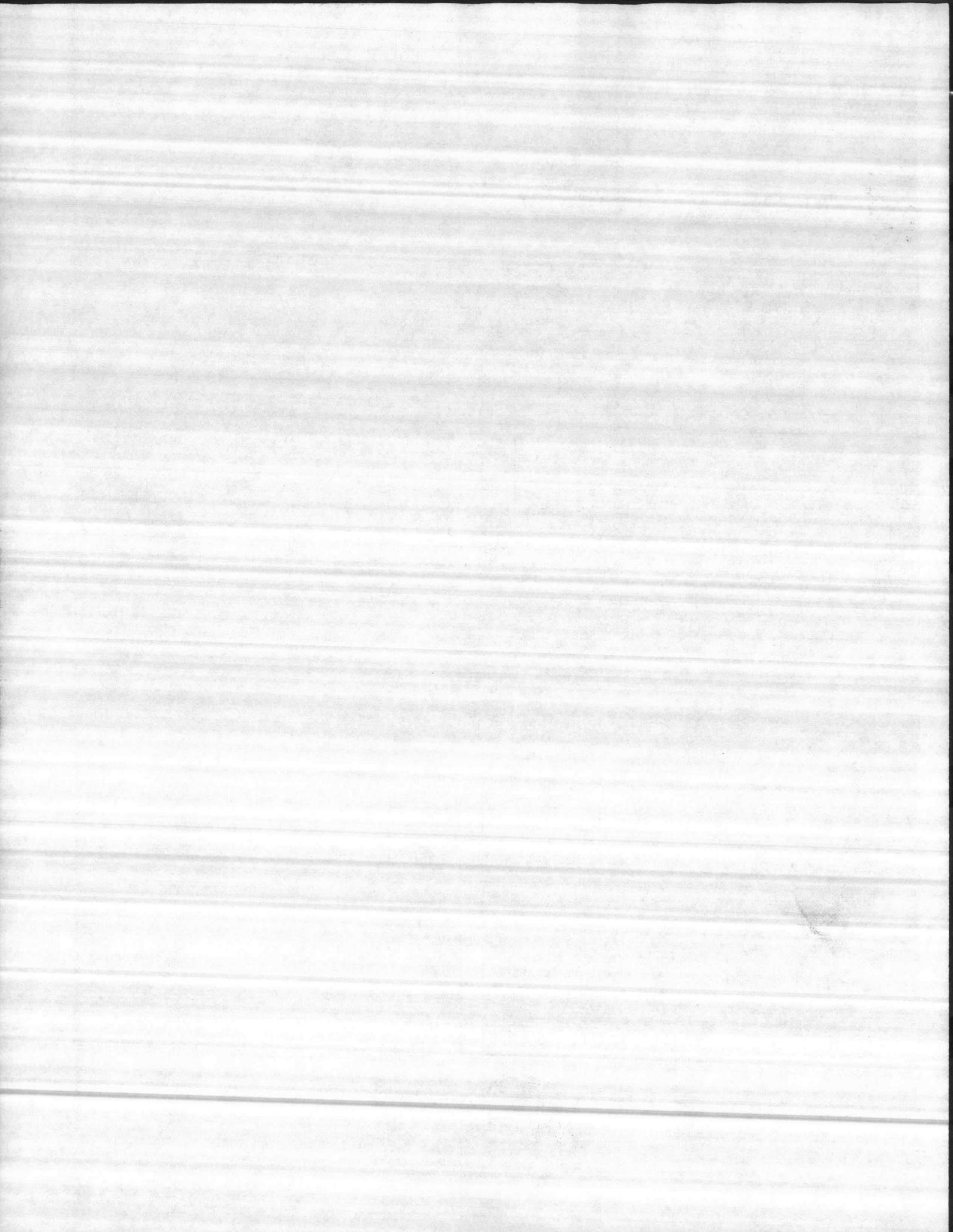
TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.	TOTAL SERVICE AMOUNT (FROM ABOVE)	TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN TO RECOVER COSTS OF COLLECTION, INCLUDING ATTORNEY'S FEES.

