

L018  
CONTRACT NUMBER DLA 200-88-D-0033 <sup>WAS</sup>

TANK TT-64 TT-65 AS-419  
DELIVERY ORDER NUMBER 0010

DOR SENT 18 NOV 87

DO RECEIVED 6 DEC 87

SCHEDULED PICK UP DATE 12-16-87 12-9-87  
5 JAN 88 7 JAN 88 12-17-87

ACTUAL PICK UP DATE

COMEBACK COPY DATE 14 JAN 88

DISCREPANCY REPORT DATE  
COMPLETED 14 JAN 88



P.O. BOX 987 • ALBEMARLE, NORTH CAROLINA 28001 • TELEPHONE (704) 474-3165

April 25, 1989  
George Eggers  
Marine Base  
Camp LeJeune  
North Carolina

Dear Mr. Eggers,

The following is a list of Hazardous Waste Manifest numbers with their corresponding dates.

- |          |          |
|----------|----------|
| 1) AS188 | 11/30/88 |
| 2) AS288 | 11/30/88 |
| 3) AS388 | 12/1/88  |
| 4) AS488 | 12/1/88  |

The above manifests were shipped from DRMO Camp LeJeune to: Oldover Corporation  
Rt. 2, Aquadale Plt.  
Norwood, N.C. 28128

at the indicated date. Our records at Oldover show a discrepancy in line #10 of the above referenced manifests. The above referenced manifests show the E.P.A. number in line #10 to be NCD000773555. This is not Oldover's (Aquadale Plant) correct E.P.A. number our correct number is NCD000773655.

If you acknowledge this discrepancy and agree that line #10 on the above referenced manifests should appear as NCD000773655 then please sign the statement at the end of this letter and return to:

Oldover Corporation  
P.O. Box 987  
Albemarle, N.C. 28002

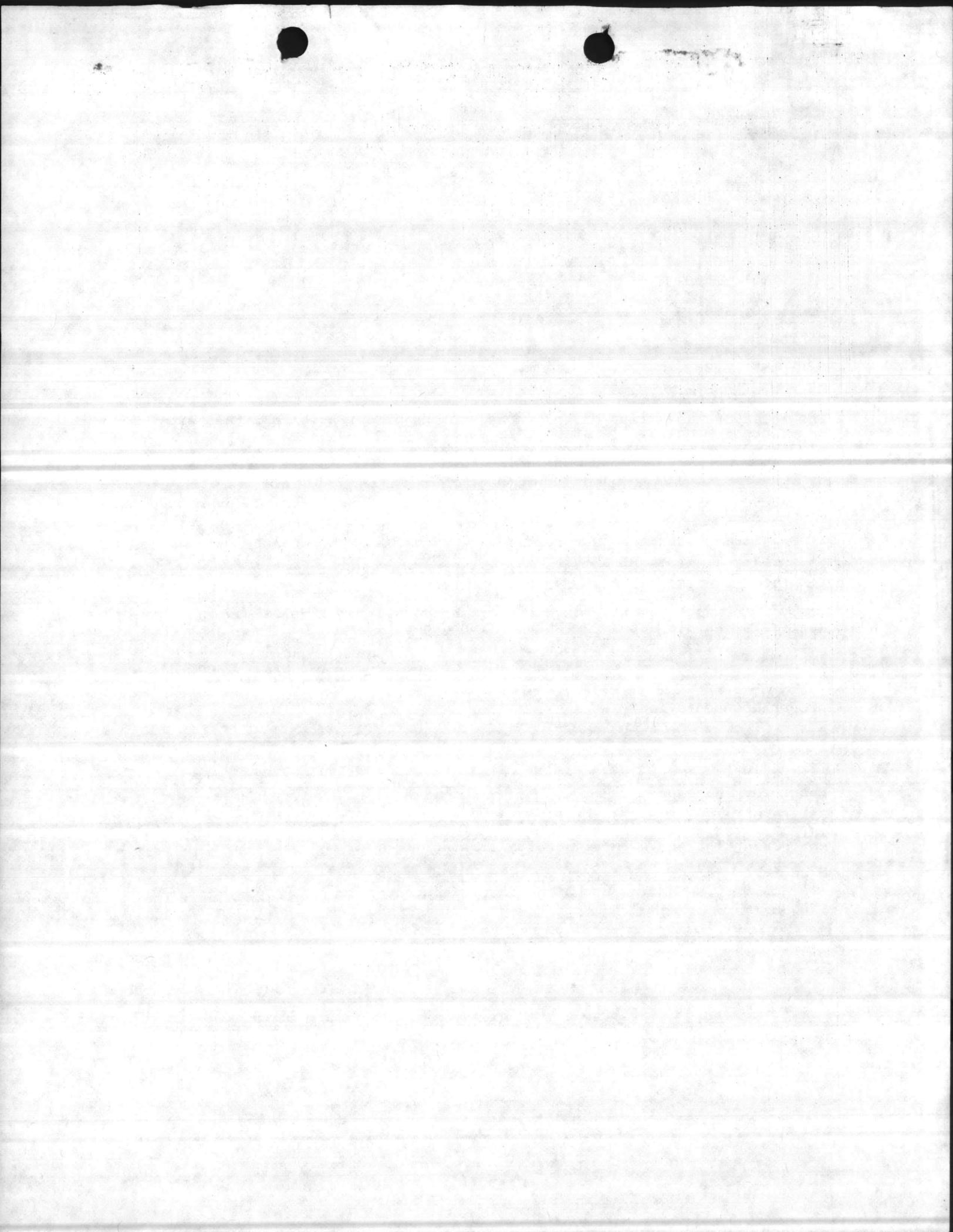
If you disagree with this letter then please contact me so we can generate the proper documentation.

Sincerely,

Stephen Holt  
Laboratory Manager

I, Mary Wheat, authorized representative  
for, MCAS, New River, hereby agree with the contents of this letter  
concerning the above referenced manifests.

Signature Mary E. Wheat  
Title Environmental Coordinator  
Date 5/1/89





UNITED STATES MARINE CORPS  
Marine Corps Base  
Camp Lejeune, North Carolina 28542-5001

6241/2  
NREAD  
16 Nov 87

From: Commanding General, Marine Corps Base, Camp Lejeune  
To: Defense Reutilization and Marketing Officer, Defense  
Logistics Agency, Lejeune, Camp Lejeune, NC 28542-5001

Subj: WASTE OIL STORAGE TANKS; AS-419, STT-64 and STT-65;  
DISPOSAL OF

Ref: (a) BO 6240.5  
(b) BMO ltr 6280 MAIN of 6 Nov 87

Encl: (1) DD Form 1348-1, Contents of Tank STT-64  
(2) DD Form 1348-1, Contents of Tank STT-65  
(3) DD Form 1348-1, Contents of Tank AS-419  
(4) JTC Environmental Consultants, Inc. Rept. No. 87-441  
(5) JTC Environmental Consultants, Inc. Rept. No. 87-444

1. In accordance with reference (a), enclosures (1) through (3) are forwarded for your action. As requested in reference (b), NREAD has signed enclosures (1) through (3). Enclosure (4) contains the Total Organic Halogen (TOX), Flashpoint and Metals analysis of the contents in STT-64 and STT-65 as of 15 Sep 87, which showed the tanks to contain a hazardous waste. Base Maintenance has added oil to STT-64 and STT-65 since 15 Sep 87, however, the additional oil can not change the classification from hazardous waste. Enclosure (5) contains the TOX and Volatile Organic Chemical (VOC) analysis of AS-419 (Sample ID No 87-79 and 87-80) as of 15 Sep 87. The preliminary analysis showed the tank to contain a hazardous waste. On 6 Nov 87, AS-419, sealed by Base Maintenance, was resampled for TOX, Flashpoint and Metals. The analysis will be forwarded when received.

2. It is requested that the contents of the subject tanks be disposed of in the same time frame as STT-61, STT-62, S-889 and S-891. Please advise as soon as possible of the anticipated dates removal of the contents of the subject tanks is anticipated both to begin and to be completed. Point of contact with this matter is Mr. Danny Sharpe, extensions 2083 or 2195.

JULIAN I. WOOTEN  
By direction

UNITED STATES MARINE CORPS

Marine Corps Order

Headquarters, Marine Corps



TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

Partial Results

JTC DATA REPORT # 87-444

LABORATORY ANALYSIS ON NAVAL SAMPLES

CONTRACT #N62470-86-C-8754

CASE # 138

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

OCTOBER 7, 1987

*Ann E. Rosecrance*

Ann E. Rosecrance  
Laboratory Director

ENCLOSURE

151

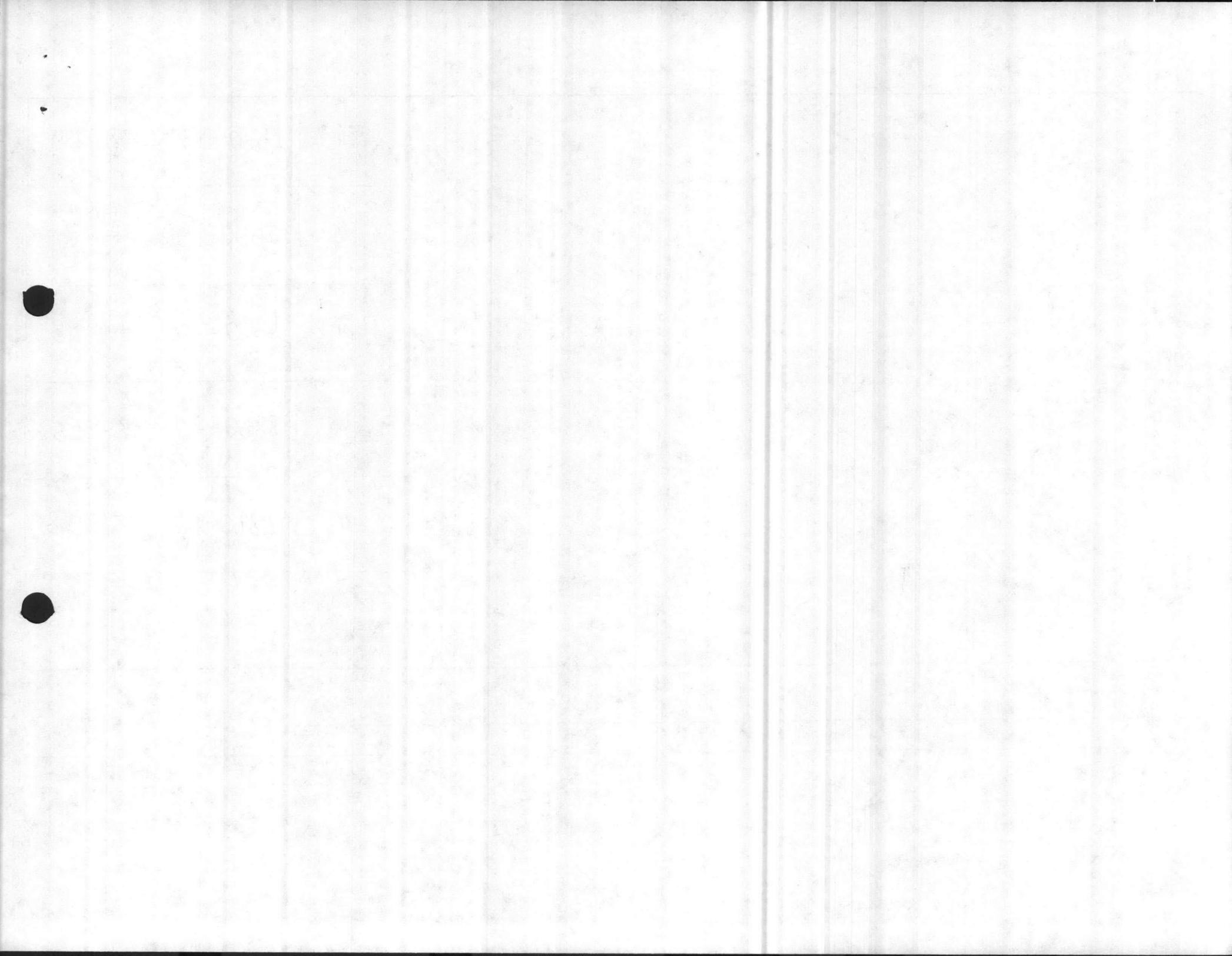
ENCLOSURE (2)

Location: Camp Lejeune Date of Receipt: 9-23-87 Turnaround: 10 days

Date: 10-7-87 Case No. 138 to Naval Facilities Engineering Command, Norfolk, Virginia

JTC Data Report No. 87-444 Table 1 of 1

| NAVY<br>SAMPLE<br>ID            | JTC<br>SAMPLE<br>ID | ANALYSIS PARAMETER       |  |  |  |  |  |  |
|---------------------------------|---------------------|--------------------------|--|--|--|--|--|--|
|                                 |                     | VOA +<br>Freon           |  |  |  |  |  |  |
| 87-31                           | 61-0986             | see<br>attached<br>sheet |  |  |  |  |  |  |
| 87-32                           | 61-0987             | ..                       |  |  |  |  |  |  |
| 87-33                           | 61-0988             | ..                       |  |  |  |  |  |  |
| 87-34                           | 61-0989             | ..                       |  |  |  |  |  |  |
| 87-79<br>oil layer<br>composite | 61-0990             | ..                       |  |  |  |  |  |  |
| 87-80                           | 61-0991             | ..                       |  |  |  |  |  |  |



J  
T

C Environmental Consultants, Inc.

## PRIORITY POLLUTANT ANALYSIS DATA SHEET

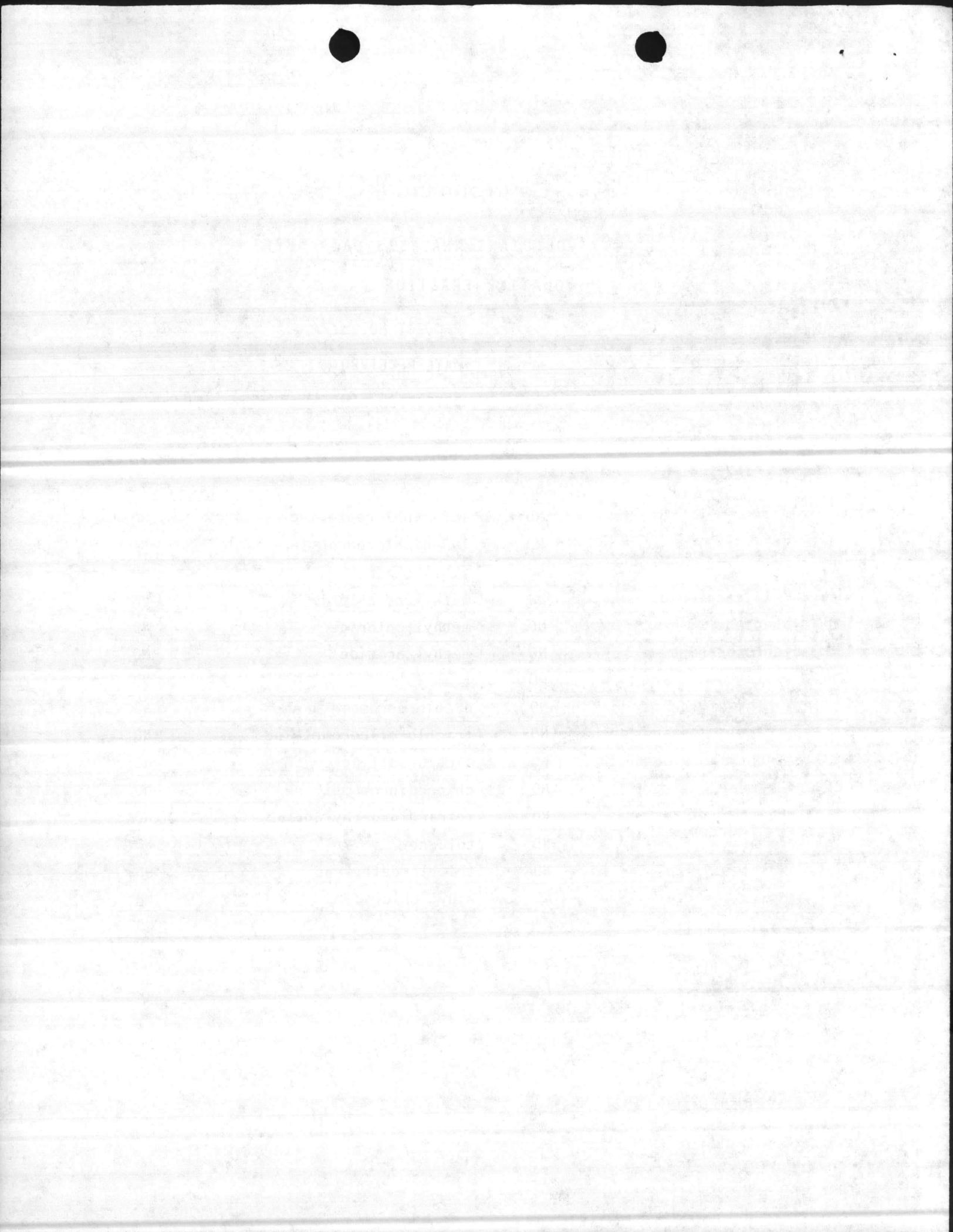
## VOLATILE FRACTION

JTC SAMPLE # 61-0990 COMPOSITE PROJECT NO. NF-61 #138  
CLIENT SAMPLE # 87-79 DATE RECEIVED 9-23-87  
METHOD NO. 624 DETECTION LIMIT 250 mg/L

| PARAMETER                      | RESULT             | PARAMETER               | RESULT             |
|--------------------------------|--------------------|-------------------------|--------------------|
|                                | mg/L               |                         | mg/L               |
| acrolein                       | ND                 | 1,2-dichloropropane     | ND                 |
| acrylonitrile                  | ND                 | 1,3-dichloropropylene   | ND                 |
| benzene                        | 200* <del>ND</del> | ethylbenzene            | 720 <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          | 100* <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                 | 970 <del>ND</del>  |
| 1,1-dichloroethylene           | ND                 | trichloroethylene       | 50* <del>ND</del>  |
| 1,2-trans-dichloroethylene     | ND                 | vinyl chloride          | ND                 |
| ACETONE                        | 1400               | xylene                  | 1500 <del>ND</del> |
| 4-METHYL-2-PENTANONE<br>(MIBK) | 330                | FREON                   | 1600               |
| 2-HEXANONE                     | 1100               |                         |                    |

ND = NOT DETECTED

\* = BELOW DETECTION LIMIT





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C Environmental Consultants, Inc.

PRIORITY POLLUTANT ANALYSIS DATA SHEET

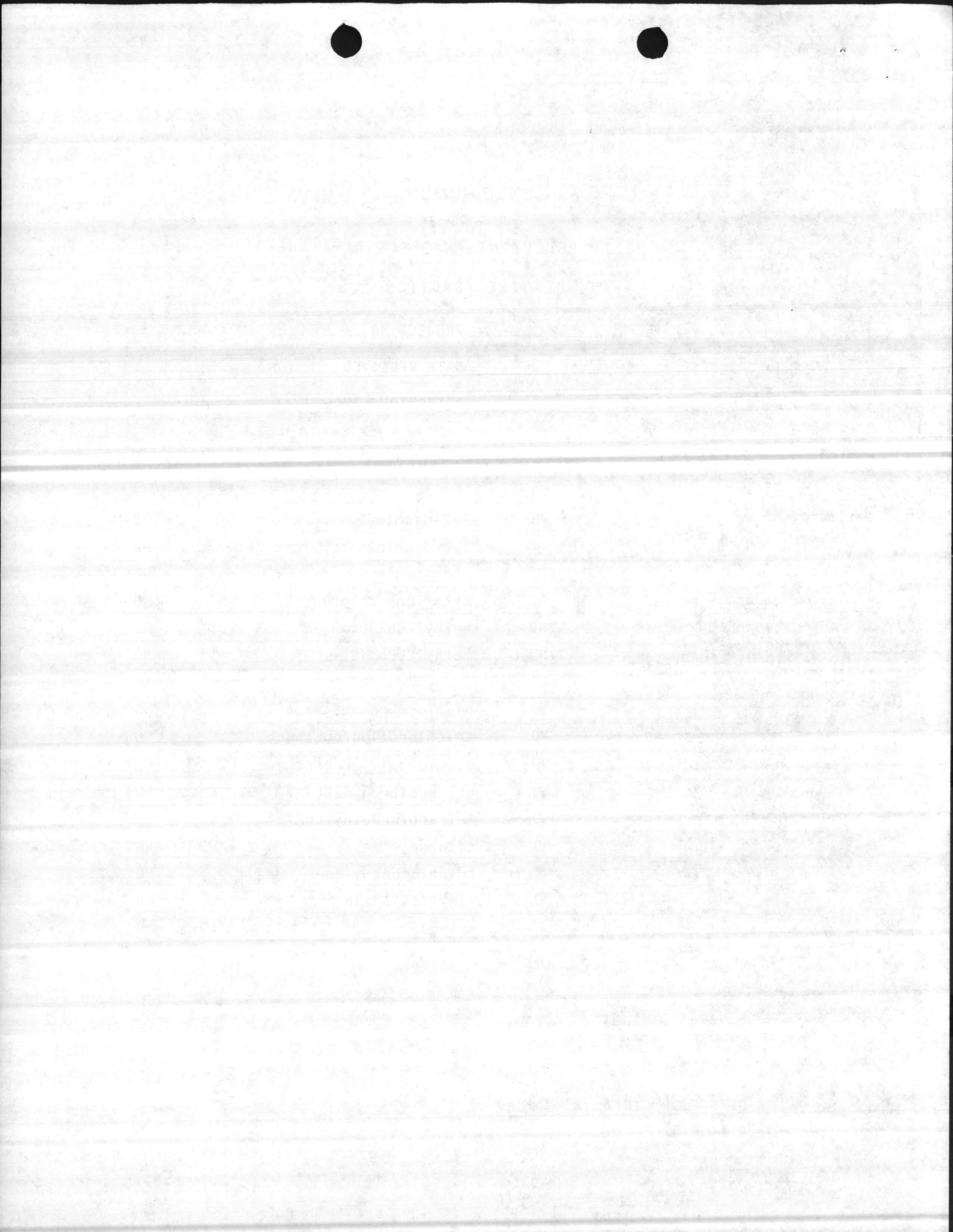
VOLATILE FRACTION

JTC SAMPLE # 61-0991 PROJECT NO. NF-61 #138  
CLIENT SAMPLE # 87-80 DATE RECEIVED 9-23-87  
METHOD NO. 624 DETECTION LIMIT 250 mg/L

| PARAMETER                      | RESULT              | PARAMETER               | RESULT             |
|--------------------------------|---------------------|-------------------------|--------------------|
|                                | mq/L                |                         | mq/L               |
| acrolein                       | ND                  | 1,2-dichloropropane     | ND                 |
| acrylonitrile                  | ND                  | 1,3-dichloropropylene   | ND                 |
| benzene                        | 200 * <del>ND</del> | ethylbenzene            | 460 <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          | ND                  | 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                 | 1300 <del>ND</del> |
| 1,1-dichloroethylene           | ND                  | trichloroethylene       | ND                 |
| 1,2-trans-dichloroethylene     | ND                  | vinyl chloride          | ND                 |
| ACETONE                        | 2300                | xylenes                 | 2100 <del>ND</del> |
| 4-METHYL-2-PENTANONE<br>(MIBK) | 500                 | FREON                   | 600                |
| 2-HEXANONE                     | 1500                |                         |                    |

ND = NOT DETECTED

\* = BELOW DETECTION LIMIT



Addendum

JTC DATA REPORT # 87-444

LABORATORY ANALYSIS ON NAVAL SAMPLES

CONTRACT #N62470-86-C-8754

CASE # 138

PREPARED FOR:

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

PREPARED BY:

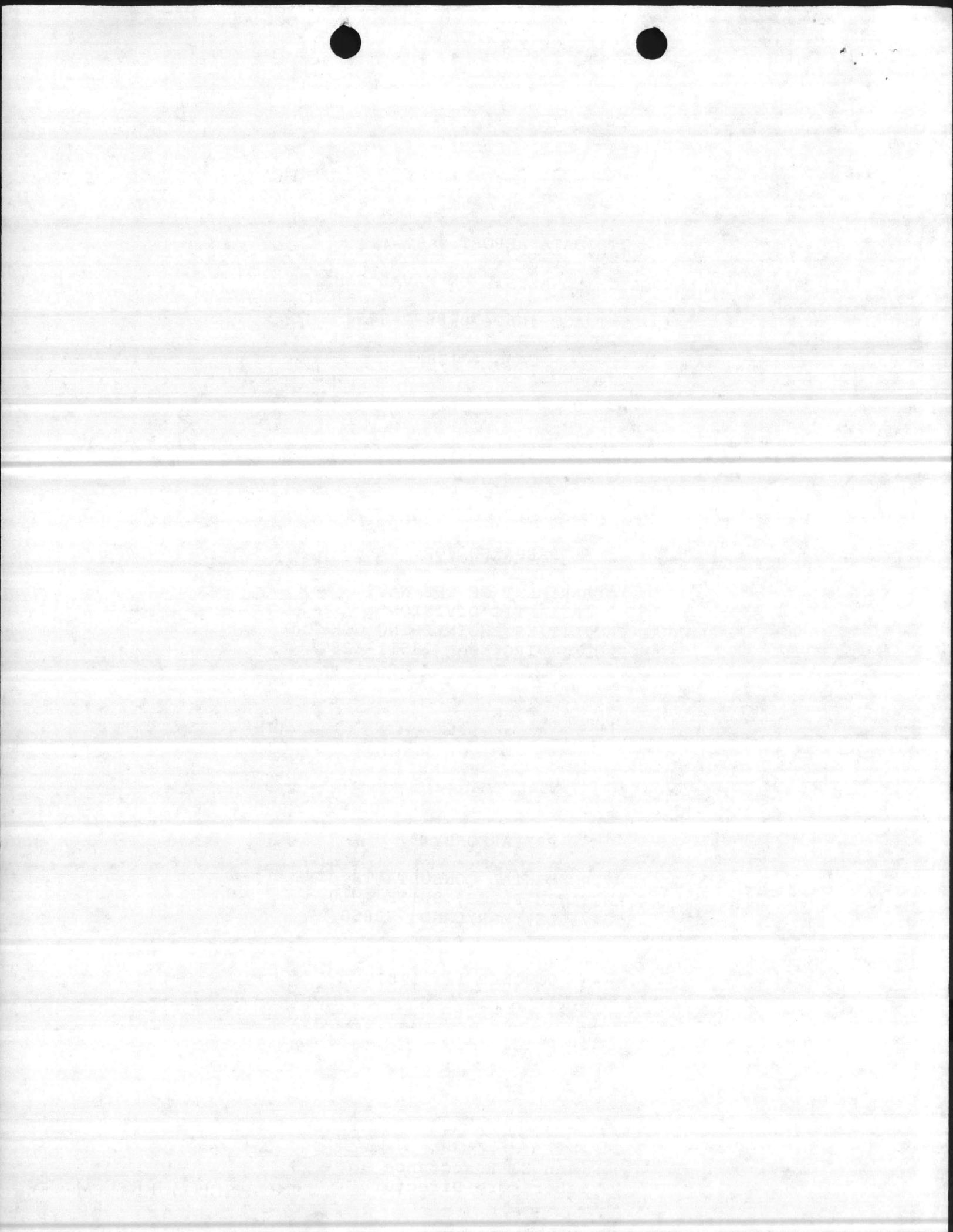
JTC ENVIRONMENTAL CONSULTANTS, INC.  
4 RESEARCH PLACE, SUITE L-10  
ROCKVILLE, MARYLAND 20850

OCTOBER 12, 1987

*Ann E Rosecrance*

Ann E. Rosecrance  
Laboratory Director

ENCLOSURE (1)







|  |   |  |  |                               |                     |
|--|---|--|--|-------------------------------|---------------------|
| <input checked="" type="checkbox"/> CHECKED BOX APPLIES  | <input checked="" type="checkbox"/> ORDER FOR SUPPLIES OR SERVICES  | <input type="checkbox"/> REQUEST FOR QUOTATIONS NO. RETURN COPIES OF THIS QUOTE BY (THIS IS NOT AN ORDER. See DD Form 1155r)                                 | PAGE 1 OF 14   |                               |                     |
| 1. CONTRACT/PURCH ORDER NO.<br><b>DLA200-88-D-0033</b>   | 2. DELIVERY ORDER NO.<br><b>0010</b>  | 3. DATE OF ORDER<br><b>04 DEC 87</b>   | 4. REQUISITION/PURCH REQUEST NO.<br><b>1017 &amp; 1018</b>   |                               |                     |
| 6. ISSUED BY: <b>J. DEMPSEY / (901) 775-6768/BW</b><br><b>DEFENSE REUTILIZATION &amp; MARKETING SERVICE</b><br><b>DRMS-P, BLDG. 210/4, 2163 AIRWAYS BLVD.</b><br><b>MEMPHIS, TN 38114-5052</b>   |   | 7. ADMINISTERED BY: (If other than 6) <b>DLA200</b>  | 8. DELIVERY FOB<br><input type="checkbox"/> DEST<br><input type="checkbox"/> OTHER (See Schedule if other)   |                               |                     |
| 9. CONTRACTOR/QUOTE<br><b>SPECIAL WASTE, INC.</b><br><b>902 S. MAIN STREET</b><br><b>P.O. BOX A</b><br><b>SAUKVILLE, WI 53080-0501</b><br><b>(414) 284-3427</b>  |   | FACILITY CODE <b>4Y557</b>   | 11. CHECK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |                               |                     |
| 14. SHIP TO: <b>SEE SCHEDULE</b>   |   | 15. PAYMENT WILL BE MADE BY: <b>DEF. REUTILIZATION &amp; MARKETING SVC.</b><br><b>74 N. WASHINGTON, FEDERAL CENTER</b><br><b>BATTLE CREEK, MI 49017-3072</b> | 13. MARK INVOICES TO: <b>SEE INVOICE</b><br><b>SEE BLOCK 6</b><br><b>DLA200</b>  |                               |                     |
| 16. TYPE OF ORDER: DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/><br>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.<br>Reference your <b>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)</b> ; special provisions <b>and delivery as indicated. This purchase is negotiated under authority of</b><br>10 USC 2304(a)(3) or as specified in the schedule if within the U.S., its possessions or Puerto Rico; if otherwise under 2304(a)(6).<br><input type="checkbox"/> If checked, Additional General Provisions apply. Supplier shall sign "Acceptance" on DD Form 1155r and return <b>copies.</b> |   |  |  |                               |                     |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE<br><b>9780100.5141 HQ P572.20 2527 S20-114 (DB3310) NAVY</b>   |   |  |  |                               |                     |
| 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 TARAWA TERRACE, TANKS SST-64 & 65, CAMP LEJEUNE, NC AND TANK AS-419, NEW RIVER AIR STATION, JACKSONVILLE, NC AND DISPOSED OF IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE CONTRACT.<br><br>SEE DRMS FORM 1786, PAGE 1 THRU 15. |  |  |                               |                     |
| *If quantity accepted by the Government is same as quantity ordered, indicate by <input checked="" type="checkbox"/> mark. If different, enter actual quantity accepted below quantity ordered and encircle.   |   | 24. UNITED STATES OF AMERICA<br>BY: <b>Jewel S Dempsey</b><br><b>JEWEL DEMPSEY</b> CONTRACTING/ORDERING OFFICER  |  | 25. TOTAL <b>\$165,200.00</b> |                     |
| 26. QUANTITY IN COLUMN 20 HAS BEEN:<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  |   | 27. SHIP NO.<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL   | 28. D.O. VOUCHER NO.   | 29. DIFFERENCES               |                     |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____   |   | 31. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                                       | 32. PAID BY  | 30. INITIALS                  |                     |
| 36. I certify this account is correct and proper for payment.<br>DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____  |   | 33. AMOUNT VERIFIED CORRECT FOR  |  | 34. CHECK NUMBER              |                     |
| 37. RECEIVED AT  | 38. RECEIVED BY   | 39. DATE RECEIVED  | 40. TOTAL CONTAINERS   | 41. S/R ACCOUNT NUMBER        | 42. S/R VOUCHER NO. |

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

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

**GENERAL PROVISIONS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ADDITIONAL GENERAL PROVISIONS**

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

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

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

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

**ACCEPTANCE**

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

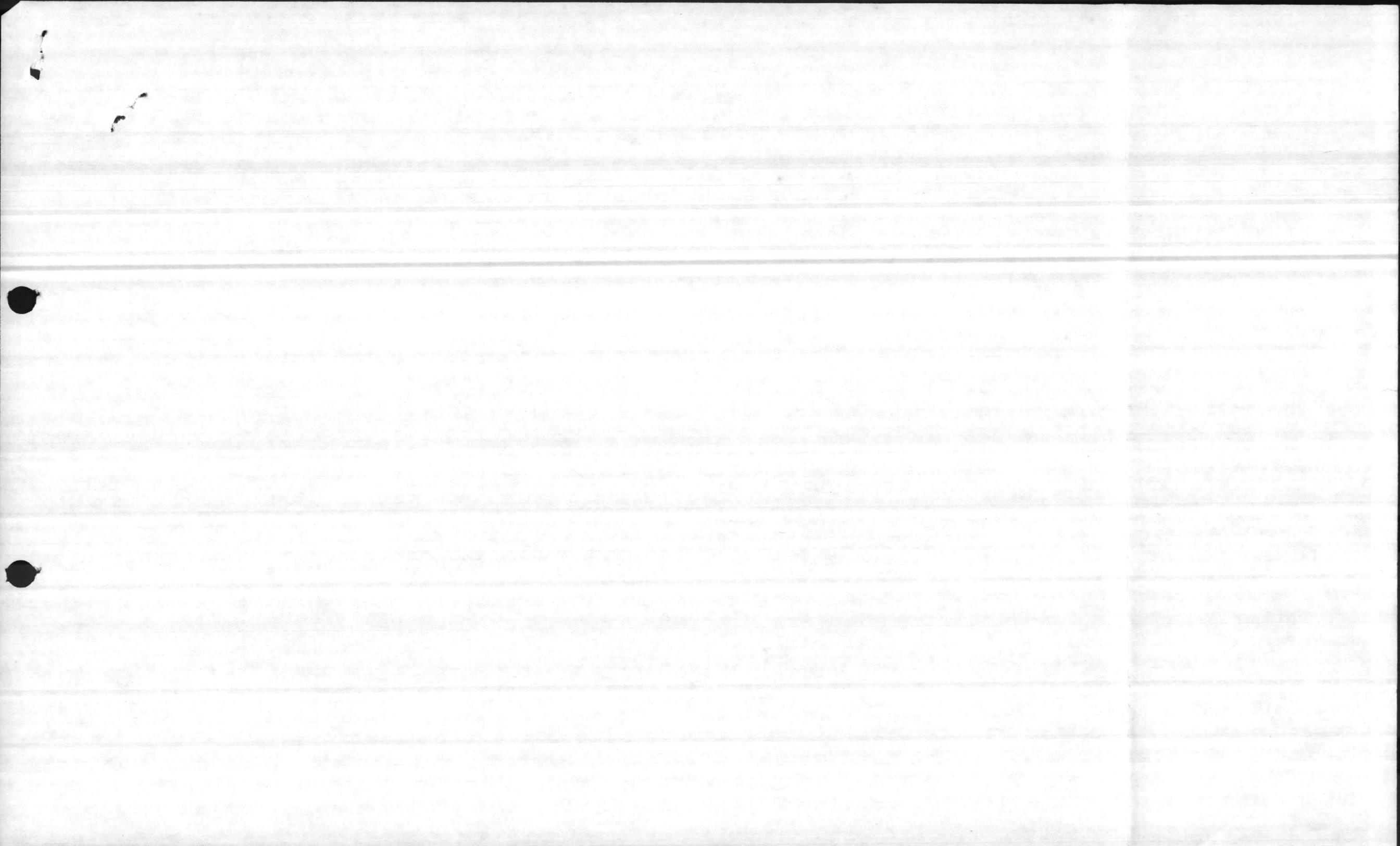
| NAME OF CONTRACTOR | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED |
|--------------------|-----------|----------------------|-------------|
|                    |           |                      |             |

DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

|  |  |  |   |  |
|--|--|--|---|--|
| GENERATOR<br>NEW RIVER AIR STATION               | EPA NUMBER<br>NC 81700 22570                           | AWARDED CONTRACT NUMBER<br>DLA 200-FP- D00 33        | SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE |  |
| COMPLETE ADDRESS<br>JACKSONVILLE N.C. 28544      | CRMO<br>LEJEUNE  | CONTRACT NUMBER<br>DLA 200-88-D-0033                 | DELIVERY ORDER NUMBER<br>0010                         |  |
| CON<br>GEORGE EGGERS / L. HUNTER WWM             | PICKUP LOCATION<br>NEW RIVER AIR STATION TANK # BS-419 | AUTHORIZED TRANSPORTER NAME                          | EPA NUMBER  |  |
| COMMERCIAL PHONE NUMBER<br>(919) 451-5613 / 5652 | AUTOVON PHONE NUMBER<br>454-5613 / 5652                | TSDF NAME  | EPA NUMBER  |  |
| GENERATOR REQUEST NUMBER<br>LD18                 | RIC CODE<br>SWA  | AUTHORIZED TRANSPORTER SIGNATURE                     |   |  |
| DATE SENT TO CONTRACTING<br>18 NOV 87            | DATE RECEIVED BY CONTRACTING<br>11-20-87               | AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR) |   |  |

| 1<br>CLIN | 2<br>SUFFIX | 3<br>MSN<br>LSN  | 4<br>DTID |      |        | 5<br>ITEM NAME<br>US DOT DESCRIPTION | 6<br>STORAGE CONTAINER<br>DRUM NUMBER | 7<br>STORAGE LOCATION | 8<br>QUANTITY | 9<br>UNIT | 10<br>PRICE | 11<br>AMOUNT | 12<br>EPA WASTE CODE | 13<br>PICKED UP |      | 14<br>PICKUP MANIFEST NUMBER<br>LINE CODE | 15<br>DATE PICKED UP<br>DDMMYY |
|-----------|-------------|------------------|-----------|------|--------|--------------------------------------|---------------------------------------|-----------------------|---------------|-----------|-------------|--------------|----------------------|-----------------|------|---|--------------------------------|
|           |             |                  | DODAAC    | DATE | SERIAL |                                      |                                       |                       |               |           |             |              |                      | QUANTITY        | UNIT |   |                                |
| 4420AA    | 00 NR       | 9150-00-45615 GL | M93182    | 7307 | 0004   | SEE ATTACHED SAMPLE WASTE OIL        | OPEN END TANK                         | BS-419                | 22,200        | GL        | 2.95        | 65,490.00    |                      |                 |      |   |                                |
|           |             |                  |           |      |        |                                      |                                       |                       |               |           |             | 165,200.00   |                      |                 |      |   |                                |

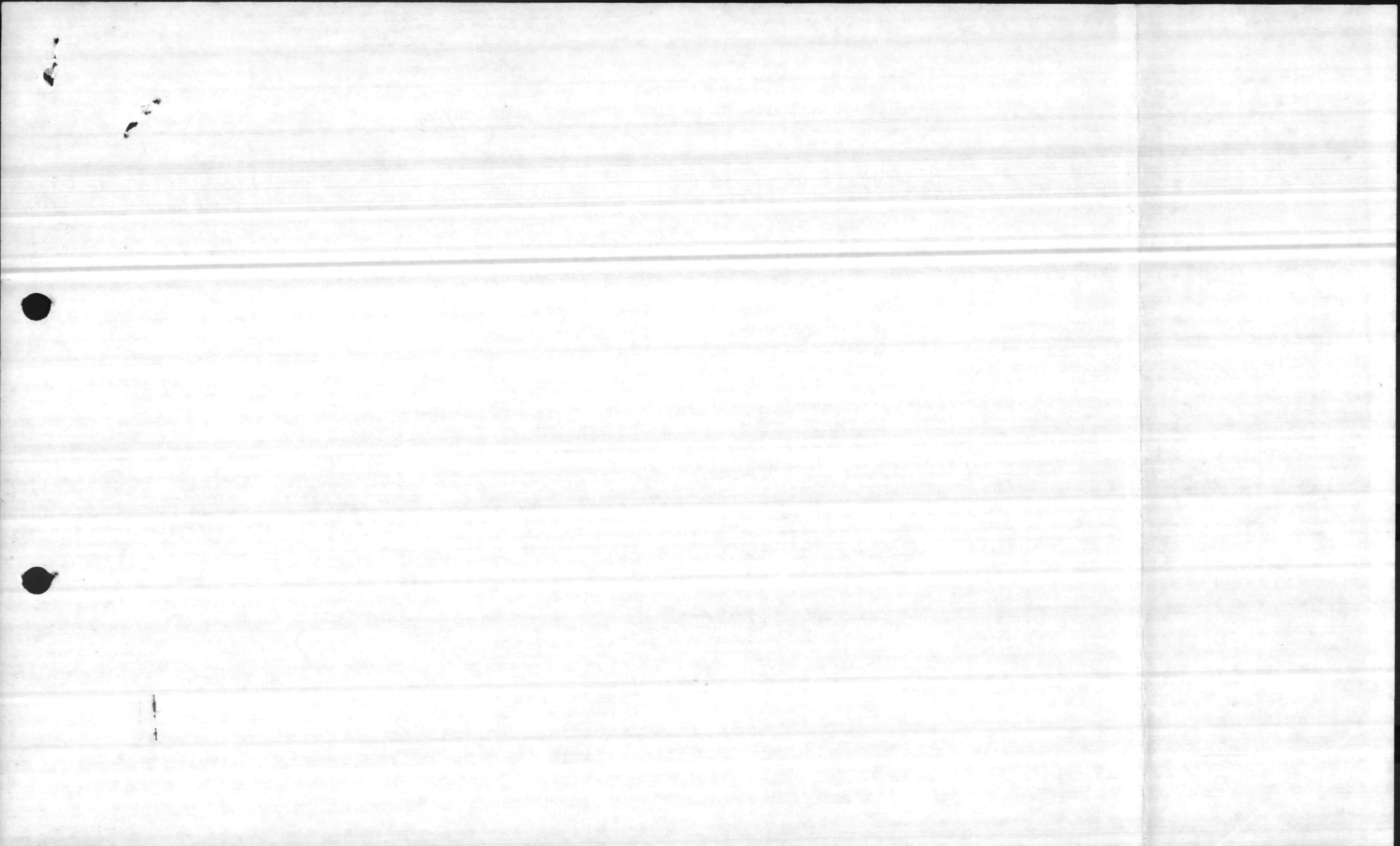


DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

|  |  |  |   |  |
|--|--|--|---|--|
| GENERATOR<br>NEW RIVER AIR STATION               | EPA NUMBER<br>NC 81700 22570                           | AWARDED CONTRACT NUMBER<br>DLA 200-FP-10033          | SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE |  |
| COMPLETE ADDRESS<br>JACKSONVILLE N.C. 28544      | CRMO<br>LEJEUNE  | CONTRACT NUMBER<br>DLA 200-88-D-0033                 | DELIVERY ORDER NUMBER<br>0010                         |  |
| CDR<br>GEORGE EGGERS / L. HUNTER JWM             | PICKUP LOCATION<br>NEW RIVER AIR STATION TANK # AS-419 | AUTHORIZED TRANSPORTER NAME                          | EPA NUMBER  |  |
| COMMERCIAL PHONE NUMBER<br>(919) 451-5613 / 5652 | AUTOVON PHONE NUMBER<br>484-5613 / 5652                | TSDI NAME  | EPA NUMBER  |  |
| GENERATOR REQUEST NUMBER<br>LD18                 | RIC CODE<br>SWA  | AUTHORIZED TRANSPORTER SIGNATURE                     |   |  |
| DATE SENT TO CONTRACTING<br>18 NOV 87            | DATE RECEIVED BY CONTRACTING<br>11-20-87               | AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR) |   |  |

| 1<br>CLIN | 2<br>SUFFIX | 3<br>MSN<br>LSN  | 4<br>DTID |      |        | 5<br>ITEM NAME<br>US DOT DESCRIPTION | 6<br>STORAGE CONTAINER<br>DRUM NUMBER | 7<br>STORAGE LOCATION | 8<br>QUANTITY | 9<br>UNIT | 10<br>PRICE | 11<br>AMOUNT | 12<br>EPA WASTE CODE | 13<br>PICKED UP |      | 14<br>PICKUP MANIFEST NUMBER<br>LINE CODE | 15<br>DATE PICKED UP<br>DDMMYY |
|-----------|-------------|------------------|-----------|------|--------|--------------------------------------|---------------------------------------|-----------------------|---------------|-----------|-------------|--------------|----------------------|-----------------|------|---|--------------------------------|
|           |             |                  | DODAAC    | DATE | SERIAL |                                      |                                       |                       |               |           |             |              |                      | QUANTITY        | UNIT |   |                                |
| 4420AA    | 00          | 9150-00-48612 GL | M93182    | 7307 | 0004   | SEE ATTACHED SAMPLE WASTE OIL        | ABOVE GROUND TANK                     | AS-419                | 28,200        | GL        | 2.95        | 65,490.00    |                      |                 |      |   |                                |
|           |             |                  |           |      |        |                                      |                                       |                       |               |           |             | 105,200.00   |                      |                 |      |   |                                |