[Signature]
GENERATOR/CUSTOMER SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION



3-031-02-6081-1
 CAMP LEJEUNE
 NAVAL HOSPITAL
 FACILITY BLDG NH118
 CAMP LEJEUNE

STEVEN RUSSELL
 919-865-5081 0-100 6P
 3-031-02-0460

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
87- 34	01-10	200855
MANIFEST NUMBER		00855

NC 28542

B I L L

SUPPLY OFFICER NAVAL HOSP
 BREWSTER BLVD
 CAMP LEJEUNE NC 28542

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS			
26 87	4138	XXXX	EXEMPT	S	T	99.00				
SALES TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
17		9999N6809387M1432	919-451-4392	NO	NO	005	001	.05	.05	.05

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS) (INITIAL)	REMARKS	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)		
13-98019	49.50	.00	49.50	04		PO EXP 09-30-87	GOOD	POOR	
							MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>
							LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
							DECALS IN PLACE AND LEGIBLE	<input type="checkbox"/>	<input type="checkbox"/>
							FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>
							EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>
							MACHINE PROPERLY GROUNDED	<input type="checkbox"/>	<input type="checkbox"/>
							LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL SERVICE SECTION			\$49.50	GENERATOR USA EPA ID NO. NC6170022580		GENERATOR STATE ID NO. 34-335-1232			

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	GENERATOR'S INITIALS
55 GALS. DM SSPW TANKS DF 16 GAL. NO. DM 30 GAL. NO. DM	1 Waste, Petroleum Naphtha, Combustible Liquid, UN 1255 Waste, Compound, Cleaning, Liquid, Corrosive Material, NA 1760	

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. HIGHWAY 301, NORTH ST PAUL NC 28384	USA EPA ID NO. NCD980846935
	STATE ID NO.

PRODUCT SALES SECTION

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
101	43.50	CS				
104	49.00	CS				
105	47.50	CS				
106	49.00	CS				
107	43.50	CS				
108	49.00	CS				
602	7.75	EA				
604	15.50	EA				
610	2.78	EA				
611	2.78	EA				
619	3.77	EA				
50666	48.00	BX				
10666	117.00	BX				
609	69.00	EA				
612	9.85	PR				
600	3.70	EA				
613	10.60	EA				
614	7.40	EA				
615	6.50	EA				

PAYMENT RECEIVED SECTION

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
VV. #	AMOUNT \$	
VV. #	AMOUNT \$	
VV. #	AMOUNT \$	

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON UNPAID INVOICES THAT ARE PAID WITHIN 30 DAYS.	TOTAL SERVICE AMOUNT (FROM ABOVE) 49.50
	TOTAL DUE 49.50
IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.	
GENERATOR/CUSTOMER SIGNATURE	

SERVICE/SALES ACKNOWLEDGEMENT CUSTOMER



DUNS NO. 05106-0408

FOR SERVICE CALL
TRANSPORTER

FED. ID NO. 39-6090019

77 BIG TIMBER ROAD • ELGIN, ILL. 60120

STEVEN RUSSELL

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
87-42	01-10	816905
MANIFEST NUMBER		16905

11-02-6081-1

865-5081

0-100 6P

3-031-02-0460

EJEUNE

HOSPITAL

TY BLDG NH118

EJEUNE

NC 28542

SUPPLY OFFICER NAVAL HOSP

BREWSTER BLVD

CAMP LEJEUNE

NC 28542

B I L L

SALES MAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
4138	XXXX	EXEMPT	S	T	148.50	49.50		
CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
9N6809387M1432	919-451-4392	NO	NO	005	001	.05	.05	.05

MACHINE SERVICE SECTION

SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS)	REMARKS	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)	
						GOOD	POOR
52.25	.00	52.25	04		PO EXP 09-30-87	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

GENERATOR USA EPA ID NO.	GENERATOR STATE ID NO.
52.25	NC6170022580
	347335-1232

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS	30 GAL NO. DM	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.
30 GAL NO. DM	Waste Petroleum Naphtha Combustible Liquid; UN 1255 (EPA, IGNITABILITY, D001)	GENERATOR'S INITIALS: XXXXXX	
	Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, TOXICITY, F002)	GENERATOR'S INITIALS: XXXXXX	

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80

RECEIVED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 301 NORTH ST PAUL NC 28384	USA EPA ID NO. NCD980846935
	STATE ID NO.