ADDITIONAL INSTRUCTIONS DRMS 1786

1. Fill in all areas as complete as possible.
2. Write or print legibly. Typing is also permitted.
3. When xeroxing copies, make sure the information is not covered up by curled edges or cut off.
4. Block 1 - CLIN suffixing is required on the delivery order request after the CLINs have been identified.
  - a. Select the appropriate CLIN. (Four digits shown on the contract bid schedule some CLINs may be followed by two alpha characters). The two alpha characters go in the first section of block 2 suffix, if the contract does not show a suffix fill in with "00".
  - b. The second section of block 2 suffix is completed after all the delivery order information is completed. Each CLIN is suffixed to make it unique, starting the first time the CLIN is identified by using "AA", the next time the CLIN appears on the delivery order it would be "AB" continuous through "ZZ". Continue to suffix until all like CLINs are suffixed, then suffix the next CLIN starting with "AA" until all like CLINs are suffixed. Continue to suffix each CLIN the same until you have exhausted all CLINs.
  - c. Block 3 - Insert the appropriate NSN or LSN if applicable.
  - d. Block 4 - DTIDS must be complete. If all DTIDS are the same except the serial, ditto's may be used to eliminate repetition, however, each time a DODAAC or date changes the complete DTID must be indicated.
  - e. Block 5 - Indicate the item name and/or the US DOT description if applicable.
  - f. Block 6 - Type of storage container containing the hazardous waste and drum number(s) if desired.
  - g. Block 7 - Storage location in IDMS of material to be removed by contractor.
  - h. Block 8 - Quantity to be removed.
  - i. Block 9 - Unit of issue as stated on contract EA, LB, GL, CY, etc.
  - j. Block 10 - Unit Price to be completed by contracting office.
  - k. Block 11 - Amount to be completed by contracting office.
5. Pick Up Report - Pick Up Report to be completed at the time of pickup. Complete all identifier information.
  - a. Block 12 - Indicate the appropriate EPA Waste Code for regulated material, for non-regulated material indicate W002.
  - b. Block 13 - Picked Up "Quantity" - total amount of CLIN removed. Picked Up "Unit" - Unit of issue as stated on delivery order.
  - c. Block 14 - On top line indicate the pickup manifest number used for the material removed. Line Code - is the alpha line on the manifest the DTID is shown (a,b,c or d, etc.).
  - d. Block 15 - Date picked up (removed from Government installation) indicate the day, month and year: Sample - 05/07/86 (5 Jul 86).



ADDITIONAL INSTRUCTIONS DRMS 1786

1. Fill in all areas as complete as possible.
2. Write or print legibly. Typing is also permitted.
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  - d. Block 15 - Date picked up (removed from Government installation) indicate the day, month and year: Sample - 05/07/86 (5 Jul 86).

00188

COLLECTION SUMMARY REPORT CONTRACT NO. *DLA 200-88-50033* DELIVERY ORDER NO. *0010*

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

A. DESCRIPTION OF CHEMICAL COLLECTION SITE: 1. Actual location of chemicals: *Marine Air Station TANK-419*; 2. RIC: *SY-2014*; 3. Accountable DRMO: *LEJEUNE*

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

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

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

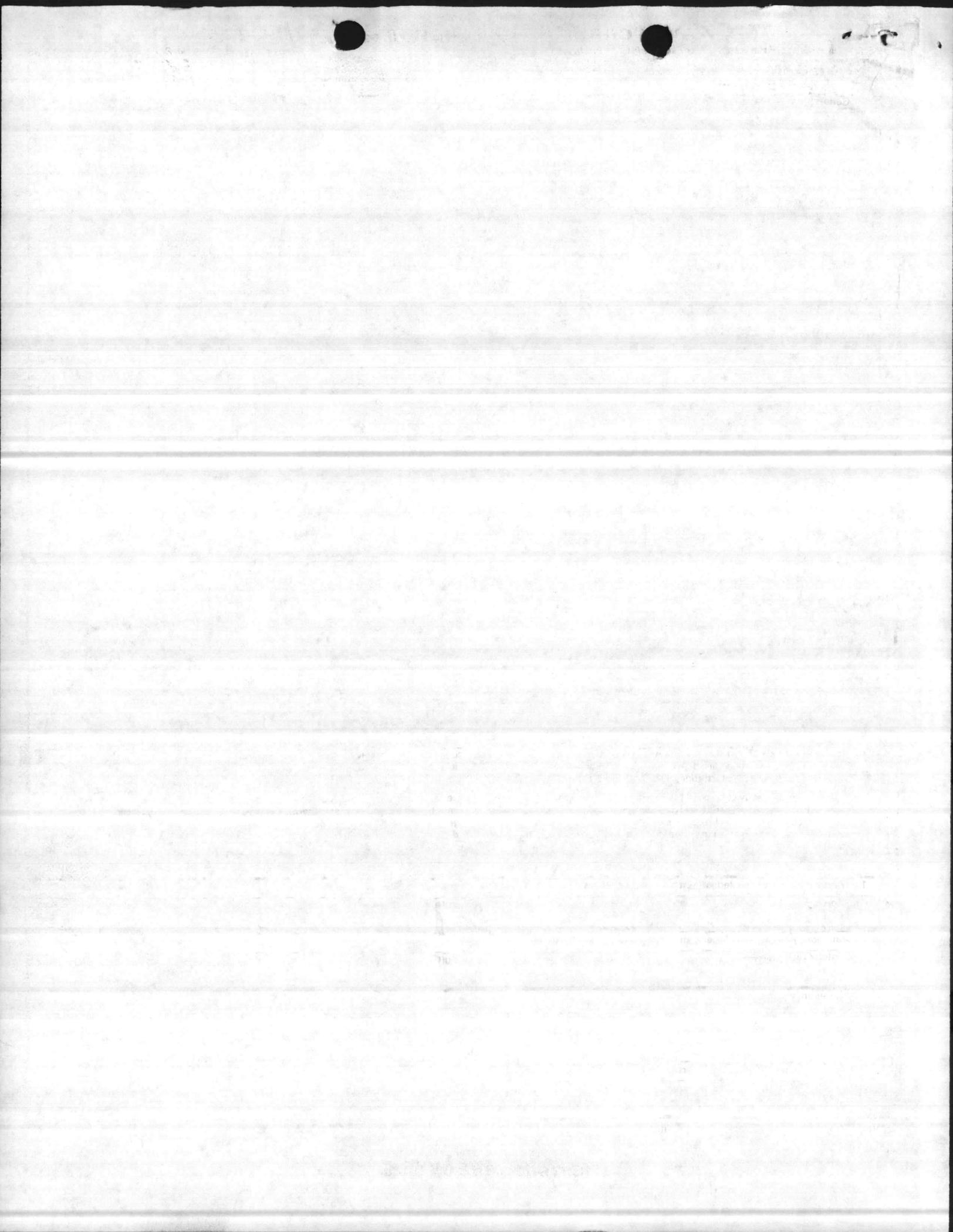
Table with 4 columns: CLIN, ITEMS, QUANTITY, REMARKS

C. EVALUATION OF CONTRACTOR'S PERFORMANCE: 1. Date of contractor arrival: *01-05-88*; 2. Date of contractor departure: *01-05-88*; 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.

D. DOCUMENTATION RECEIVED Check each document received by PDO for filing: a. Manifest: ; 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: *Camp Lejeune, NC*; 2. Printed or typed name of COR: *Hunter, L.E.*; 3. COR Signature: *Laverne B. Hunter*; 4. Date this report submitted: *1-5-88*



# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

Print or type. (Form designed for use on a dot-matrix (12-pitch) typewriter.)

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

|   |  |   |  |  |  |                                   |  |   |  |
|---|--|---|--|--|--|-----------------------------------|--|---|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No.<br><i>NC611700121581006188</i> |  | Manifest Document No. <i>188</i>                 |  | 2. Page 1 of 1                    |  | Information in the shaded areas is not required by Federal law. |  |
| 3. Generator's Name and Mailing Address<br><i>DRMO-CAMP LEFEUNE - M.C.A.S.<br/>BUILDING 206<br/>CAMP LEFEUNE, NC 28512</i>  |  | 4. Generator's Phone (919) <i>451-5613</i>                  |  | 6. US EPA ID Number                              |  | A. State Manifest Document Number |  | B. State Generator's ID   |  |
| 5. Transporter 1 Company Name<br><i>ENVIRONMENTAL TRANSPORTATION SERVICE</i>  |  | 7. Transporter 2 Company Name                               |  | 6. US EPA ID Number<br><i>10KTA9811518161015</i> |  | C. State Transporter's ID         |  | D. Transporter's Phone<br><i>(705) 745-2002</i>                 |  |
| 9. Designated Facility Name and Site Address<br><i>SPECIAL WASTE INC.<br/>1713 LEGION RD.<br/>ATHENS TN 37303</i>   |  | 10. US EPA ID Number<br><i>ITND1034154171411</i>            |  | E. State Transporter's ID                        |  | F. Transporter's Phone            |  | G. State Facility's ID  |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  |  | 12. Containers  |  | 13. Total Quantity                               |  | 14. Unit Wt/Vol                   |  | 1. Waste No.  |  |
| a. <i>RD-1 WASTE OIL, COMBUSTIBLE LIQUID,<br/>NA1770 (D001, F002, F003, F005, F001)</i>   |  | No. <i>0101</i> Type <i>TT 01581010G</i>                    |  |  |  |                                   |  | <i>2001<br/>F002, F003, F005, F001</i>                          |  |
| b.  |  |   |  |  |  |                                   |  |   |  |
| c.  |  |   |  |  |  |                                   |  |   |  |
| d.  |  |   |  |  |  |                                   |  |   |  |
| J. Additional Descriptions for Materials Listed Above<br><i>a) APPROVAL # 580026</i>  |  | K. Handling Codes for Wastes Listed Above                   |  |  |  |                                   |  |   |  |
| 15. Special Handling Instructions and Additional Information<br><i>HAZARDOUS WASTE CONTAINER. SPECIAL WASTE INC. IS THIS FACILITY'S<br/>SHIPPING TO: P.O. BOX A SAUKVILLE, WI 53080</i>   |  |   |  |  |  |                                   |  |   |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.   |  |   |  |  |  |                                   |  |   |  |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |   |  |  |  |                                   |  |   |  |
| Printed/Typed Name<br><i>James G. White</i>   |  | Signature<br><i>James G. White</i>                          |  |  |  | Month Day Year<br><i>12 1 88</i>  |  |   |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials   |  |   |  |  |  |                                   |  |   |  |
| Printed/Typed Name<br><i>Charles A. Bittencourt</i>   |  | Signature<br><i>Charles A. Bittencourt</i>                  |  |  |  | Month Day Year<br><i>12 1 88</i>  |  |   |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials   |  |   |  |  |  |                                   |  |   |  |
| Printed/Typed Name  |  | Signature   |  |  |  | Month Day Year                    |  |   |  |
| 19. Discrepancy Indication Space  |  |   |  |  |  |                                   |  |   |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.  |  |   |  |  |  |                                   |  |   |  |
| Printed/Typed Name  |  | Signature   |  |  |  | Month Day Year                    |  |   |  |

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

**INSTRUCTIONS ON BACK SHEET**

881.00

D 0188

|                                  |   |  |
|----------------------------------|---|--|
| <b>COLLECTION SUMMARY REPORT</b> | <b>CONTRACT NO.</b><br><i>DLA 200-88-D 0033</i> | <b>DELIVERY ORDER NO.</b><br><i>0010</i> |
|----------------------------------|---|--|

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

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| <b>A. DESCRIPTION OF CHEMICAL COLLECTION SITE</b> | 1. Actual location of chemicals<br><i>MARINE CORPS BASE<br/>CAMP LEJEUNE, NC</i> | 2. RIC<br><i>SY-2014</i>              |  |
|   |  | 3. Accountable DRMO<br><i>Lejeune</i> |  |

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

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

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

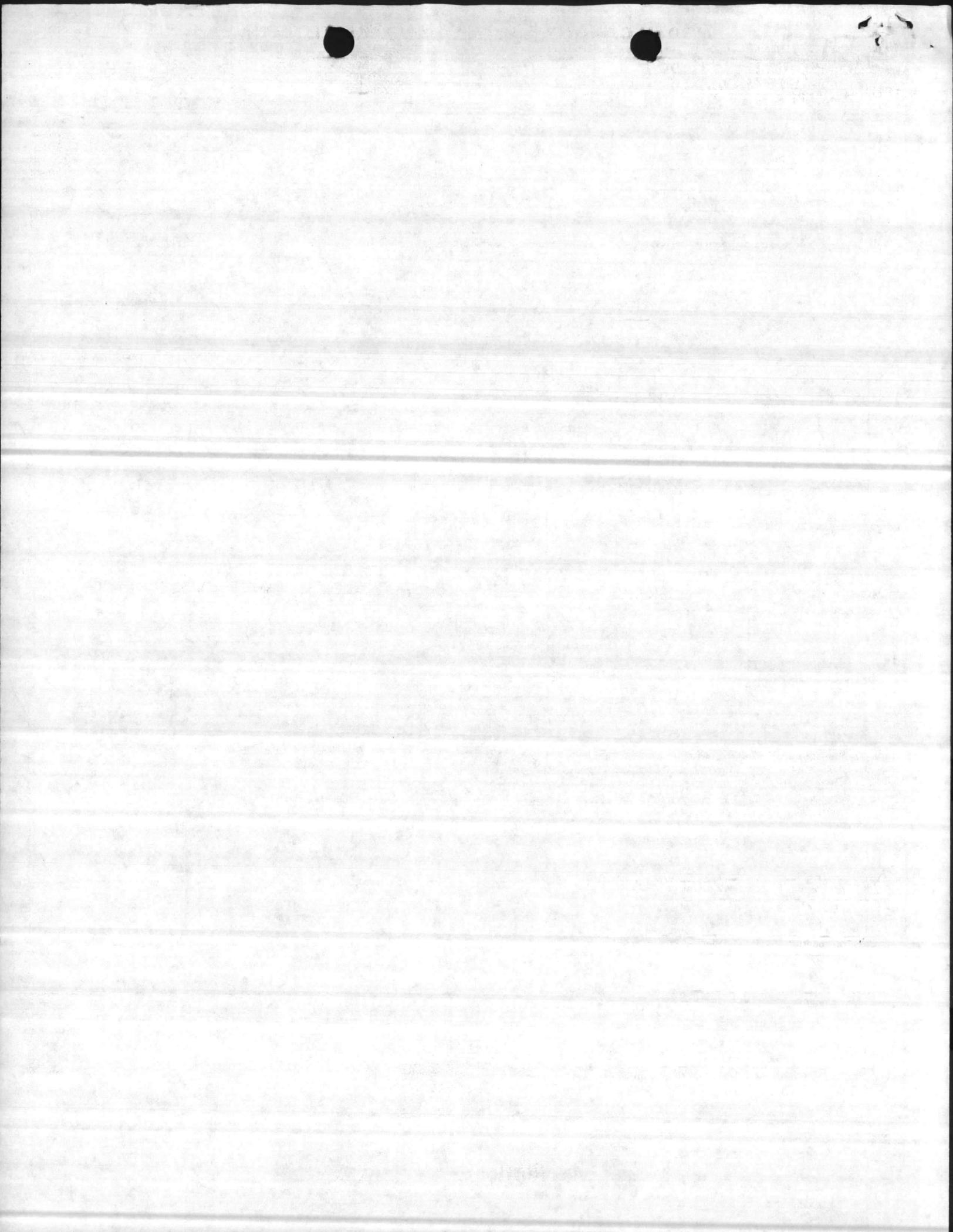
| CLIN | ITEMS | QUANTITY | REMARKS |
|------|-------|----------|---------|
|      |       |          |         |

|  |  |  |   |                                     |
|--|--|--|---|-------------------------------------|
| <b>C. EVALUATION OF CONTRACTOR'S PERFORMANCE</b> | 1. Date of contractor arrival<br><i>01-05-88</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<br><i>01-05-88</i> |  | a. Adequacy of Contractor/COR briefing/notification | <input checked="" type="checkbox"/> |
|  |  | b. Adequacy of repackaging   | <input checked="" type="checkbox"/>                 |                                     |
|  |  | c. Final clean-up and decontamination  | <input checked="" type="checkbox"/>                 |                                     |
|  |  | d. Safety of personnel   | <input checked="" type="checkbox"/>                 |                                     |
|  |  | e. Number of trucks used   | <input checked="" type="checkbox"/>                 |                                     |

|   |                                    |                                     |     |    |
|---|------------------------------------|-------------------------------------|-----|----|
| <b>D. DOCUMENTATION RECEIVED</b> Check each document received by PDO for filing | a. Manifest                        | <input checked="" type="checkbox"/> | YES | NO |
|   | b. Form DD 250 (or DRMS Form 1697) | <input checked="" 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<br><i>CAMP LEJEUNE, N.C.</i> | 3. COR Signature<br><i>Lawrence B. Hunter</i>  |
| 2. Printed or typed name of COR<br><i>Hunter, L.E.</i>        | 4. Date this report submitted<br><i>1-5-88</i> |



# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

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

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

|   |  |  |  |  |                                    |   |  |   |  |
|---|--|--|--|--|------------------------------------|---|--|---|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No.<br><b>NC1617100122581010188</b>   |  | Manifest Document No.<br><b>0188</b>           |                                    | 2. Page 1 of 1                                |  | Information in the shaded areas is not required by Federal law. |  |
| 3. Generator's Name and Mailing Address<br><b>DRING-CAMPBELL &amp; VEUNE - M.C.A.S.<br/>BUILDING 906<br/>CAMPBELL JUNCTION, NC 28542</b>  |  | 6. US EPA ID Number  |  | C. State Transporter's ID                      |                                    | A. State Manifest Document Number             |  | B. State Generator's ID   |  |
| 4. Generator's Phone (919) <b>451-5613</b>  |  | 7. Transporter 1 Company Name<br><b>EMPIRE WASTE TRANSPORTATION SERVICE</b>                                      |  | 8. US EPA ID Number<br><b>IND1981158616105</b> |                                    | D. Transporter's Phone<br><b>451-771-2002</b> |  | E. State Transporter's ID                                       |  |
| 5. Transporter 2 Company Name   |  | 9. Designated Facility Name and Site Address<br><b>SPECIAL WASTE INC.<br/>1713 LECROW Rd<br/>MILLS, TN 37303</b> |  | 10. US EPA ID Number<br><b>TND0345471141</b>   |                                    | F. Transporter's Phone                        |  | G. State Facility's ID  |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  |  | 12. Containers   |  | 13. Total Quantity                             |                                    | 14. Unit Wt/Vol                               |  | I. Waste No.  |  |
| a. <b>RD-7 WASTE OIL, N.O.S. COMBUSTIBLE LIQUID, NA1270 (D001, F001, F002, F003, F005)</b>  |  | No. <b>001</b> Type <b>TT</b>  |  | <b>058100</b>                                  |                                    | <b>G</b>                                      |  | <b>#101, F002<br/>2001<br/>#103, F005</b>                       |  |
| b.  |  |  |  |  |                                    |   |  |   |  |
| c.  |  |  |  |  |                                    |   |  |   |  |
| d.  |  |  |  |  |                                    |   |  |   |  |
| J. Additional Descriptions for Materials Listed Above<br><b>APPROXIMATE # 580026</b>  |  | K. Handling Codes for Wastes Listed Above  |  |  |                                    |   |  |   |  |
| 15. Special Handling Instructions and Additional Information<br><b>DIAGNOSIS-58-D-0033 (D.O. AND P.O. 0633) TANKS<br/>HAZARDOUS WASTE CONTRACTOR. SPECIAL WASTE INC. IS THIS FACILITY'S<br/>PLEASE ROUTE ALL BILLING AND INQUIRIES TO:<br/>P.O. BOX SAUKVILLE, WI 53080</b>   |  |  |  |  |                                    |   |  |   |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.   |  |  |  |  |                                    |   |  |   |  |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |  |  |  |                                    |   |  |   |  |
| Printed/Typed Name<br><b>[Signature]</b>  |  |  |  |  | Signature<br><b>[Signature]</b>    |   |  | Month Day Year<br>  |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials   |  |  |  |  |                                    |   |  |   |  |
| Printed/Typed Name<br><b>Bruce A. Mason</b>   |  |  |  |  | Signature<br><b>Bruce A. Mason</b> |   |  | Month Day Year<br><b>12/10/88</b>                               |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials   |  |  |  |  |                                    |   |  |   |  |
| Printed/Typed Name  |  |  |  |  | Signature                          |   |  | Month Day Year<br>  |  |
| 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<br>  |  |