PRODUCT SALES SECTION

DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL	PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
43.50	CS					609	69.00	EA				
49.00	CS					612	9.85	PR				
47.50	CS					600	3.70	EA				
49.00	S					613	10.60	EA				
43.70	S					614	7.40	EA				
49.00	CS					615	6.50	EA				
7.75	EA											
15.50	EA											
2.78	EA											
2.78	EA											
3.77	EA											
48.00	BX											
117.00	BX											

PAYMENT RECEIVED SECTION

TOTAL RECEIVED	APPLY PAYMENT TO:
	<input type="checkbox"/> TODAY'S SERVICE/SALE
	<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
AMOUNT \$	
AMOUNT \$	
AMOUNT \$	

TOTAL PRODUCT AMOUNTS

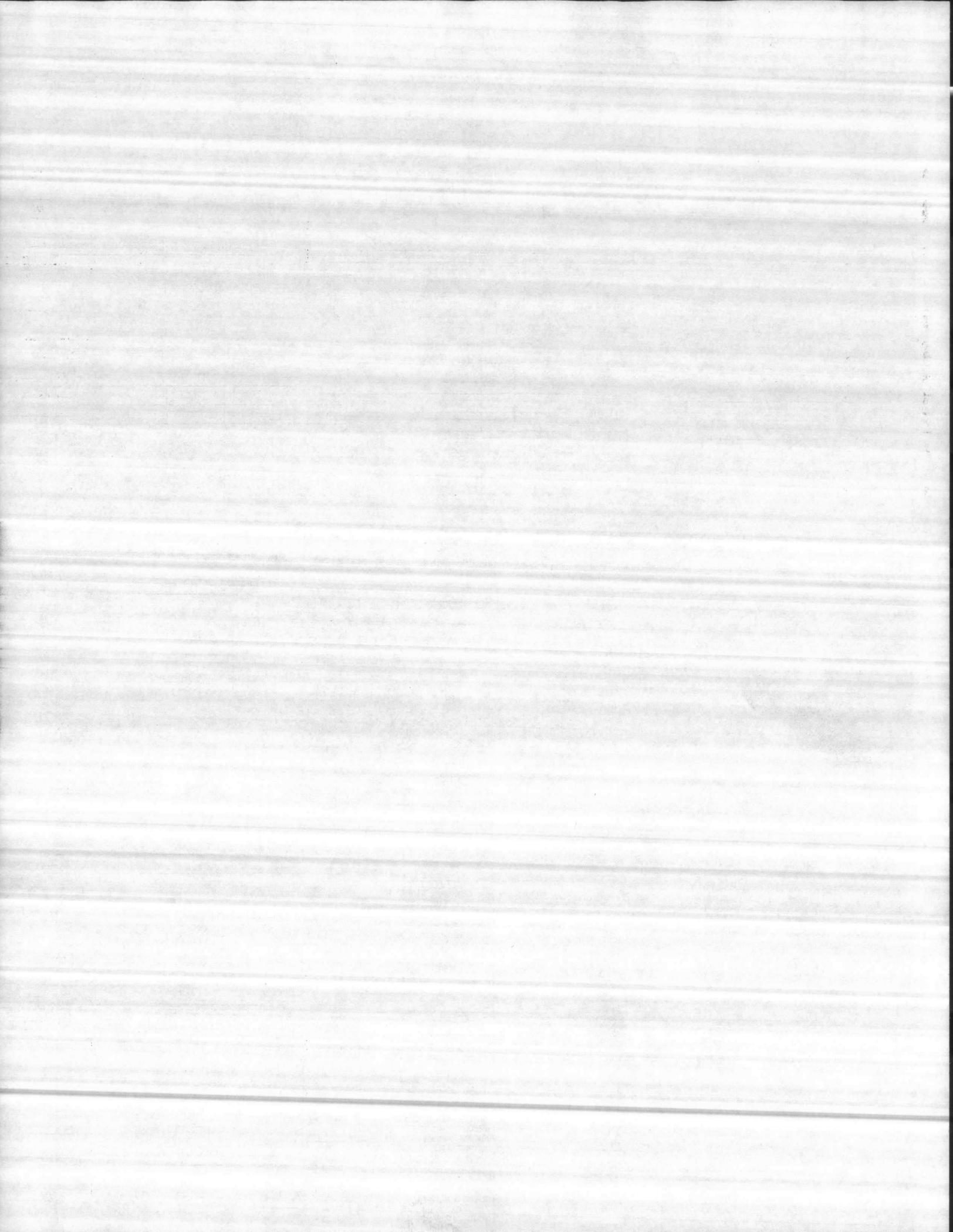
CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2 PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)	52.25
TOTAL DUE	52.25

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

x *Buyer M. Butler*
GENERATOR/CUSTOMER SIGNATURE

SERVICE/SALES ACKNOWLEDGEMENT CUSTOMER





safety-kleen corp.

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

UNSN NO. 05106-0408 FOR SERVICE CALL
TRANSPORTER

FED. ID NO. 39-0090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
87-46	01-10	126362
MANIFEST NUMBER		26362

3-031-02-6081-1

919-865-5081

0-100 6P

CAMP LEJEUNE
NAVAL HOSPITAL
FACILITY BLDG NH118
CAMP LEJEUNE

NC 28542

3-031-02-0460
SUPPLY OFFICER NAVAL HOSP
BREWSTER BLVD
CAMP LEJEUNE NC 28542

B I L L

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS			
11.18.87	4138	XXXX	EXEMPT	S	T	151.25	49.50			
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
10	9999	N6809388M0025	919-451-4392	NO	NO	005	001	.05	.05	.05

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS)	INITIAL	REMARKS	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)		
03-98019	52.25	.00	52.25	04			PO EXP 09-30-88	GOOD	POOR	
								MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>
								LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
								DECALS IN PLACE AND LEGIBLE	<input type="checkbox"/>	<input type="checkbox"/>
								FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>
								EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>
								MACHINE PROPERLY GROUNDED	<input type="checkbox"/>	<input type="checkbox"/>
								LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL SERVICE SECTION			\$52.25	GENERATOR USA EPA ID NO.		GENERATOR STATE ID NO.		34-335-1232		
				NC6170022580						

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

PAIS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	GENERATOR'S INITIALS
				Waste Petroleum Naphtha Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)	XXXXXX
				Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, TOXICITY, F002)	XXXXXX
Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80				DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. ST PAUL NC 28384	
				USA EPA ID NO. NCD980846935	
				STATE ID NO.	

PRODUCT SALES SECTION

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
101	43.50	CS				
104	49.00	CS				
105	47.50	CS				
106	49.00	CS				
107	43.50	CS				
108	49.00	CS				
602	7.75	EA				
604	15.50	EA				
610	2.78	EA				
611	2.78	EA				
619	3.77	EA				
50666	48.00	BX				
10666	17.00	BX				
609	69.00	EA				
612	9.85	PR				
600	3.70	EA				
613	10.60	EA				
614	7.40	EA				
615	6.50	EA				