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DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

CONTRACTOR: **MARINE CORPS BASE**  
 COMPLETE ADDRESS: **COMPTONVILLE N.C. 28542**  
 CONTACT: **GEORGE ROGERS / L. HUNTER**  
 COMMERCIAL PHONE NUMBER: **(919) 451-5613 / 5652**  
 GENERATOR REQUEST NUMBER: **L.O. 17 - JWM**  
 DATE SENT TO CONTRACTING OFFICER: **18 NOV 87**

EPA NUMBER: **NC 0170022580**  
 DUNS: **LEJENNE**  
 PICKUP LOCATION: **THAWA TERRACE TRAILS STT-64 STT-65**  
 AUTOVON PHONE NUMBER: **484-5613 / 5652**  
 RIC CODE: **SUIP**  
 DATE RECEIVED BY CONTRACTING OFFICER: **11-20-87**

SHARED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE  
 CONTRACT NUMBER: **DLA 200-88-D-0033**  
 DELIVERY ORDER NUMBER: **0010**  
 AUTHORIZED TRANSPORTER NAME: **ETS**  
 EPA NUMBER: **OKD 981586605**  
 TSD NAME: **SWI**  
 EPA NUMBER: **TND 034547141**  
 AUTHORIZED TRANSPORTER SIGNATURE: *Brian Rudolph*  
 AUTHORIZED CONTRACTING OFFICER'S REPRESENTATIVE (CON): *James Smith*

| 1<br>LINE | 2<br>SUFFIX | 3<br>NSN          |        | 4<br>DTID |        | 5<br>ITEM NAME<br>US DGT DESCRIPTION | 6<br>STORAGE CONTAINER |        | 7<br>STORAGE LOCATION | 8<br>QUANTITY | 9<br>UNIT | 10<br>PRICE | 11<br>AMOUNT | 12<br>EPA WASTE CODE | 13<br>PICKED UP |                  | 14<br>PICKUP MANIFEST NUMBER | 15<br>DATE PICKED UP<br>DDMMYY |
|-----------|-------------|-------------------|--------|-----------|--------|--------------------------------------|------------------------|--------|-----------------------|---------------|-----------|-------------|--------------|----------------------|-----------------|------------------|------------------------------|--------------------------------|
|           |             | LSN               | DODARC | DATE      | SERIAL |                                      | DRUM NUMBER            | TRNK   |                       |               |           |             |              |                      | QUANTITY        | UNIT             |                              |                                |
| 47209A    | 00 AA       | 9150-10-WASTE OIL | M43182 | 7307      | 0002   | SEE ATTACHED SAMPLE WASTE OIL        | ARISE GAWK TRNK        | STT-64 | 18000                 | GL            | 2.95      | 53,100.00   |              |                      |                 |                  | DD150                        |                                |
| 47209A    | 00 AB       | 9150-10-WASTE OIL | M43182 | 7307      | 0003   | SEE ATTACHED SAMPLE WASTE OIL        | " "                    | STT-65 | 15800                 | GL            | 2.95      | 46,610.00   | F003         | 5800                 | G               | <del>DD150</del> | 1/5/88                       |                                |

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|---------------------------|--|-----------------------------------|
| COLLECTION SUMMARY REPORT | CONTRACT NO.<br><i>DLA 200-88-D 0038</i> | DELIVERY ORDER NO.<br><i>0010</i> |
|---------------------------|--|-----------------------------------|

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<br><i>Marine Corps Base</i> | 2. RIC<br><i>ST-2014</i>              |
|  | 1. Actual location of chemicals<br><i>Camp Lejeune, NC.</i> | 3. Accountable DRMO<br><i>Lejeune</i> |

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

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

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

| CLIN | ITEMS | QUANTITY | REMARKS |
|------|-------|----------|---------|
|      |       |          |         |

|   |  |  |   |                                     |  |
|---|--|--|---|-------------------------------------|--|
| C. EVALUATION OF CONTRACTOR'S PERFORMANCE | 1. Date of contractor arrival<br><i>01-07-88</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<br><i>01-07-88</i> |  | a. Adequacy of Contractor/COR briefing/notification | <input checked="" type="checkbox"/> |  |
|   |  |  | b. Adequacy of repackaging                          | <input checked="" type="checkbox"/> |  |
|   |  |  | c. Final clean-up and decontamination               | <input checked="" type="checkbox"/> |  |
|   |  |  | d. Safety of personnel                              | <input checked="" type="checkbox"/> |  |
|   |  |  | e. Number of trucks used                            | <input checked="" type="checkbox"/> |  |
|   |  | YES  | NO  |                                     |  |

|  |                                    |                                     |  |
|--|------------------------------------|-------------------------------------|--|
| D. DOCUMENTATION RECEIVED Check each document received by PDO for filing | a. Manifest                        | <input checked="" type="checkbox"/> |  |
|  | b. Form DD 250 (or DRMS Form 1697) | <input checked="" 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<br><i>Camp Lejeune, NC.</i> | 3. COR Signature<br><i>Lawrence E. Hunter</i>    |
| 2. Printed or typed name of COR<br><i>HUNTER, L.E.</i>       | 4. Date this report submitted<br><i>01-07-88</i> |

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ORDER NO. 1000

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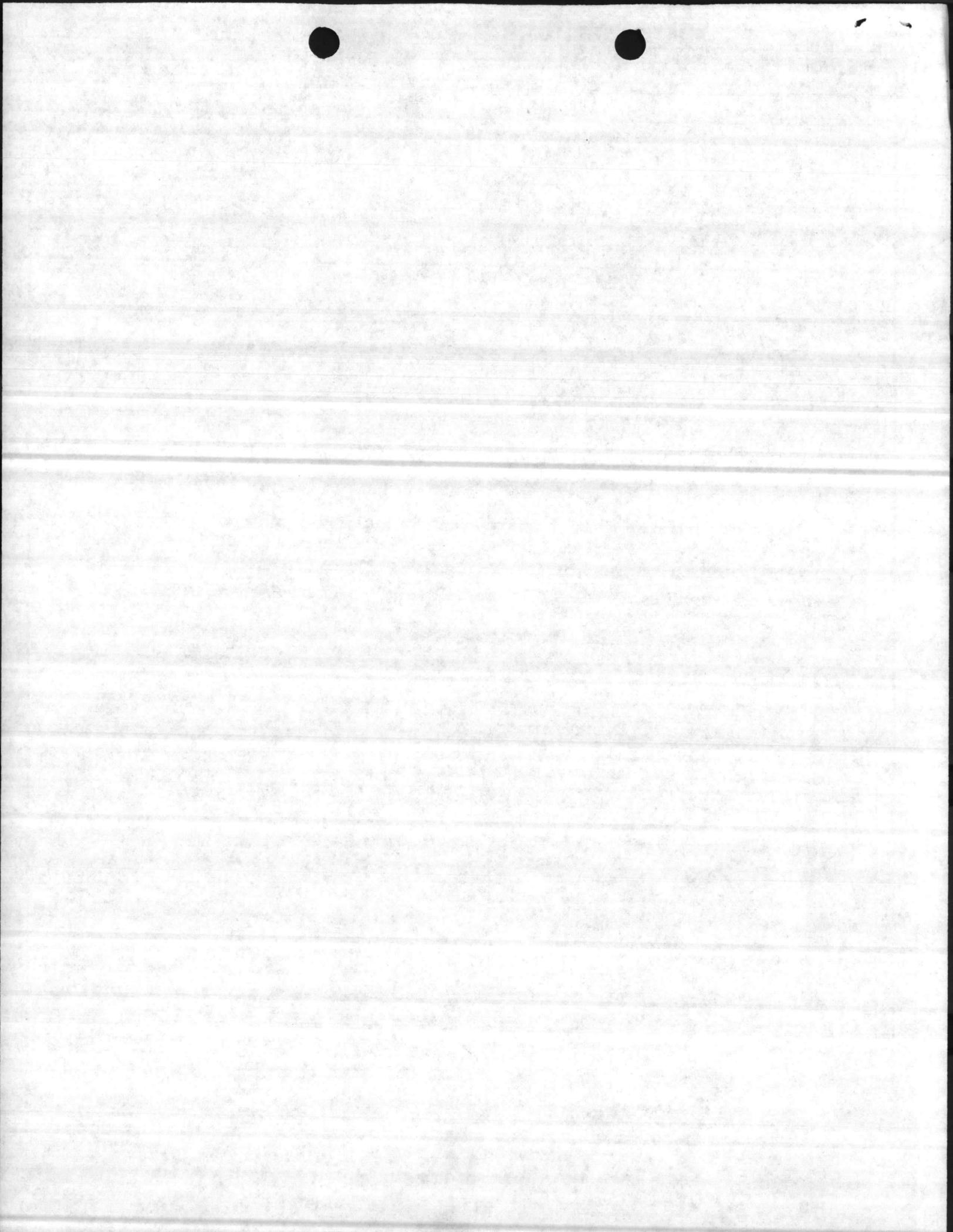
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# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

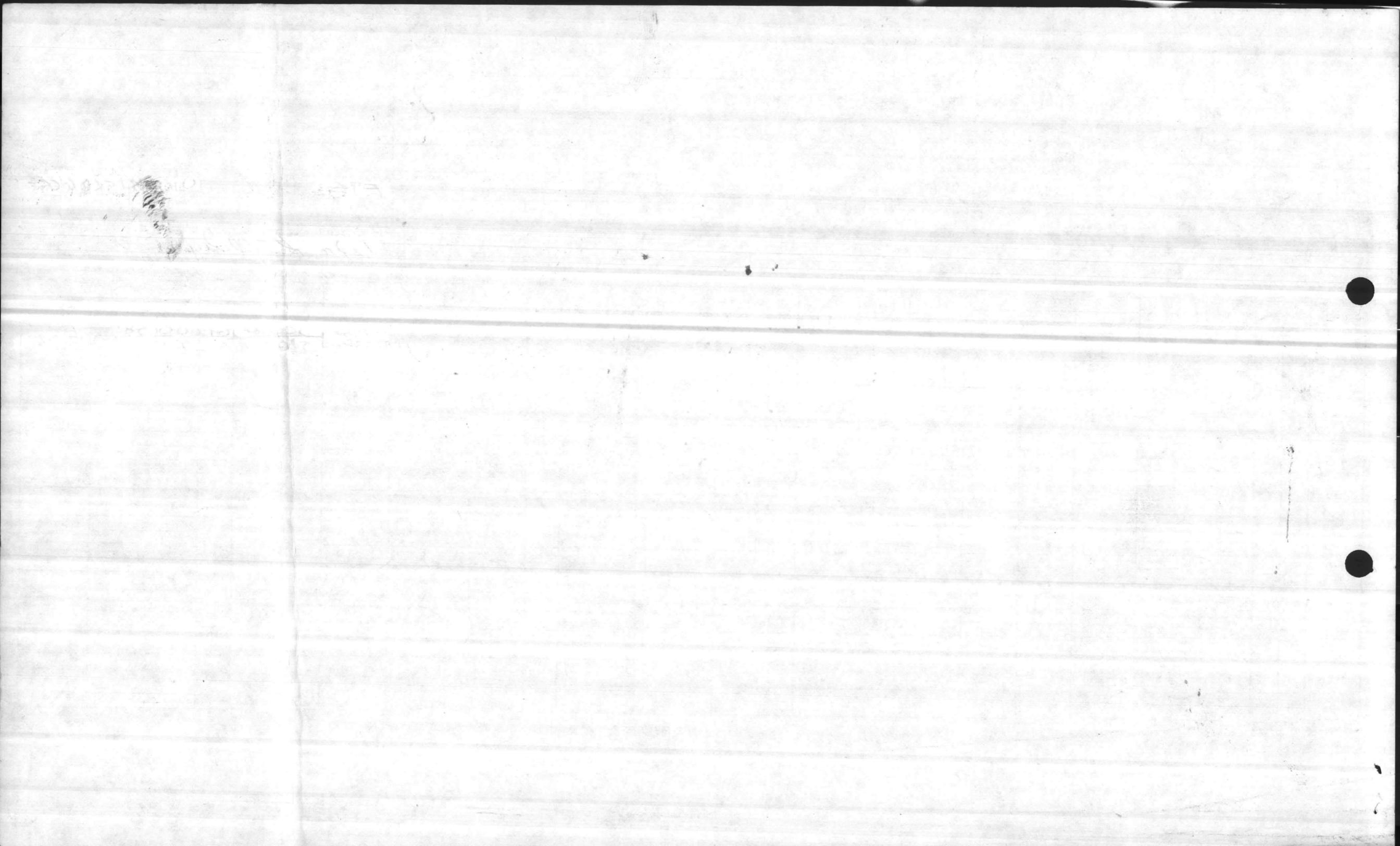
Please print or type. (Form designed for use on 2-pitch typewriter.)

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

|  |  |   |  |   |   |   |  |                                   |  |                                 |  |
|--|--|---|--|---|---|---|--|-----------------------------------|--|---------------------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>  |  | 1. Generator's US EPA ID No.<br><b>NC 8170092570 DD 388</b> | Manifest Document No.<br><b>DD 388</b>       | 2. Page 1 of 1                                  | Information in the shaded areas is not required by Federal law. |   |  |                                   |  |                                 |  |
| 3. Generator's Name and Mailing Address<br><b>GEORGE EGGERS<br/>CHAIR LETJUNE - MCAS<br/>BUILDING 906<br/>CAMP LETJUNE, NC. 28542</b>  |  |   | A. State Manifest Document Number            |   | B. State Generator's ID   |   |  |                                   |  |                                 |  |
| 4. Generator's Phone (919) <b>451-5612</b>   |  | 5. US EPA ID Number<br><b>TND 087538019</b>                 |  | C. State Transporter's ID <b>(615) 351-4995</b> |   | D. Transporter's Phone <b>945-2004</b>    |  |                                   |  |                                 |  |
| 7. Transporter 2 Company Name  |  | 8. US EPA ID Number   |  | E. State Transporter's ID                       |   | F. Transporter's Phone                    |  |                                   |  |                                 |  |
| 9. Designated Facility Name and Site Address<br><b>SPECIAL WASTE INC<br/>1713 LEGION RD<br/>ATHENS TN. 37303</b>   |  |   | 10. US EPA ID Number<br><b>TMD 034547141</b> |   | G. State Facility's ID  |   |  |                                   |  |                                 |  |
|  |  |   |  |   | H. Facility's Phone<br><b>(615) 745-9226</b>                    |   |  |                                   |  |                                 |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)   |  |   |  | 12. Containers                                  |   | 13. Total Quantity                        |  | 14. Unit Wt/Vol                   |  | 15. Waste No.                   |  |
|  |  |   |  | No.   |   | Type                                      |  |                                   |  |                                 |  |
| a. <b>"RO" 100 WASTE OIL NOS.<br/>COMBUSTIBLE LIQUID NA 1270 (F003, F001, F002)</b>  |  |   |  | 010   |   | 1TT 030010                                |  | G                                 |  | F003<br>F001, F002<br>F003 F005 |  |
| b.   |  |   |  |   |   |   |  |                                   |  |                                 |  |
| c.   |  |   |  |   |   |   |  |                                   |  |                                 |  |
| d.   |  |   |  |   |   |   |  |                                   |  |                                 |  |
| J. Additional Descriptions for Materials Listed Above<br><b>H. 580026</b>  |  |   |  |   |   | K. Handling Codes for Wastes Listed Above |  |                                   |  |                                 |  |
| 15. Special Handling Instructions and Additional Information<br><br><b>DLA500-88-D-00387 DOT 0010</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.<br><br>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<br><b>George Eggers</b>   |  |   |  | Signature<br><i>George Eggers</i>               |   |   |  | Month Day Year<br><b>12/21/88</b> |  |                                 |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials  |  |   |  |   |   |   |  |                                   |  |                                 |  |
| Printed/Typed Name<br><b>MARK CRAFT</b>  |  |   |  | Signature<br><i>Mark Craft</i>                  |   |   |  | Month Day Year<br>                |  |                                 |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials  |  |   |  |   |   |   |  |                                   |  |                                 |  |
| Printed/Typed Name   |  |   |  | Signature                                       |   |   |  | Month Day Year<br>                |  |                                 |  |
| 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<br>                |  |                                 |  |







DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

GENERATOR: MARINE CORPS BASE  
 COMPLETE ADDRESS: CAMP JEANNE N.C. 28542  
 CONTACT: GEORGE CIGGERS / L. HUNTER  
 COMMERCIAL PHONE NUMBER: (919) 481-5613 / 5652  
 GENERATOR REQUEST NUMBER: L.O. 17 - JWM  
 DATE SENT TO CONTRACTING: 18 NOV 87

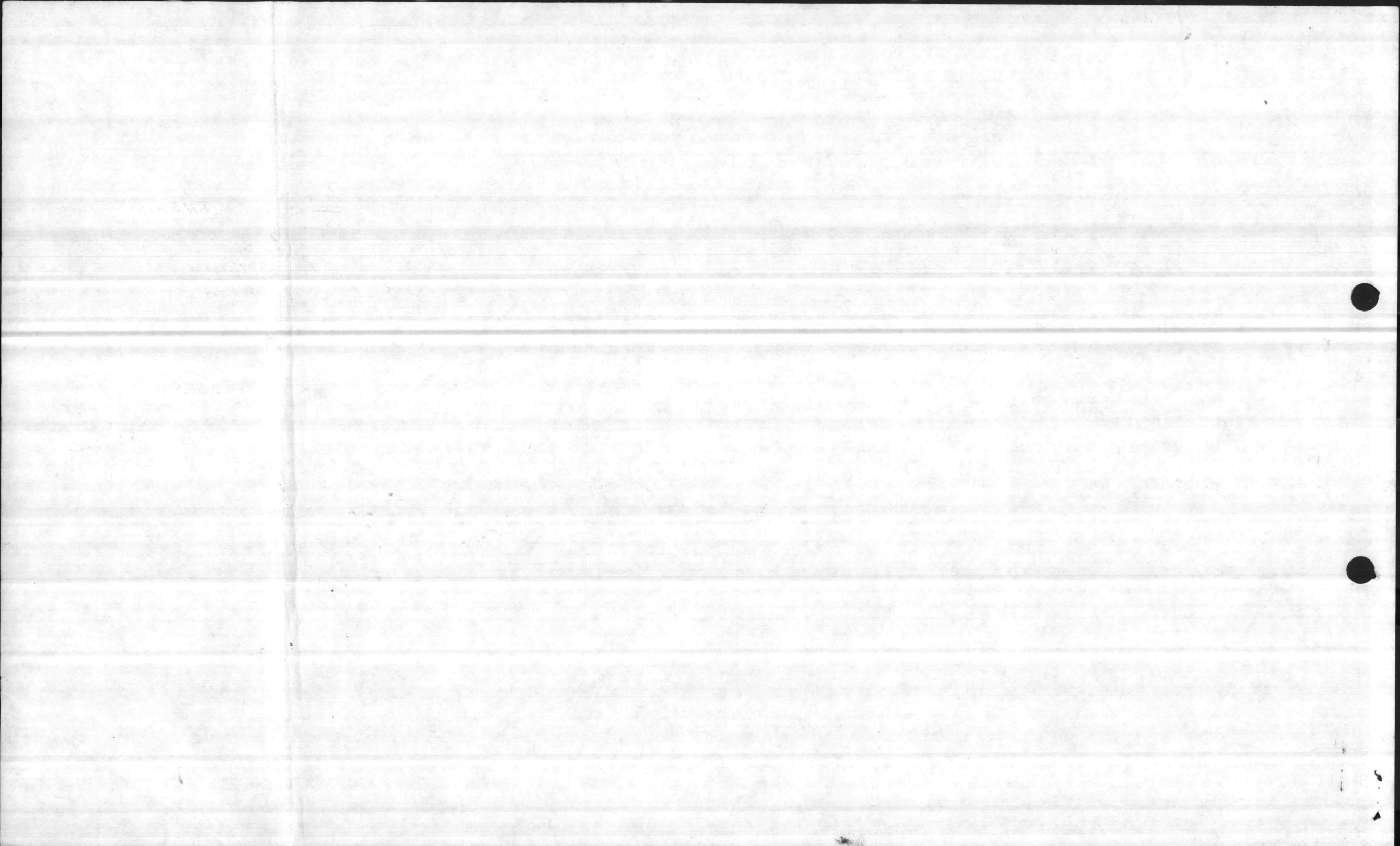
EPA NUMBER: NC 6170022580  
 DRMO: LEJEUNE  
 PICKUP LOCATION: THAWA TERRACE TRAILS STT-64 STT-65  
 AUTOVON PHONE NUMBER: 484-5613 / 5652  
 RIC CODE: PUMP  
 DATE RECEIVED BY CONTRACTING: 11-20-87

SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE

CONTRACT NUMBER: DLA 200-88-D-0033  
 DELIVERY ORDER NUMBER: 0010  
 AUTHORIZED TRANSPORTER NAME: EBS OSCO  
 EPA NUMBER: TND 039558019  
 TSDF NAME: SWI  
 EPA NUMBER: TND 034547141  
 AUTHORIZED TRANSPORTER SIGNATURE: Brian Kuyper  
 AUTHORIZED CONTRACTING OFFICERS REPRESENTATIVE (COR): Lawrence G. Hunter

| 1<br>LLIN | 2<br>SUFFIX | 3<br>NSN<br>LEN | 4<br>DTIC         |        |        | 5<br>ITEM NAME<br>US DOT DESCRIPTION | 6<br>STORAGE<br>CONTAINER<br>DRUM NUMBER | 7<br>STORAGE<br>LOCATION | 8<br>QUANTITY | 9<br>UNIT | 10<br>DPE | 11<br>AMOUNT | 12<br>EPA<br>WASTE<br>CODE | 13<br>PICKED UP |      | 14<br>PICKUP<br>MANIFEST NUMBER<br>LINE CODE | 15<br>DATE<br>PICKED UP<br>DDMMYY |        |
|-----------|-------------|-----------------|-------------------|--------|--------|--------------------------------------|--|--------------------------|---------------|-----------|-----------|--------------|----------------------------|-----------------|------|--|-----------------------------------|--------|
|           |             |                 | DODARC            | DATE   | SERIAL |                                      |  |                          |               |           |           |              |                            | QUANTITY        | UNIT |  |                                   |        |
| 4720AA    | 00          | MA              | 9150-10-WASTE OIL | M93182 | 7307   | 0002                                 | SEE ATTACHED SAMPLE<br>WASTE OIL         | ALUMINUM<br>DRUM         | STT-64        | 18000     | GL        | 2.95         | 53,100.00                  |                 |      |  |                                   |        |
| 4720AA    | 00          | AD              | 9150-10-WASTE OIL | M93182 | 7307   | 0003                                 | SEE ATTACHED SAMPLE<br>WASTE OIL         | " "                      | STT-65        | 15800     | GL        | 2.95         | 46,610.00                  | F003            | 2800 | G  | D0388                             | 1/7/86 |

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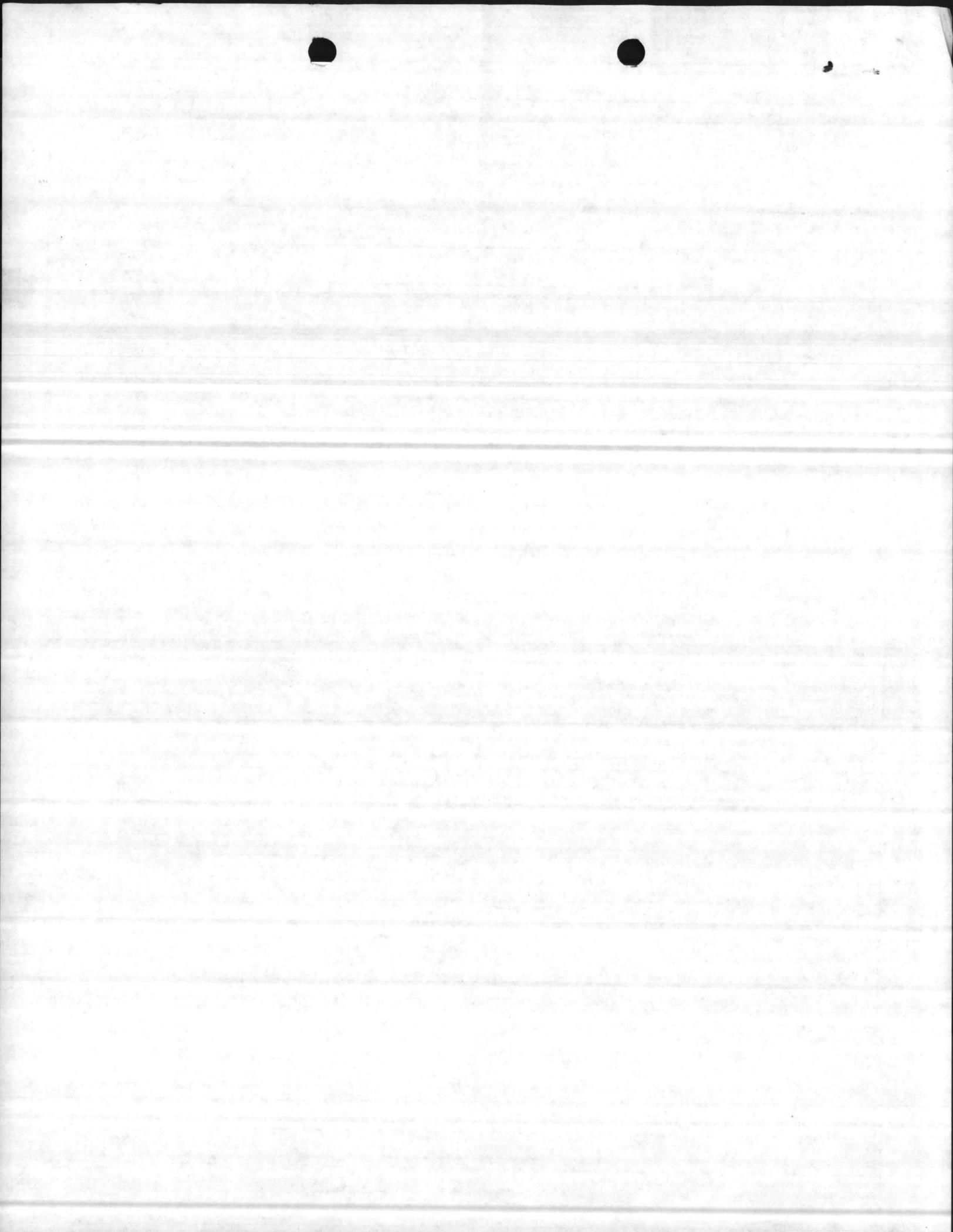
PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.)

|   |  |   |                                    |   |  |  |  |
|---|--|---|------------------------------------|---|--|--|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No.<br><b>NC-6-1-70022-580101-35</b> | Manifest Document No.<br><b>35</b> | 2. Page 1 of 1  | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law. |  |  |
| 3. Generator's Name and Mailing Address<br><b>DRMS Bldg 906 ATTN: GEORGE BOB MARINE CORPS BASE CAMP LEJEUNE, NC 28542</b>                                     |  |   |                                    | A. State Manifest Document Number<br><b>INA 0128767</b>   | B. State Generator's ID  |  |  |
| 4. Generator's Phone<br><b>919 451-5213</b>   |  |   |                                    | C. State Transporter's ID   | D. Transporter's Phone<br><b>405/945-2002</b>  |  |  |
| 5. Transporter 1 Company Name<br><b>Environmental Transport Service</b>   |  |   |                                    | 6. Use EPA ID Number<br><b>OK-D9-815866-05</b>  | E. State Transporter's ID  |  |  |
| 7. Transporter 2 Company Name   |  |   |                                    | 8. Use EPA ID Number  | F. Transporter's Phone   |  |  |
| 9. Designated Facility Name and Site Address<br><b>SYSTEMS COOPERATION / LONESTAR CEMENT LIMEDELE, RD CASTLE, GREENSBORO, INDIANA</b>                         |  |   |                                    | 10. Use EPA ID Number<br><b>IND-006419212</b>   | G. State Facility's ID   |  |  |
|   |  |   |                                    | H. Facility's Phone<br><b>317-653-2606</b>  |  |  |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  |  | 12. Containers  | 13. Total Quantity                 | 14. Unit Wt/Vol.  | 1. Waste No.   |  |  |
| a. <b>RQ1 WASTE OIL NOS, FLAMMABLE LIQUID NA 1270 (D001, F001, F002, F003, F005)</b>  |  | No. <b>001</b> Type <b>TT</b>                                 | <b>060000</b>                      | <b>G</b>  | <b>D001</b>  |  |  |
| b.  |  |   |                                    |   |  |  |  |
| c.  |  |   |                                    |   |  |  |  |
| d.  |  |   |                                    |   |  |  |  |
| J. Additional Descriptions for Materials Listed Above<br><b>A) F001, F002, F003, F005 TRUCK 66 P.O. #0598 DLA200-88-00033 D.O. 010</b>                        |  |   |                                    | K. Handling Codes for Wastes Listed Above   |  |  |  |
| 15. Special Handling Instructions and Additional Information<br><b>WASTE. PLEASE ROUTE ALL BILLING AND CORRESPONDENCE TO: P.O. BOX B, SAUKVILLE, WI 53080</b> |  |   |                                    | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. |  |  |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials   |  |   |                                    | Signature<br><i>[Signature]</i> Date<br><b>12 09 87</b>   |  |  |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials   |  |   |                                    | Signature<br><i>[Signature]</i> Date<br><b>12 6 87</b>  |  |  |  |
| 19. Discrepancy Indication Space  |  |   |                                    | Signature<br><i>[Signature]</i> Date<br><b>12 6 87</b>  |  |  |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.                             |  |   |                                    | Signature<br><i>[Signature]</i> Date<br><b>12 6 87</b>  |  |  |  |

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

GENERATOR TRANSPORTER FACILITY

INA 0128767





PLEASE PRINT OR TYPE

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

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

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. **WCB-170022580** Manifest Document No. **0136**

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

3. Generator's Name and Mailing Address **DAMO Bldg 906 ATTN: GEORGE EGGERS MARQUE CORP BASE CAMP LEJEUNE, NC 28542**

A. State Manifest Document Number **INA 0128768**

4. Generator's Phone (919) 451-5613

B. State Generator's ID

5. Transporter 1 Company Name **ENVIRONMENTAL TRANSPORTATION SERVICE** 6. Use EPA ID Number **OKD 981586605**

C. State Transporter's ID

D. Transporter's Phone **45/76-2002**

7. Transporter 2 Company Name 8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address **SYSTECH CORPORATION LONESTAR CEMENT LINDALE EAST RD GREENSBORO, INDIANA** 10. Use EPA ID Number **IND 006419212**

G. State Facility's ID

H. Facility's Phone **317-653-2606**

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)   | 12. Containers |      | 13. Total Quantity | 14. Unit Wt./Vol. | I. Waste No. |
|--|----------------|------|--------------------|-------------------|--------------|
|  | No.            | Type |                    |                   |              |
| a. <b>RQ1 WASTE OIL NOS, FLAMMABLE LIQUID, NA 1270, (D001, F001, F002, F003, F005)</b> | 001            | TT   | 16000              | G                 | D001         |
| b.   |                |      |                    |                   |              |
| c.   |                |      |                    |                   |              |
| d.   |                |      |                    |                   |              |

J. Additional Descriptions for Materials Listed Above  
**A) F001, F002, F003, F005**  
**P.O. # 0598 TRUCK EF DL260-88-10033-1010**

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information **SPECIAL WASTE INC IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL BILLING AND CORRESPONDENCE TO: P.O. BOX B, SANKVILLE, W.V. 53080**

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name **Hunter, L E.** Signature **Louise E. Hunter** Date **12/8/87**

17. Transporter 1 Acknowledgement of Receipt of Materials  
Printed/Typed Name **Bruce A. Mason** Signature **Bruce A. Mason** Date

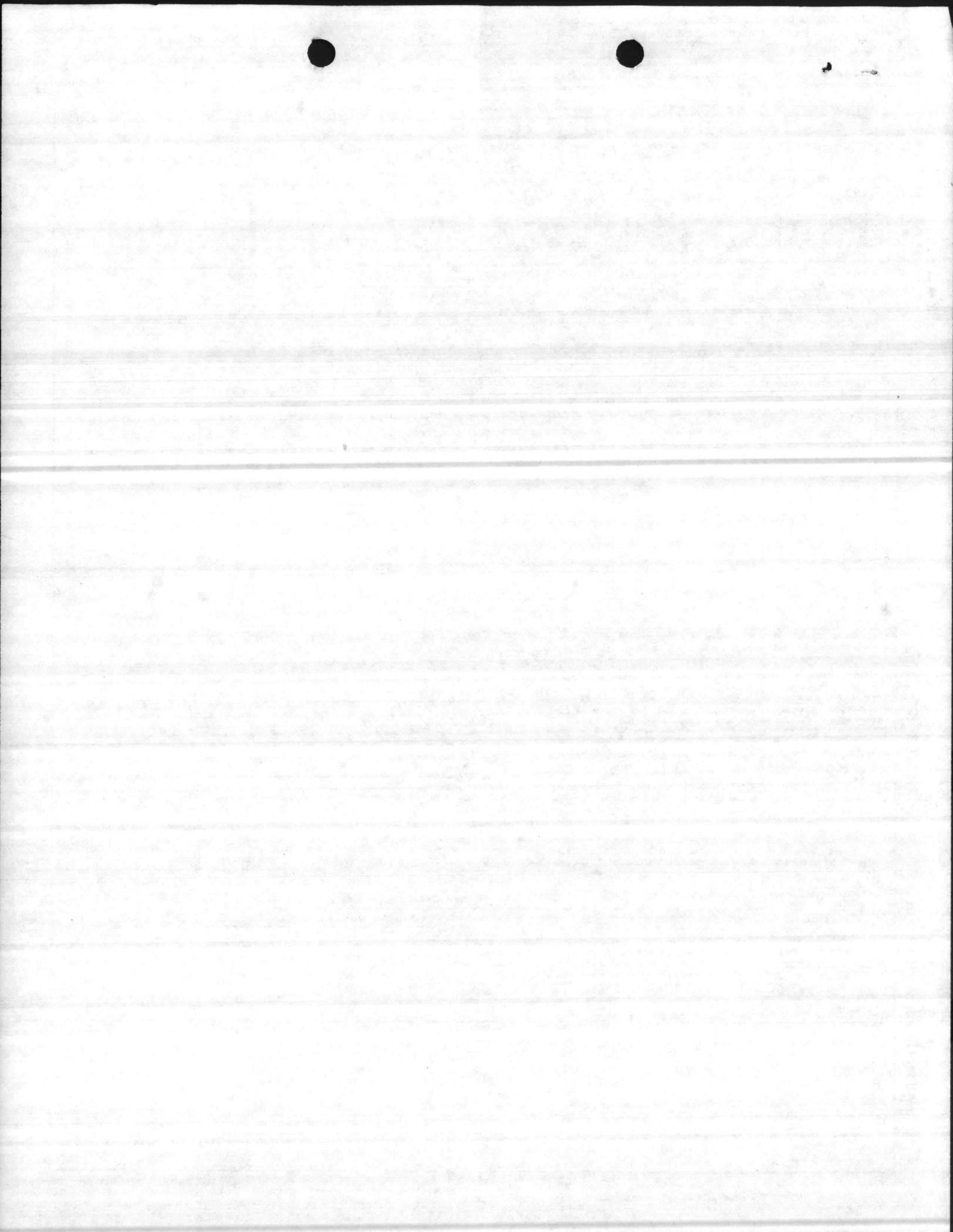
18. Transporter 2 Acknowledgement of Receipt of Materials  
Printed/Typed Name Signature Date

19. Discrepancy Indication Space

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

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0128768





PLEASE PRINT OR TYPE

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

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

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. **NC 017002258060134**

Manifest Document No. **0134**

2. Page 1 of 1

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

3. Generator's Name and Mailing Address

**DRMO Bldg 906 ATTN: GEORGE MARRINS COLPS BASE CAMP LEVINE, NC 28542**

A. State Manifest Document Number

**INA 0128769**

4. Generator's Phone

**919 451-5103**

B. State Generator's ID

5. Transporter 1 Company Name

**ENVIRONMENTAL TRANSPORTATION SERVICES**

6. Use EPA ID Number

**OK D 981586605**

C. State Transporter's ID

D. Transporter's Phone **415/715-2002**

7. Transporter 2 Company Name

8. Use EPA ID Number

9. Designated Facility Name and Site Address

**SYSTEM CORPORATION KNEESTR CEMENT LIMEPIKE RD GREEN CASTLE, GROESBANE, INDIANA**

10. Use EPA ID Number

**IND 006419212**

G. State Facility's ID

H. Facility's Phone **317-653-2606**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**a. RQ1 WASTE OIL NOS1 FLAMMABLE LIQUID NA 120 (D001, F001, F002, F003, F005)**

12. Containers

No. Type **001 TT**

13. Total Quantity

**0.56006**

14. Unit Wt/Vol

**6**

Waste No.

**0001**

J. Additional Descriptions for Materials Listed Above

**1) F001, F002, F003, F005 P.O. # 0598 TRUCK FF DIA200 88-20033-2.0.000**

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information **SPECIAL WASTE IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL BILLING AND CORRESPONDENCE TO: P.O. BOX 8, SAUKVILLE, WI 53080.**

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name **Hunter, L.F.** Signature **L.F. Hunter** Date **12/29/87**

17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name **Charles E. Wuzher** Signature **Charles E. Wuzher** Date **12/29/87**

18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name **Charles E. Wuzher** Signature **Charles E. Wuzher** Date **12/29/87**

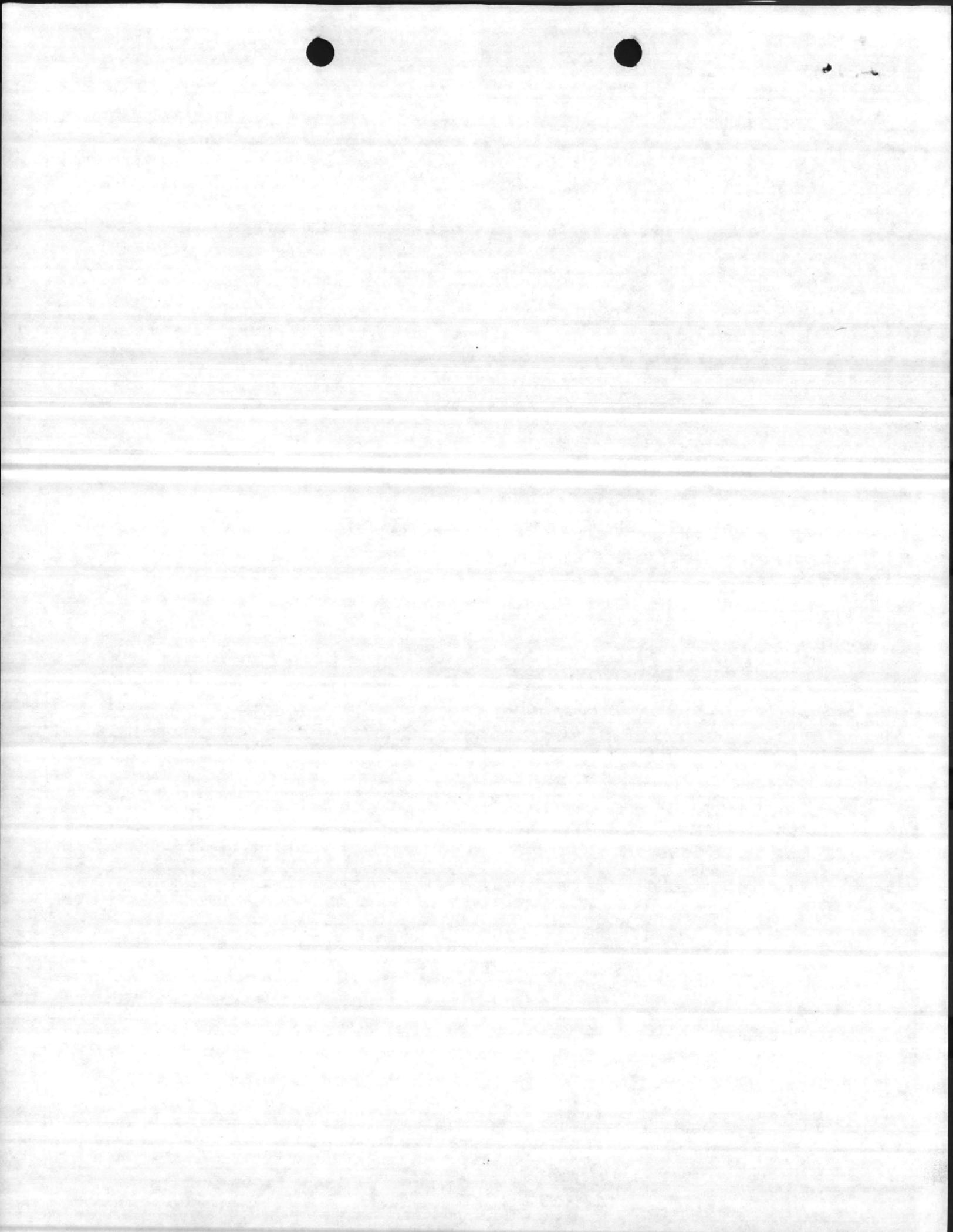
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