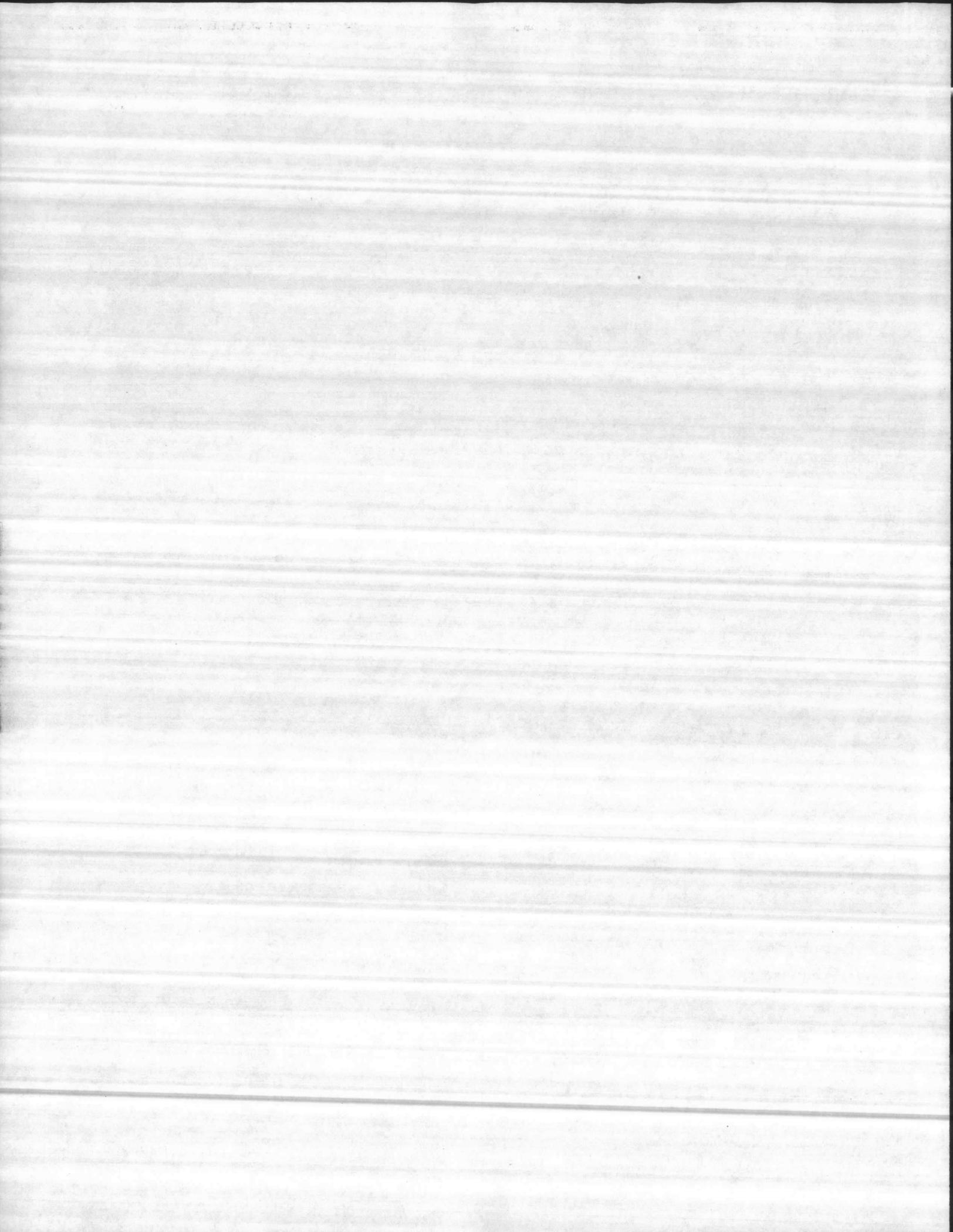
PAYMENT RECEIVED SECTION

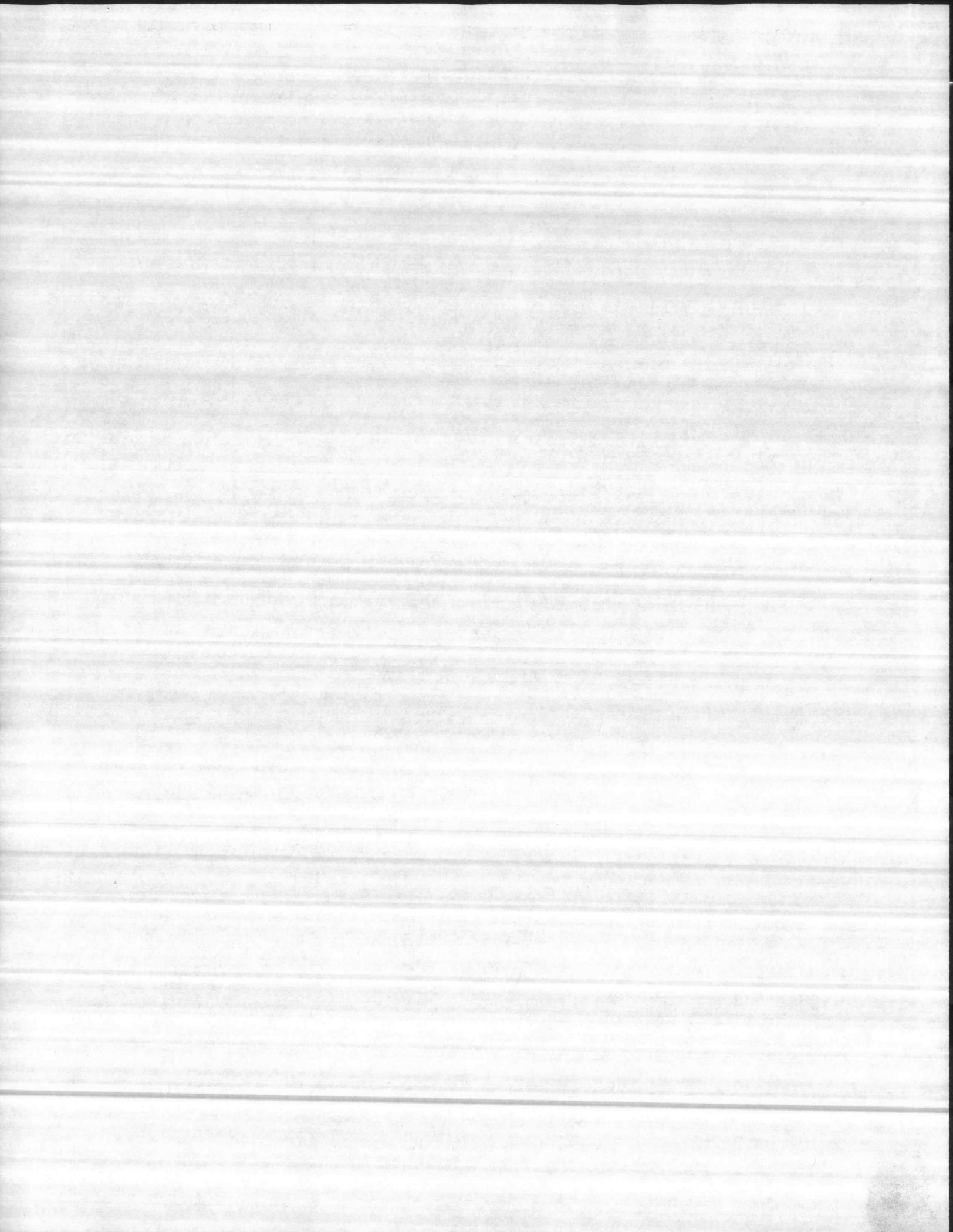
CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.	TOTAL SERVICE AMOUNT (FROM ABOVE)	52.25
	TOTAL DUE	52.25
IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES.		
GENERATOR/CUSTOMER SIGNATURE		