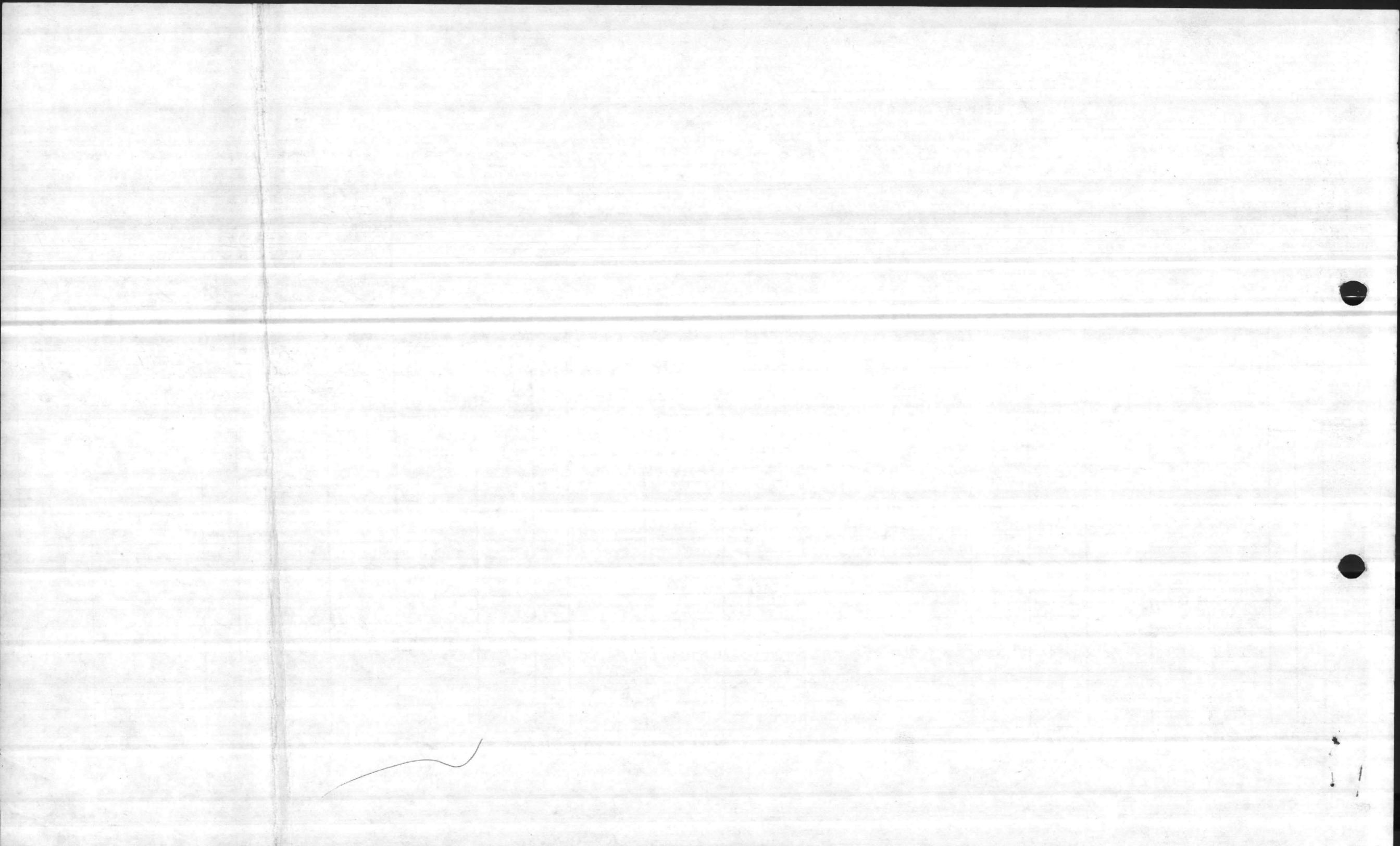
Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0128769







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

DO NOT WRITE IN THIS SPACE

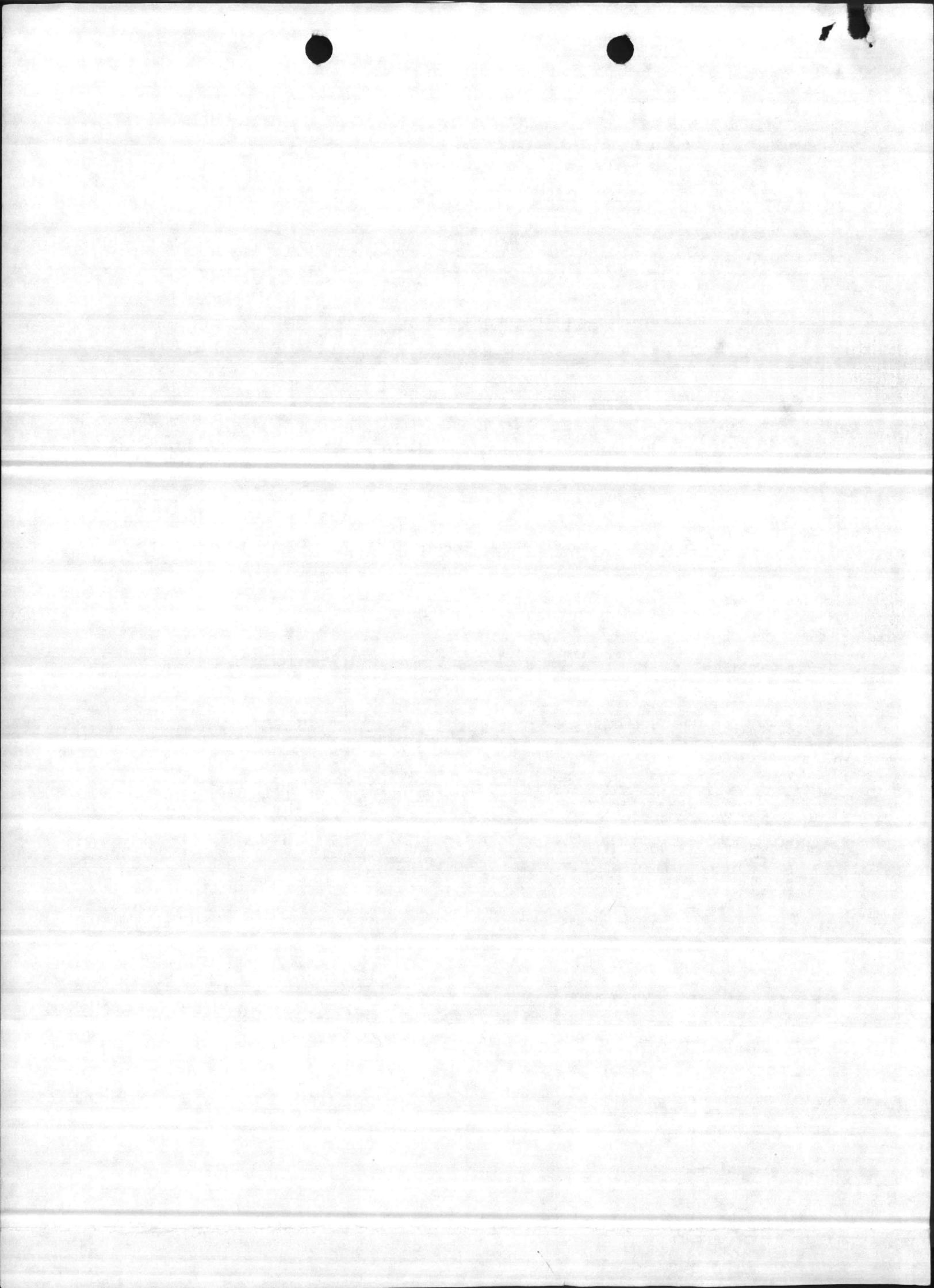
2000-0039 9-30-88

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

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

|   |   |  |   |                                 |  |                      |   |                                   |  |                 |  |
|---|---|--|---|---------------------------------|--|----------------------|---|-----------------------------------|--|-----------------|--|
| GENERATOR   | <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No.<br><b>NCL6170022580D101133</b> |                                 | Manifest Document No.<br><b>1</b>                |                      | 2. Page 1 of <b>1</b>                                 |                                   | Information in the shaded areas is not required by Federal law |                 |  |
|   | 3. Generator's Name<br><b>DRMO Bldg 906 ATTN. GEORGE EGGERS<br/>MARINE CORPS BASE<br/>CAMP LESEUNE, NC 28542</b>                  |  |   |                                 | 6. US EPA ID Number<br><b>TIND089558919</b>      |                      | A. State Manifest Document Number<br><b>IN 053935</b> |                                   | B. State Generator's ID  |                 |  |
|   | 4. Generator's Phone<br><b>919 451-5613</b>   |  |   |                                 | 7. Transporter 1 Company Name<br><b>OJCO INC</b> |                      | C. State Transporter's ID                             |                                   | D. Transporter's Phone<br><b>615/381-4999</b>                  |                 |  |
|   | 5. Transporter 2 Company Name   |  |   |                                 | 8. US EPA ID Number                              |                      | E. State Transporter's ID                             |                                   | F. Transporter's Phone   |                 |  |
|   | 9. Designated Facility Name and Site Address<br><b>SYSTECH CORPORATION / LONESTAR CEMENT<br/>LIMEDALE RD<br/>GREENDALE, IN</b>    |  |   |                                 | 10. US EPA ID Number<br><b>IND101016419213</b>   |                      | G. State Facility's ID                                |                                   | H. Facility's Phone<br><b>317-653-2606</b>                     |                 |  |
|   | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  |  |   |                                 |  | 12. Containers       |   | 13. Total Quantity                |  | 14. Unit Wt/Vol |  |
|   |   |  |   |                                 |  | No. Type             |   |                                   |  | Waste No.       |  |
|   | a. <b>RQ1 WASTE OIL NOS, FLAMMABLE</b>  |  |   |                                 |  |                      |   |                                   |  |                 |  |
|   | b. <b>Liquid, NA 1270 (D001, F001, F002, F003, F005)</b>  |  |   |                                 |  | <b>0011 TT 06000</b> |   | <b>G</b>                          |  | <b>D001</b>     |  |
|   | c.  |  |   |                                 |  |                      |   |                                   |  |                 |  |
| d.  |   |  |   |                                 |  |                      |   |                                   |  |                 |  |
| J. Additional Descriptions for Materials Listed Above<br><b>1) F001, F002, F003, F005</b>   |   |  |   |                                 | K. Handling Codes for Wastes Listed Above        |                      |   |                                   |  |                 |  |
| <b>TRUCK RR P.O. # 0585 DLA 200-85-0033 D.O. / D.O. #</b>   |   |  |   |                                 |  |                      |   |                                   |  |                 |  |
| 15. Special Handling Instructions and Additional Information<br><b>SPECIAL WASTE TAX IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL BILLING AND CORRESPONDENCE TO: P.O. BOX B, SAUKVILLE, WI 53080</b>   |   |  |   |                                 |  |                      |   |                                   |  |                 |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br><br>Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. |   |  |   |                                 |  |                      |   |                                   |  |                 |  |
| Printed/Typed Name<br><b>HUNTER, L.E.</b>   |   |  |   | Signature<br><i>L.E. Hunter</i> |  |                      |   | Month Day Year<br><b>12 08 87</b> |  |                 |  |
| TRANSPORTER   | 17. Transporter 1 Acknowledgement of Receipt of Materials   |  |   |                                 |  |                      |   |                                   |  |                 |  |
|   | Printed/Typed Name<br><b>JEFF JONES</b>   |  |   |                                 | Signature<br><i>Jeff Jones</i>                   |                      |   |                                   | Month Day Year<br><b>12 09 87</b>                              |                 |  |
|   | 18. Transporter 2 Acknowledgement of Receipt of Materials   |  |   |                                 |  |                      |   |                                   |  |                 |  |
| Printed/Typed Name  |   |  |   | Signature                       |  |                      |   | Month Day Year                    |  |                 |  |
| FACILITY  | 19. Discrepancy Indication Space  |  |   |                                 |  |                      |   |                                   |  |                 |  |
|   | 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 18. |  |   |                                 |  |                      |   |                                   |  |                 |  |
| Printed/Typed Name  |   |  |   | Signature                       |  |                      |   | Month Day Year                    |  |                 |  |

IN 053935



DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

|   |  |   |   |  |
|---|--|---|---|--|
| GENERATOR<br><b>MARINE CORPS BASE</b>                   | EPA NUMBER<br><b>NC 6170022580</b>                           | AWARDED CONTRACT NUMBER<br><b>DLA 200-88-D-0033</b>                               | SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE |  |
| COMPLETE ADDRESS<br><b>CAMP JENNE N.C. 28542</b>        | DRMO<br><b>LEJENNE</b>                                       | CONTRACT NUMBER<br><b>D0033</b>   | DELIVERY ORDER REASON<br><b>D.O. 10</b>               |  |
| COR<br><b>GEORGE EGGERS / L. HUNTER</b>                 | PICKUP LOCATION<br><b>THRAWA TERRACE TANKS STT-64 STT-65</b> | AUTHORIZED TRANSPORTER NAME<br><b>OSCO</b>  | EPA NUMBER<br><b>TND089558019</b>                     |  |
| COMMERCIAL PHONE NUMBER<br><b>(919) 451-5613 / 5652</b> | AUTOVON PHONE NUMBER<br><b>484-5613 / 5652</b>               | TSCF NAME<br><b>SYSTECH</b>   | EPA NUMBER<br><b>IND006419213</b>                     |  |
| GENERATOR REQUEST NUMBER<br><b>6017</b>                 | RIC CODE<br><b>SWA</b>                                       | AUTHORIZED TRANSPORTER SIGNATURE<br><i>Wm. J. ...</i>                             |   |  |
| DATE SENT TO CONTRACTING<br><b>18 NOV 87</b>            | DATE RECEIVED BY CONTRACTING OFFICE                          | AUTHORIZED CONTRACTING OFFICER'S REPRESENTATIVE (COR)<br><i>Michael G. Hunter</i> |   |  |

| 1  | 2     | 3                 | 4      |        |      | 5                                | 6                    | 7      | 8     | 9  | 10   | 11 | 12                 | 13     |      | 14    | 15      |
|----|-------|-------------------|--------|--------|------|----------------------------------|----------------------|--------|-------|----|------|----|--------------------|--------|------|-------|---------|
|    |       |                   | CLIN   | SUFFIX | NSN  |                                  |                      |        |       |    |      |    |                    | DODAAC | DTID |       |         |
| AA | 00 AA | 9150-00-WASTE OIL | M93182 | 7307   | 0002 | SEE ATTACHED SAMPLE<br>WASTE OIL | ABOVE GROUND<br>TANK | STT-64 | 18000 | GL | 2.95 |    | 1001000<br>F003005 | 4500   | G    | D0133 | 12-8-87 |
| AA | 00 AB | 9150-00-WASTE OIL | M93182 | 7307   | 0003 | SEE ATTACHED SAMPLE<br>WASTE OIL | " "                  | STT-65 | 15800 | GL | 2.95 |    |                    |        |      |       |         |

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Handwritten text, possibly a name or date, located in the upper middle section.

Handwritten text, possibly a name or date, located in the middle left section.

Handwritten text, possibly a name or date, located in the middle middle section.

Handwritten text, possibly a name or date, located in the lower left section.

Handwritten text, possibly a name or date, located in the lower middle section.

Handwritten text, possibly a name or date, located in the lower middle section.

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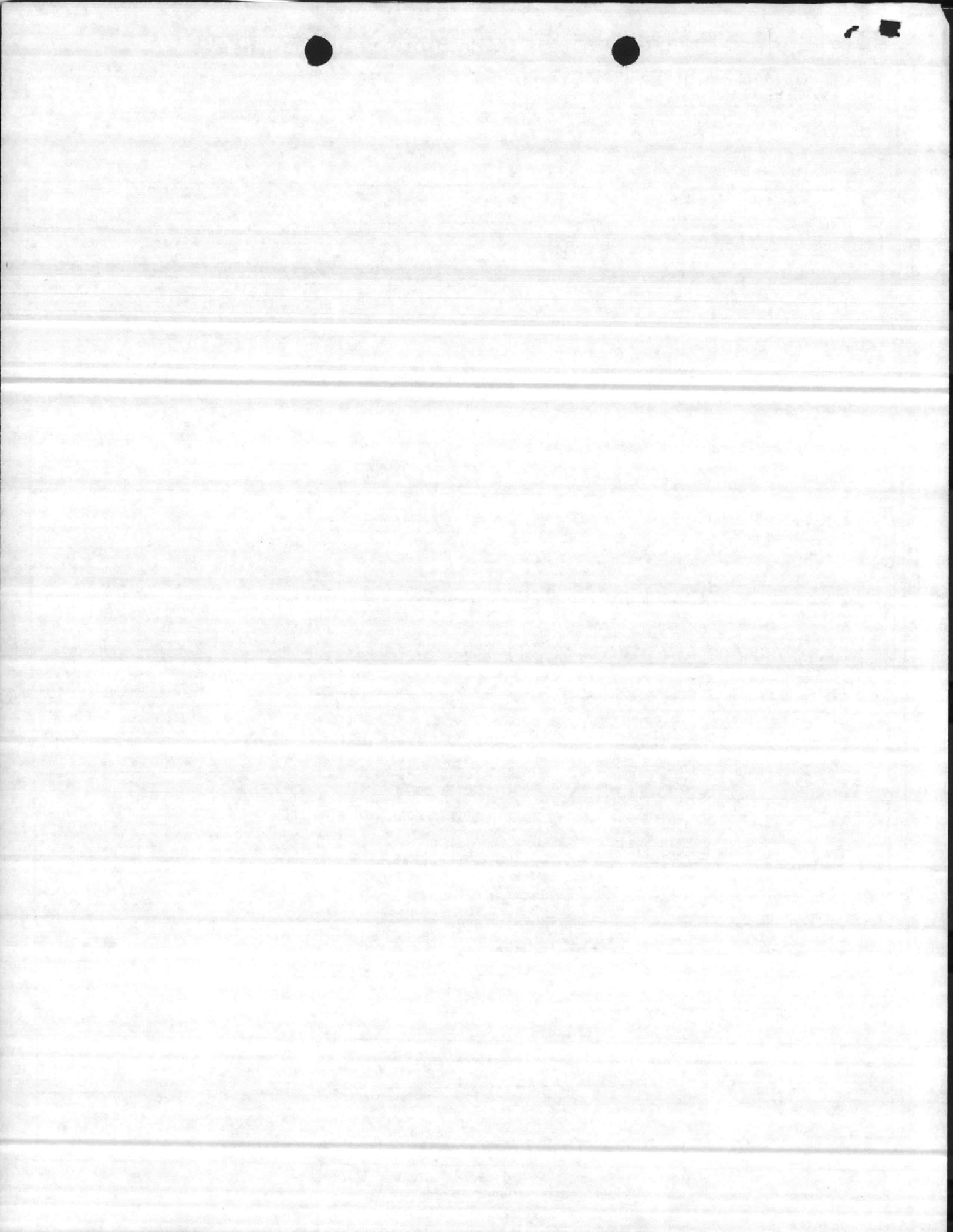
# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

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

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

|  |  |   |   |                                   |   |  |
|--|--|---|---|-----------------------------------|---|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>  |  | 1. Generator's US EPA ID No.<br><i>NC18117002357001134</i>                        | Manifest Document No.<br><i>134</i>           | 2. Page 1 of 1                    | Information in the shaded areas is not required by Federal law. |  |
| 3. Generator's Name and Mailing Address<br><i>NEW RIVER AIR STATION<br/>JACKSONVILLE, NC</i>   |  | MA I D: DRMO Bldg 900 ATTN: GEORGE MARINE CORPS BASE EGGERS CAMP LEJUNE, NC 28542 |   | A. State Manifest Document Number |   |  |
| 4. Generator's Phone<br><i>(919) 451-5213</i>  |  | B. State Generator's ID   |   |                                   | C. State Transporter's ID                                       |  |
| 5. Transporter 1 Company Name<br><i>ENVIRONMENTAL TRANSPORTATION SERVICES</i>  |  | 6. US EPA ID Number<br><i>OKD198115861605</i>                                     | D. Transporter's Phone<br><i>405/945-2002</i> |                                   | E. State Transporter's ID                                       |  |
| 7. Transporter 2 Company Name  |  | 8. US EPA ID Number   | F. Transporter's Phone                        |                                   | G. State Facility's ID  |  |
| 9. Designated Facility Name and Site Address<br><i>SPECIAL WASTE INC<br/>1713 LE GON RD<br/>ATHENS, TN 37303</i>   |  | 10. US EPA ID Number<br><i>ITMD193195931141</i>                                   | H. Facility's Phone<br><i>615-745-9222</i>    |                                   |   |  |
| 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. <i>RQ1 WASTE OIL NOS, FLAMMABLE Liquid,<br/>NA1270 (D001, F001, F002, F003, F005)</i>   |  | No. <i>091</i>  | Type <i>TT</i>                                | <i>2511006</i>                    | <i>D001</i>   |  |
| b.   |  |   |   |                                   |   |  |
| c.   |  |   |   |                                   |   |  |
| d.   |  |   |   |                                   |   |  |
| J. Additional Descriptions for Materials Listed Above<br><i>A) F001, F002, F003, F005<br/>APPROVAL # 570001<br/>P.O. # 0598 DLA 200-88-0033. D.O. 0010</i>   |  | K. Handling Codes for Wastes Listed Above   |   |                                   |   |  |
| 15. Special Handling Instructions and Additional Information   |  |   |   |                                   |   |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br><br>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<br><i>Hunter, L.E.</i>  |  | Signature<br><i>Lourence E Hunter</i>   |   | Month Day Year<br><i>12/19/87</i> |   |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials  |  |   |   |                                   |   |  |
| Printed/Typed Name<br><i>FRED WILLIAMS</i>   |  | Signature<br><i>Fred Williams</i>   |   | Month Day Year<br><i>12/29/87</i> |   |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials  |  |   |   |                                   |   |  |
| Printed/Typed Name   |  | Signature   |   | Month Day Year                    |   |  |
| 19. Discrepancy Indication Space   |  |   |   |                                   |   |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.   |  |   |   |                                   |   |  |
| Printed/Typed Name   |  | Signature   |   | Month Day Year                    |   |  |

**INSTRUCTIONS ON BACK SHEET**

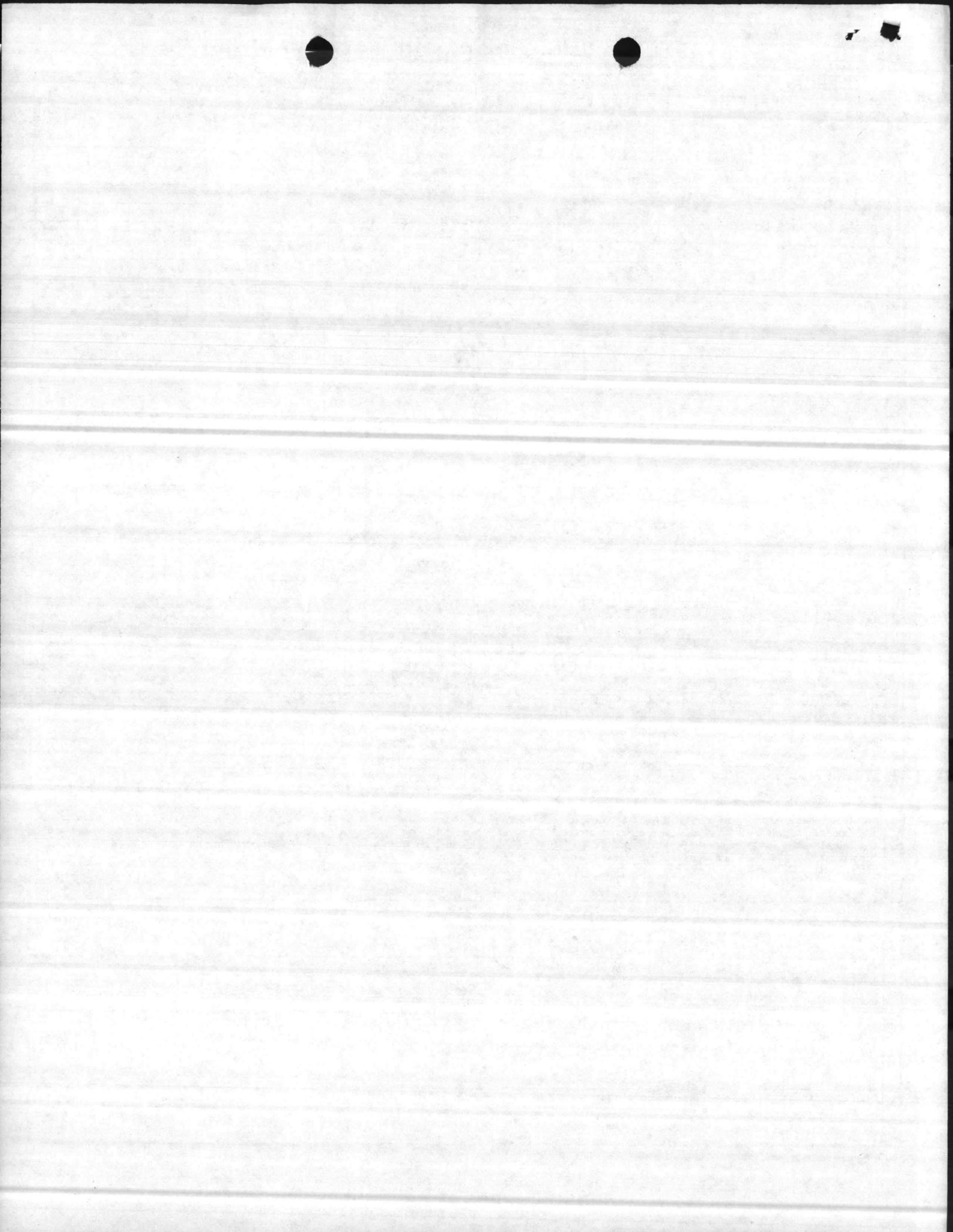


# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

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

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

|  |  |   |  |   |  |   |  |   |  |   |  |               |  |          |  |             |  |  |  |
|--|--|---|--|---|--|---|--|---|--|---|--|---------------|--|----------|--|-------------|--|--|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>  |  | 1. Generator's US EPA ID No.<br><i>NC 811701022571901011318</i> |  | Manifest Document No.<br><i>1318</i>  |  | 2. Page 1 of 1  |  | Information in the shaded areas is not required by Federal law. |  |   |  |               |  |          |  |             |  |  |  |
| 3. Generator's Name and Mailing Address<br><i>NEW RIVER AIR STATION<br/>JACKSONVILLE, NC</i>   |  |   |  | MAIL TO: DRMO Bldg 906 ATTN: GEORGE MARINE CORPS BASE CAMP LEJEUNE, NC 28542 E66005 |  |   |  | A. State Manifest Document Number                               |  | B. State Generator's ID                       |  |               |  |          |  |             |  |  |  |
| 4. Generator's Phone<br><i>(919) 451-5613</i>  |  |   |  | 6. US EPA ID Number   |  |   |  | C. State Transporter's ID                                       |  | D. Transporter's Phone<br><i>405/745-2002</i> |  |               |  |          |  |             |  |  |  |
| 5. Transporter 1 Company Name<br><i>ENVIRONMENTAL TRANSPORTATION SERVICES</i>  |  |   |  | 7. Transporter 2 Company Name   |  |   |  | E. State Transporter's ID                                       |  | F. Transporter's Phone                        |  |               |  |          |  |             |  |  |  |
| 9. Designated Facility Name and Site Address<br><i>SPECIAL WASTE DAVE<br/>1713 LEGION RD<br/>ATHENS, TN 37303</i>  |  |   |  | 10. US EPA ID Number<br><i>TMD101345421141</i>                                      |  |   |  | G. State Facility's ID  |  | H. Facility's Phone<br><i>615-745-9222</i>    |  |               |  |          |  |             |  |  |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)   |  |   |  |   |  | 12. Containers  |  | 13. Total Quantity  |  | 14. Unit Wt/Vol                               |  | 15. Waste No. |  |          |  |             |  |  |  |
|  |  |   |  |   |  | No.   |  | Type  |  |   |  |               |  |          |  |             |  |  |  |
|  |  |   |  |   |  | a. <i>RQ1 WASTE OIL NOS, FLAMMABLE 2 2004 NMR270<br/>(D001, F001, F002, F003, F005)</i> |  | <i>001</i>  |  | <i>TT</i>                                     |  | <i>050100</i> |  | <i>G</i> |  | <i>D001</i> |  |  |  |
|  |  |   |  |   |  | b.  |  |   |  |   |  |               |  |          |  |             |  |  |  |
|  |  |   |  |   |  | c.  |  |   |  |   |  |               |  |          |  |             |  |  |  |
| J. Additional Descriptions for Materials Listed Above<br><i>A) F001, F002, F003, F005<br/>APPROVAL # 570001<br/>TRUCK II P.O. # 598 DLA 200-48-2033/10.0.0010</i>  |  |   |  |   |  | K. Handling Codes for Wastes Listed Above   |  |   |  |   |  |               |  |          |  |             |  |  |  |
| 15. Special Handling Instructions and Additional Information   |  |   |  |   |  |   |  |   |  |   |  |               |  |          |  |             |  |  |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br><br>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<br><i>Hunter, LE</i>  |  |   |  | Signature<br><i>Lester E Hunter</i>   |  |   |  | Month Day Year<br><i>12 19 87</i>                               |  |   |  |               |  |          |  |             |  |  |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials  |  |   |  |   |  |   |  |   |  |   |  |               |  |          |  |             |  |  |  |
| Printed/Typed Name<br><i>Chester A. Bittercupka</i>  |  |   |  | Signature<br><i>Chester A. Bittercupka</i>  |  |   |  | Month Day Year<br><i>11 21 87</i>                               |  |   |  |               |  |          |  |             |  |  |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials  |  |   |  |   |  |   |  |   |  |   |  |               |  |          |  |             |  |  |  |
| Printed/Typed Name   |  |   |  | Signature   |  |   |  | Month Day Year  |  |   |  |               |  |          |  |             |  |  |  |
| 19. Discrepancy Indication Space   |  |   |  |   |  |   |  |   |  |   |  |               |  |          |  |             |  |  |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.   |  |   |  |   |  |   |  |   |  |   |  |               |  |          |  |             |  |  |  |
| Printed/Typed Name   |  |   |  | Signature   |  |   |  | Month Day Year  |  |   |  |               |  |          |  |             |  |  |  |





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11/10/01

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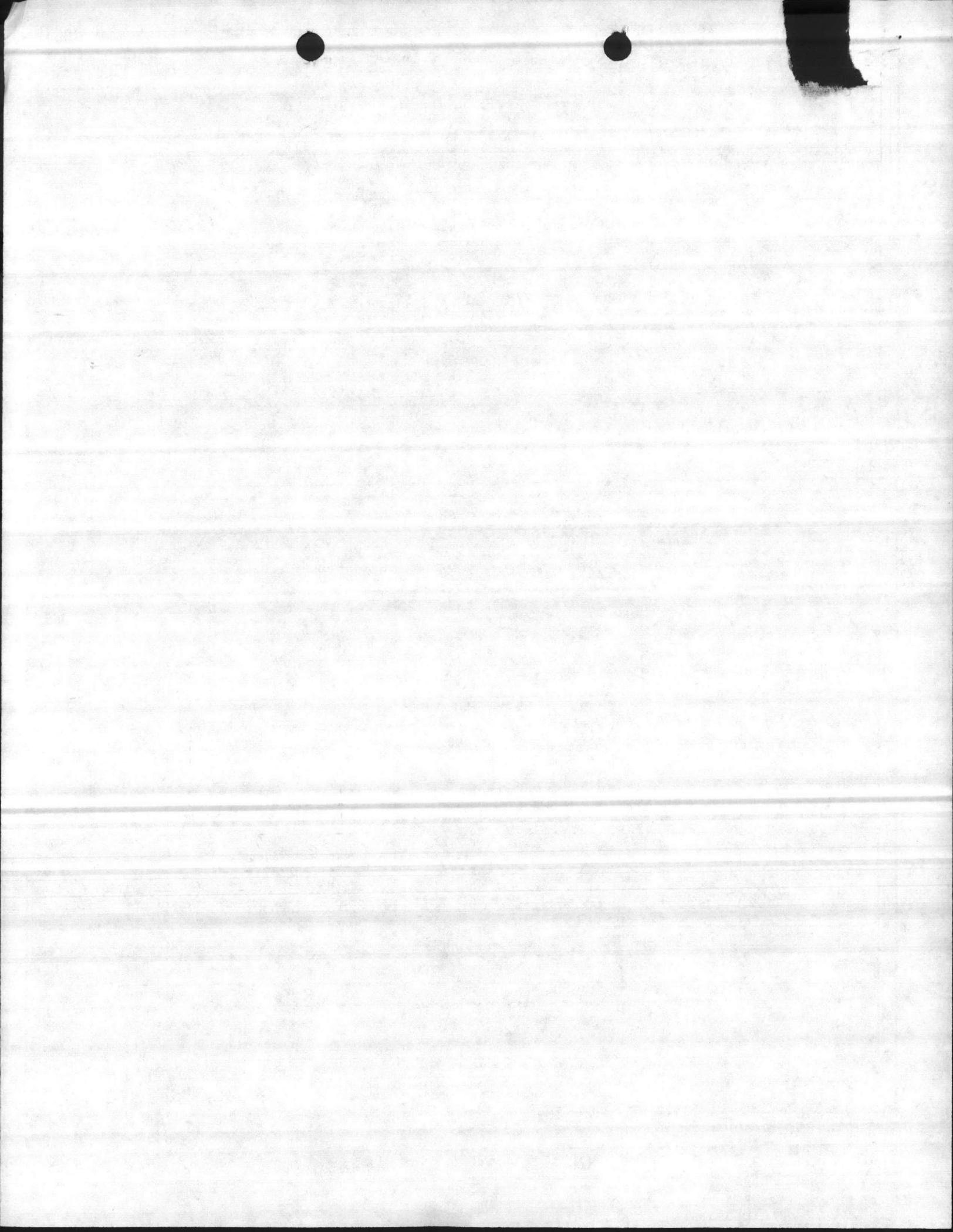
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11/10/01

**NORTH CAROLINA HAZARDOUS WASTE MANIFEST** DEC 24 1987

Please print (Form designed for use on elite (pitch) typewriter.) Form Approved. OMB No. 2050-0039 Expires 6-30-88

|  |  |  |  |                                       |                |   |  |
|--|--|--|--|---------------------------------------|----------------|---|--|
| <b>HAZARDOUS WASTE MANIFEST</b>  |  | Generator's US EPA ID No.<br>NC 61710022258010149  |  | Manifest Document No.<br>149          | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. |  |
| 3. Generator's Name and Mailing Address<br>DRMO - CAMP LEJEUNE<br>Bldg 906<br>CAMP LEJEUNE   |  | 6. US EPA ID Number  |  | A. State Manifest Document Number     |                | B. State Generator's ID   |  |
| 4. Generator's Phone (919) 451-5613  |  | 7. Transporter 1 Company Name<br>OSCO INC  |  | 8. US EPA ID Number<br>TN 0089558019  |                | C. State Transporter's ID                                       |  |
| 5. Transporter 2 Company Name  |  | 9. Designated Facility Name and Site Address<br>SPECIAL WASTE INC.<br>1713 LEGION RD<br>ATHENS, TN 37303 |  | 10. US EPA ID Number<br>TN 0034547141 |                | D. Transporter's Phone (615) 381-4999                           |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)   |  | 12. Containers   |  | 13. Total Quantity                    |                | 14. Unit Wt/Vol   |  |
| a. "RQ" 1 WASTE OIL Combustible LIQUID<br>NA 1270 (D001, F001, F002, F003, F005)   |  | No. Type<br>001 TT 04800   |  | G                                     |                | I. Waste No.<br>D001<br>F001                                    |  |
| b.   |  |  |  |                                       |                |   |  |
| c.   |  |  |  |                                       |                |   |  |
| d.   |  |  |  |                                       |                |   |  |
| J. Additional Descriptions for Materials Listed Above<br>A. 580026 Add HW F001, F002, F003, F005   |  | K. Handling Codes for Wastes Listed Above  |  |                                       |                |   |  |
| 15. Special Handling Instructions and Additional Information<br><br>DLA 200-88-D-0033 / DG # 0001 / DO # 0010  |  |  |  |                                       |                |   |  |
| 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.<br><br>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<br>Hunter, L.E.   |  |  |  | Signature<br><i>L. E. Hunter</i>      |                | Month Day Year<br>12/17/87                                      |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials  |  |  |  |                                       |                |   |  |
| Printed/Typed Name<br>Frank Hancock  |  |  |  | Signature<br><i>Frank Hancock</i>     |                | Month Day Year<br>12/17/87                                      |  |
| 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<br>Mark Saunders  |  |  |  | Signature<br><i>Mark Saunders</i>     |                | Month Day Year<br>11/21/87                                      |  |

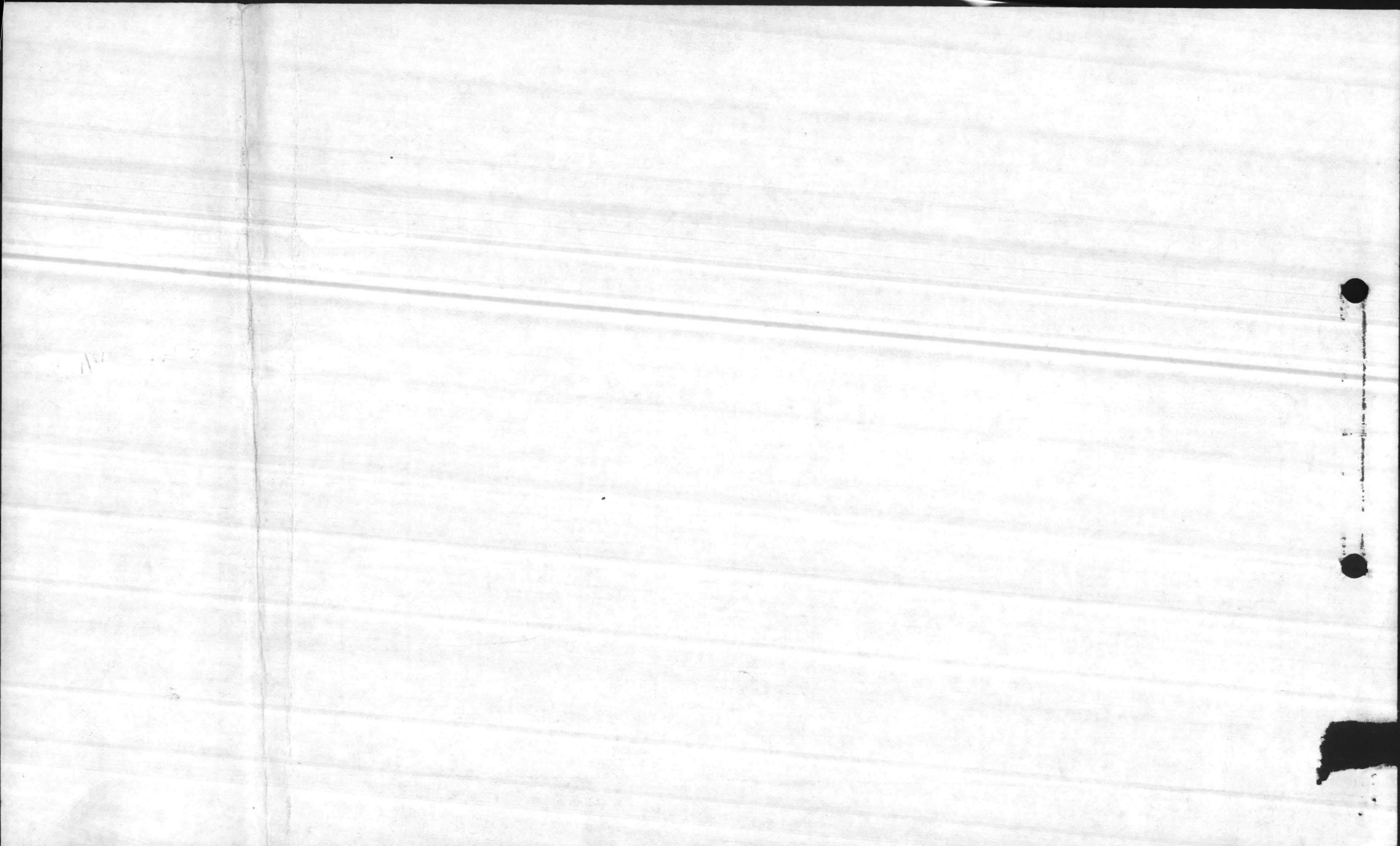


DELIVERY ORDER INVENTORY (NON PCB)

PICKUP REPORT

|  |  |   |   |  |
|--|--|---|---|--|
| GENERATOR<br><b>MHRING CORPS BASE</b>                  | EPA NUMBER<br><b>NC 6170022580</b>             | AWARDED CONTRACT NUMBER<br><b>DLH 200-88-D-0033</b>                               | SHADED PORTIONS TO BE COMPLETED BY CONTRACTING OFFICE |  |
| COMPLETE ADDRESS<br><b>CAMP JEFFREY N.C. 28540</b>     | ORNO<br><b>LEJEUNE</b>                         | CONTRACT NUMBER<br><b>00033</b>   | DELIVERY ORDER NUMBER<br><b>D.O. 10</b>               |  |
| IR<br><b>GEORGE COBERS / L. HUNTER</b>                 | PICKUP LOCATION<br><b>TARAWA TERRACE TANKS</b> | AUTHORIZED TRANSPORTER NAME<br><b>OSCO</b>  | EPA NUMBER<br><b>TND089558019</b>                     |  |
| COMMERCIAL PHONE NUMBER<br><b>919) 451-5613 / 5652</b> | AUTOVON PHONE NUMBER<br><b>484-5613 / 5652</b> | TRSP NAME<br><b>SWI</b>   | EPA NUMBER<br><b>TND 034547141</b>                    |  |
| GENERATOR REQUEST NUMBER<br><b>L017</b>                | RIC CODE<br><b>SWA</b>                         | AUTHORIZED TRANSPORTER SIGNATURE<br><i>Brian Ruppel</i>                           |   |  |
| DATE RECEIVED BY CONTRACTING OFFICE<br><b>NOV 87</b>   | DATE RECEIVED BY EPA<br><b>NOV 87</b>          | AUTHORIZED CONTRACTING OFFICE REPRESENTATIVE (COP)<br><i>James P. [Signature]</i> |   |  |

| CLIN | SUFFIX | NSN<br>LSN      | DTIC   |      |        | ITEM NAME<br>US DOT DESCRIPTION | STORAGE CONTAINER<br>DRUM NUMBER | STORAGE LOCATION | QUANTITY | UNIT | PICKUP | EPA WASTE CODE    | PICKED UP |      | PICKUP MANIFEST NUMBER<br>LINE CODE | DATE PICKED UP<br>DDMMYY |
|------|--------|-----------------|--------|------|--------|---------------------------------|----------------------------------|------------------|----------|------|--------|-------------------|-----------|------|-------------------------------------|--------------------------|
|      |        |                 | DDOAC  | DATE | SERIAL |                                 |                                  |                  |          |      |        |                   | QUANTITY  | UNIT |                                     |                          |
| AA   | 00     | 9150-00-4767-01 | M93182 | 7307 | 0002   | SEE ATTACHED SAMPLE WASTE OIL   | ALUM. GRADUATED TANK             | STT-64           | 18000    | GL   | 2.95   | 601600<br>F003200 | 2600      | G    | D0149                               | 12/17/87                 |
| AA   | 00     | 9150-00-4767-01 | M93182 | 7307 | 0003   | SEE ATTACHED SAMPLE WASTE OIL   | " "                              | STT-65           | 15800    | GL   | 2.95   |                   |           |      |                                     |                          |



15,800 GL

ST

|         |   |       |             |         |   |
|---------|---|-------|-------------|---------|---|
| STT -65 | ✓ | DO136 | 6000        | 12/9/87 | ✓ |
|         |   | DO137 | <u>1600</u> | 12/9/87 | ✓ |
|         |   |       | 7600        |         |   |

7600

SUPPOSED TO HAVE

8,200 GL STILL IN TANK



0010

PICKED UP

18,000 GL

|         |          |                 |            |
|---------|----------|-----------------|------------|
| 5 TT 64 | ✓ DO 133 | 4500            | 12/8/87 ✓  |
|         | ✓ DO 135 | 6000            | 12/9/87 ✓  |
|         | ✓ DO 137 | 4000            | 12/9/87 ✓  |
|         | ✓ DO 149 | <del>7800</del> | 12/17/87 ✓ |