SERVICE/SALES ACKNOWLEDGEMENT CUSTOMER





SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
87- 38	01-10	509081
MANIFEST NUMBER		09081

STEVEN RUSSELL
919-865-5081 0-100 6P

3-031-02-6081-1
CAMP LEJEUNE
NAVAL HOSPITAL
FACILITY BLDG NH118
CAMP LEJEUNE

3-031-02-0460
SUPPLY OFFICER NAVAL HOSP
BREWSTER BLVD
CAMP LEJEUNE NC 28542

B I L L T O

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS			
9.22.87		XXXX	EXEMPT	S	T	99.00	49.50			
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	9999N	6809387M1432	919-451-4392	NO	NO	005	001	.05	.05	.05

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS) (INITIAL)	REMARKS	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)			
303-98019	49.50	.00	49.50	04		PO EXP 09-30-87	GOOD	POOR		
							MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>	
							LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	
							DECALS IN PLACE AND LEGIBLE	<input type="checkbox"/>	<input type="checkbox"/>	
							FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	
							EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>	
							MACHINE PROPERLY GROUNDED	<input type="checkbox"/>	<input type="checkbox"/>	
							LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL SERVICE SECTION			49.50	GENERATOR USA EPA ID NO.		GENERATOR STATE ID NO.	34-335-1232			
				NC6170022580						

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS				US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.
PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM			
		1		Waste, Petroleum Naphtha, Combustible Liquid, UN 1255		GENERATOR'S INITIALS XXXXXX XXXXXX
				Waste, Compound, Cleaning, Liquid, Corrosive Material, NA 1760		
Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80						

DESIGNATED FACILITY NAME AND ADDRESS: **SAFETY-KLEEN CORP.**
HIGHWAY 301, NORTH ST PAUL NC 28384
USA EPA ID NO. **NC D980846935**
STATE ID NO.

PRODUCT SALES SECTION

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
101	43.50	CS				
104	49.00	CS				
105	47.50	CS				
106	49.00	CS				
107	43.50	CS				
108	49.00	CS				
602	7.75	EA				
604	15.50	EA				
610	2.78	EA				
611	2.78	EA				
612	3.77	EA				
50666	48.00	BX				
10666	17.00	BX				
609	69.00	EA				
612	9.85	PR				
600	3.70	EA				
613	10.60	EA				
614	7.40	EA				
615	6.50	EA				

PAYMENT RECEIVED SECTION

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.	TOTAL SERVICE AMOUNT (FROM ABOVE)	49.50
	TOTAL DUE	49.50
IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.		
<i>X Archie Watkins</i> GENERATOR/CUSTOMER SIGNATURE		

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CUSTOMER SERVICE/SALES ACKNOWLEDGEMENT