MANIFEST 4800 GL

PICKUP ORDER HAS

~~2600~~  
 MANIFEST  
 HAS 4800 GL

~~18300~~  
 17,100

17,100

17100  
 15000  
 7600  
 ---  
 39700

39700

22,200  
 1,800  
 15,800  
 ---  
 56000  
 39700  
 ---  
 16300  
 11600  
 ---  
 4700  
 )



22,200 GL

AS-419 ✓ DO 138 5000 12/9/87 ✓

DO 139 5100 12/9/87 ✓

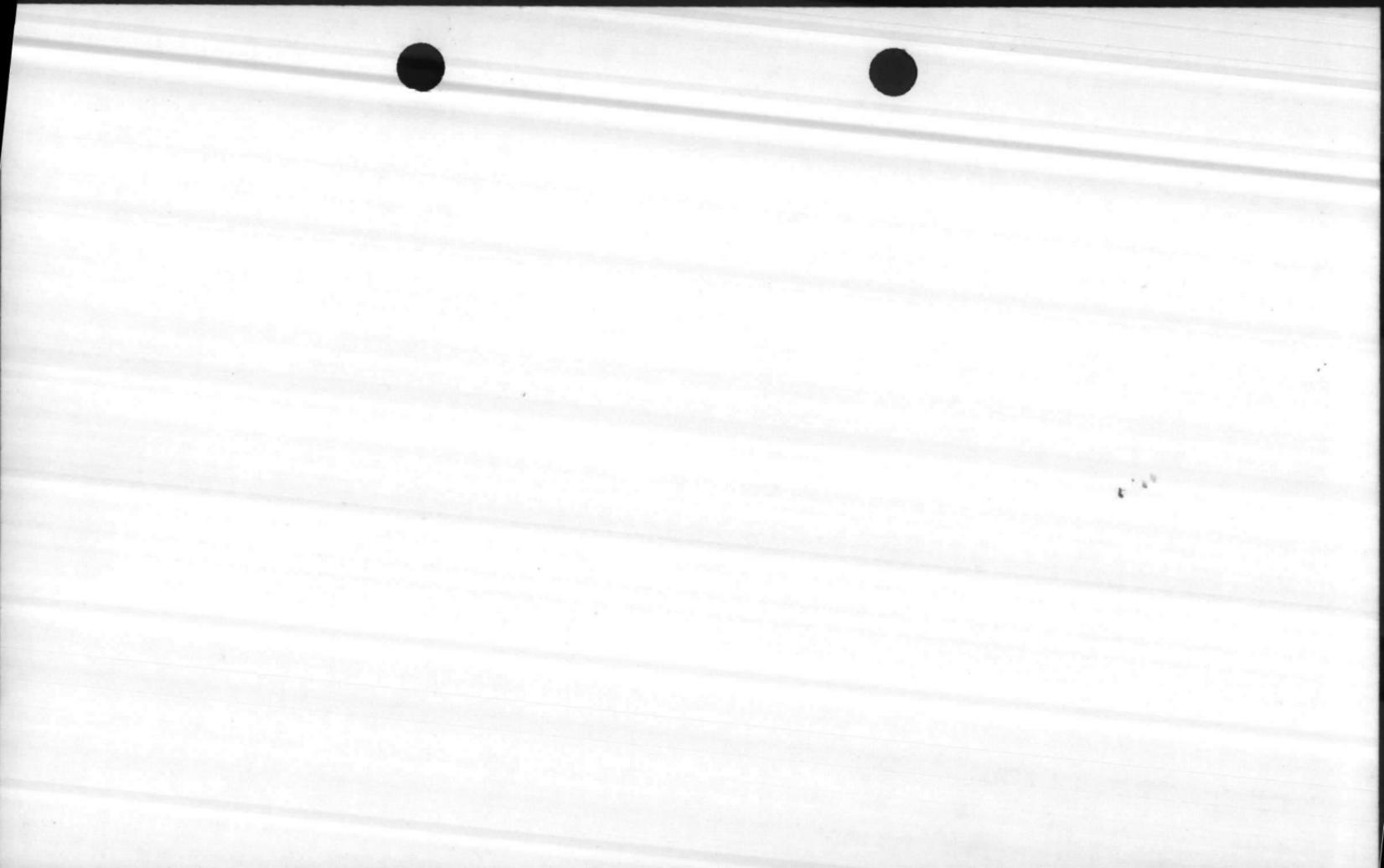
✓ DO 148 4900 12/16/87 ✓

15,000 GL

~~#400~~

SUPPOSE TO HAVE

7,200 GL STILL IN TANK

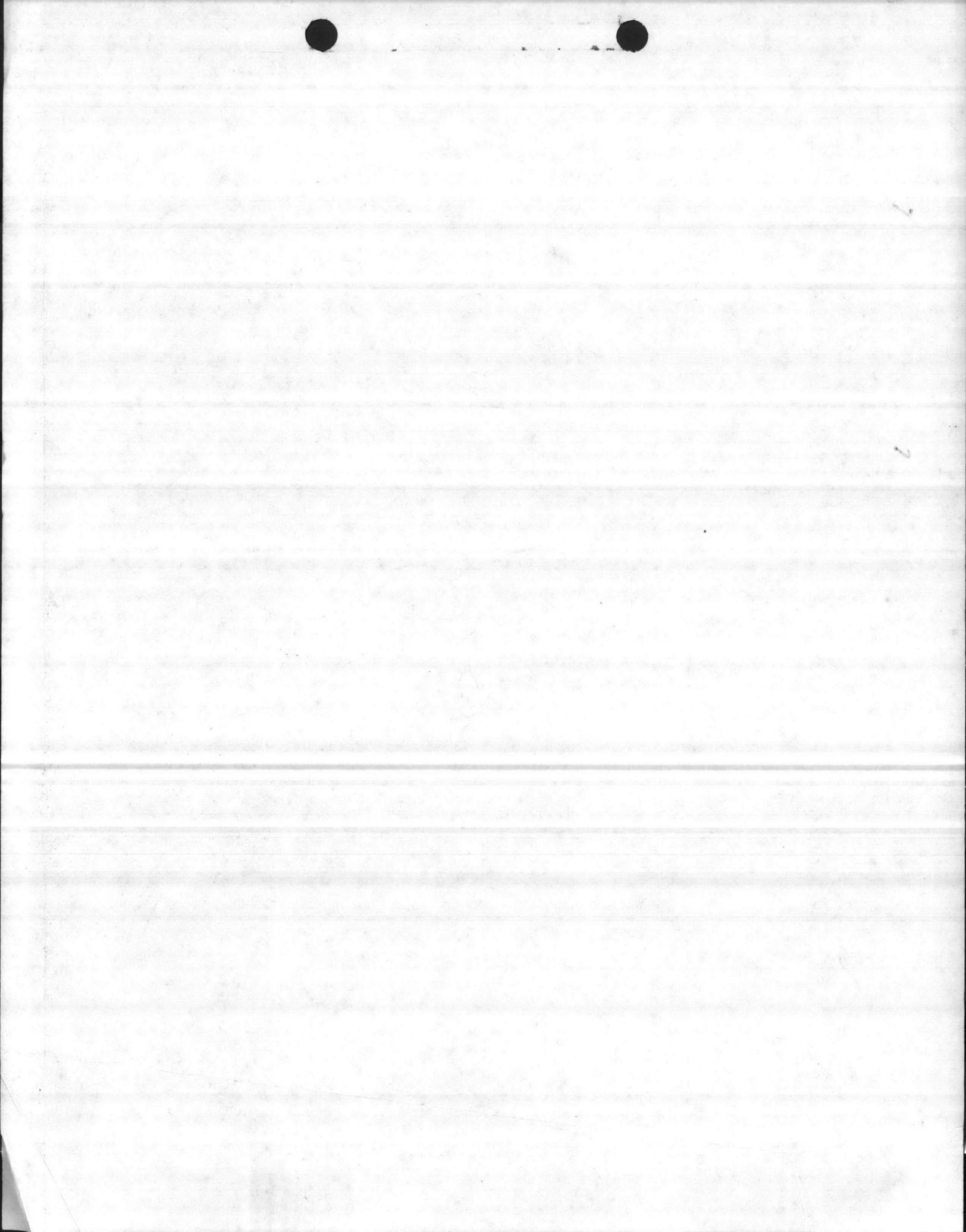


Warren Barber

23 DEC 87

| <u>LOCATION</u> | <u>DEPTH OF OIL/WATER/SLUDGE</u> | <u>APPROX. GALLONS</u> |
|-----------------|----------------------------------|------------------------|
| ✓ <u>AS-419</u> | 64 INCHES                        | <u>7300</u>            |
| AS-420          | 18 "                             | 2000                   |
| AS-421          | 6 "                              | 700                    |
| STT-61          | 5 "                              | 700                    |
| STT-62          | 11 "                             | 1200                   |
| STT-64          | 3 "                              | 200                    |
| ✓ <u>STT-65</u> | 33 "                             | <u>7800</u>            |
| S-889           | 5 "                              | <del>650</del> 500     |
| <u>S-891</u>    | 8 "                              | 1200                   |

✓ 18,900



# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

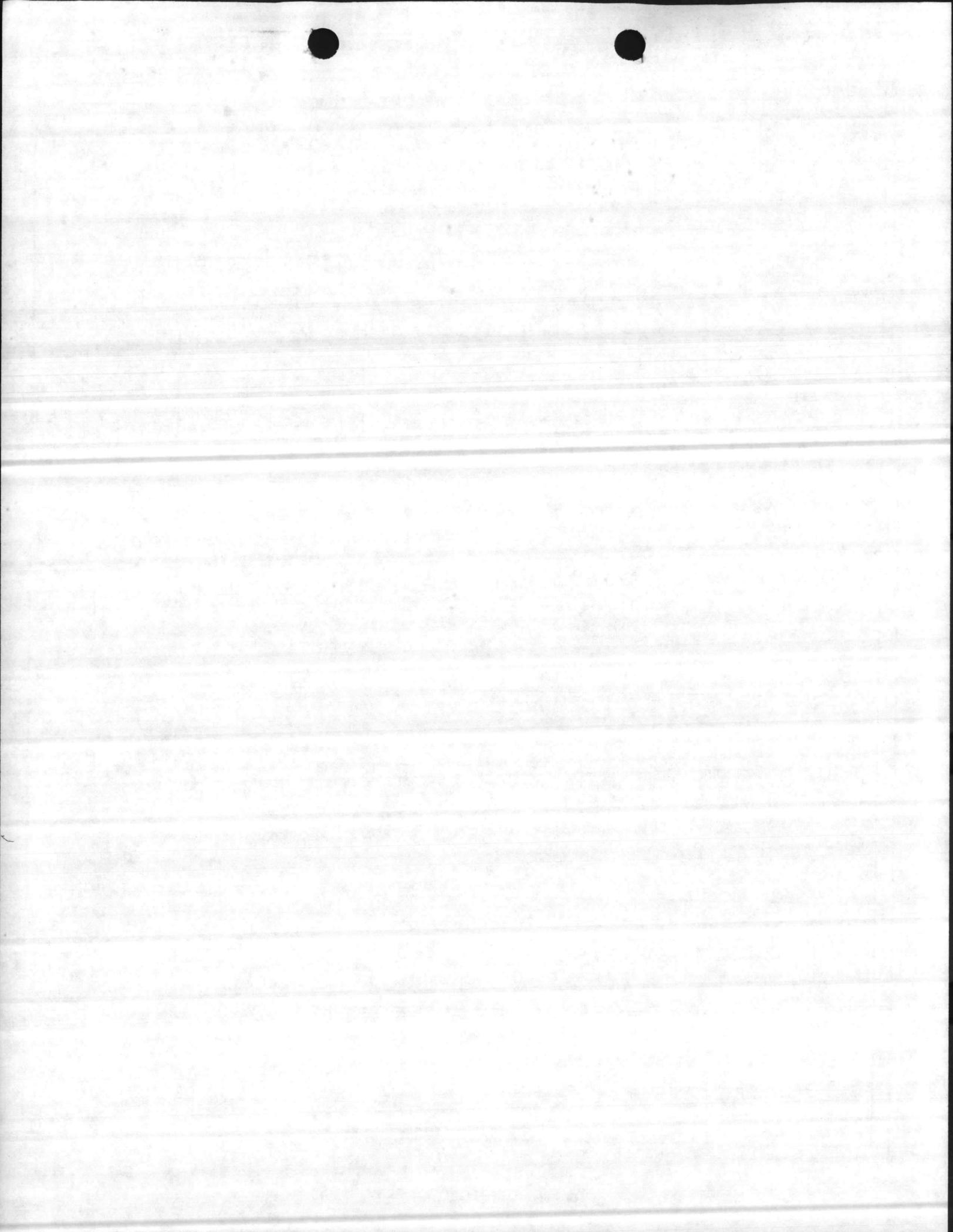
Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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

|  |  |   |  |  |                                   |  |  |   |  |                                  |  |              |  |              |  |  |  |
|--|--|---|--|--|-----------------------------------|--|--|---|--|----------------------------------|--|--------------|--|--------------|--|--|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>  |  | 1. Generator's US EPA ID No.<br><b>NC1617002258010149</b> |  | Manifest Document No.<br><b>1149</b>         |                                   | 2. Page 1 of 1                                       |  | Information in the shaded areas is not required by Federal law. |  |                                  |  |              |  |              |  |  |  |
| 3. Generator's Name and Mailing Address<br><b>DRMO - CAMP LEJEUNE<br/>Bldg 906<br/>CAMP LEJEUNE</b>  |  |   |  | A. State Manifest Document Number            |                                   | B. State Generator's ID                              |  |   |  |                                  |  |              |  |              |  |  |  |
| 4. Generator's Phone (919) <b>451-5613</b>   |  |   |  | 6. US EPA ID Number                          |                                   | C. State Transporter's ID                            |  |   |  |                                  |  |              |  |              |  |  |  |
| 5. Transporter 1 Company Name<br><b>OSCO INC</b>   |  |   |  | 7. US EPA ID Number<br><b>TN10089558019</b>  |                                   | D. Transporter's Phone (615) <b>381-4999</b>         |  |   |  |                                  |  |              |  |              |  |  |  |
| 7. Transporter 2 Company Name  |  |   |  | 8. US EPA ID Number                          |                                   | E. State Transporter's ID                            |  |   |  |                                  |  |              |  |              |  |  |  |
| 9. Designated Facility Name and Site Address<br><b>SPECIAL WASTE INC<br/>1713 LEGION RD<br/>ATHENS, TN 37303</b>   |  |   |  | 10. US EPA ID Number<br><b>TN10034547141</b> |                                   | F. Transporter's Phone                               |  | G. State Facility's ID  |  |                                  |  |              |  |              |  |  |  |
|  |  |   |  |  |                                   | H. Facility's Phone<br><b>(317) (615) - 745-9222</b> |  |   |  |                                  |  |              |  |              |  |  |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)   |  |   |  |  |                                   | 12. Containers                                       |  | 13. Total   |  | 14. Unit                         |  | 1. Waste No. |  |              |  |  |  |
|  |  |   |  |  |                                   | No.  |  | Type  |  | Quantity                         |  | Wt/Vol       |  |              |  |  |  |
| GENERATOR<br>a. "RQ" 1 WASTE OIL Combustible Liquid<br>NA 1270 (D001, F001, F002, F003, F005)<br>b.<br>c.<br>d.  |  |   |  |  |                                   | 001  |  | TT  |  | 048100                           |  | G            |  | D001<br>F001 |  |  |  |
|  |  |   |  |  |                                   |  |  |   |  |                                  |  |              |  |              |  |  |  |
|  |  |   |  |  |                                   |  |  |   |  |                                  |  |              |  |              |  |  |  |
|  |  |   |  |  |                                   |  |  |   |  |                                  |  |              |  |              |  |  |  |
| J. Additional Descriptions for Materials Listed Above<br><b>A. 580026 Add HW F001, F002, F003, F005</b>  |  |   |  |  |                                   | K. Handling Codes for Wastes Listed Above            |  |   |  |                                  |  |              |  |              |  |  |  |
| 15. Special Handling Instructions and Additional Information<br><br><b>DLH200-EE-D-0033 / D.O #0001 / D.O #0010</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.<br><br>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<br><b>Hunter, L.F.</b>  |  |   |  |  | Signature<br><i>L.F. Hunter</i>   |  |  |   |  | Month Day Year<br><b>1/21/87</b> |  |              |  |              |  |  |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials  |  |   |  |  | Signature<br><i>Frank Hancock</i> |  |  |   |  | Month Day Year<br><b>1/21/87</b> |  |              |  |              |  |  |  |
| Printed/Typed Name<br><b>Frank Hancock</b>   |  |   |  |  |                                   |  |  |   |  |                                  |  |              |  |              |  |  |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials  |  |   |  |  | Signature                         |  |  |   |  | Month Day Year                   |  |              |  |              |  |  |  |
| Printed/Typed Name   |  |   |  |  |                                   |  |  |   |  |                                  |  |              |  |              |  |  |  |
| 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<br><b>Mark Saunders</b>   |  |   |  |  | Signature<br><i>Mark Saunders</i> |  |  |   |  | Month Day Year<br><b>1/21/87</b> |  |              |  |              |  |  |  |

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

**INSTRUCTIONS ON BACK SHEET**



# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

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

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

|   |  |   |  |  |  |   |  |   |  |                 |  |                                     |  |  |
|---|--|---|--|--|--|---|--|---|--|-----------------|--|-------------------------------------|--|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No.<br><b>MC61170102258101011510</b> |  | Manifest Document No.<br><b>011510</b> |  | 2. Page 1 of 1                                      |  | Information in the shaded areas is not required by Federal law. |  |                 |  |                                     |  |  |
| 3. Generator's Name and Mailing Address<br><b>DRMO-CAMP LEFEBRE - M.C.A.S.<br/>BUILDING 206<br/>CAMP LEFEBRE, NC 28542</b>  |  |   |  |  |  | A. State Manifest Document Number                   |  |   |  |                 |  |                                     |  |  |
| 4. Generator's Phone<br><b>(919) 451-5613</b>   |  |   |  |  |  | B. State Generator's ID                             |  |   |  |                 |  |                                     |  |  |
| 5. Transporter 1 Company Name<br><b>ENVIRONMENTAL TRANSPORTATION SERVICE</b>  |  |   |  |  |  | 6. US EPA ID Number<br><b>101K1298158161015</b>     |  | C. State Transporter's ID                                       |  |                 |  |                                     |  |  |
| 7. Transporter 2 Company Name   |  |   |  |  |  | 8. US EPA ID Number                                 |  | D. Transporter's Phone<br><b>(405) 745-2002</b>                 |  |                 |  |                                     |  |  |
| 9. Designated Facility Name and Site Address<br><b>SPECIAL WASTE INC.<br/>1713 LEGION RD.<br/>ATHENS, TN 37303</b>  |  |   |  |  |  | 10. US EPA ID Number<br><b>ITND10345471411</b>      |  | E. State Transporter's ID                                       |  |                 |  |                                     |  |  |
|   |  |   |  |  |  |   |  | F. Transporter's Phone  |  |                 |  |                                     |  |  |
|   |  |   |  |  |  |   |  | G. State Facility's ID  |  |                 |  |                                     |  |  |
|   |  |   |  |  |  |   |  | H. Facility's Phone<br><b>(615) 745-9222</b>                    |  |                 |  |                                     |  |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  |  |   |  |  |  | 12. Containers                                      |  | 13. Total Quantity  |  | 14. Unit Wt/Vol |  | 15. Waste No.                       |  |  |
|   |  |   |  |  |  | No.   |  | Type  |  |                 |  |                                     |  |  |
| a. <b>RD-1 WASTE OILS, COMBUSTIBLE LIQUID, NA1270 (D001, F002, F003, F005, F001)</b>  |  |   |  |  |  | 0101  |  | TT  |  | 0581010         |  | G<br>D001<br>F002, F003, F005, F001 |  |  |
| b.  |  |   |  |  |  |   |  |   |  |                 |  |                                     |  |  |
| c.  |  |   |  |  |  |   |  |   |  |                 |  |                                     |  |  |
| d.  |  |   |  |  |  |   |  |   |  |                 |  |                                     |  |  |
| J. Additional Descriptions for Materials Listed Above<br><b>a) APPROVAL # 580026</b>  |  |   |  |  |  | K. Handling Codes for Wastes Listed Above           |  |   |  |                 |  |                                     |  |  |
| <b>DHA200-88-D-0033 D.O.0010 P.O.0633 TRUCK AA</b>  |  |   |  |  |  |   |  |   |  |                 |  |                                     |  |  |
| 15. Special Handling Instructions and Additional Information<br><b>SPECIAL WASTE INC. IS THIS FACILITY'S HAZARDOUS WASTE CONTRACTOR. PLEASE ROUTE ALL CORRESPONDENCE AND BILLING TO: P.O. BOX A SAUKVILLE, WI 53080</b>   |  |   |  |  |  |   |  |   |  |                 |  |                                     |  |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.   |  |   |  |  |  |   |  |   |  |                 |  |                                     |  |  |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |   |  |  |  |   |  |   |  |                 |  |                                     |  |  |
| Printed/Typed Name<br><b>HUNTER, LEI</b>  |  |   |  |  |  | Signature<br><i>Lauree E Hunter</i>                 |  |   | Month Day Year<br><b>10/10/88</b>          |                 |  |                                     |  |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials   |  |   |  |  |  | Printed/Typed Name<br><b>Chester A. Bittencourt</b> |  |   | Signature<br><i>Chester A. Bittencourt</i> |                 |  | Month Day Year<br><b>10/10/88</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<br><b>Mark Saunders</b>  |  |   |  |  |  | Signature<br><i>Mark Saunders</i>                   |  |   | Month Day Year<br><b>10/10/88</b>          |                 |  |                                     |  |  |

# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

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

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

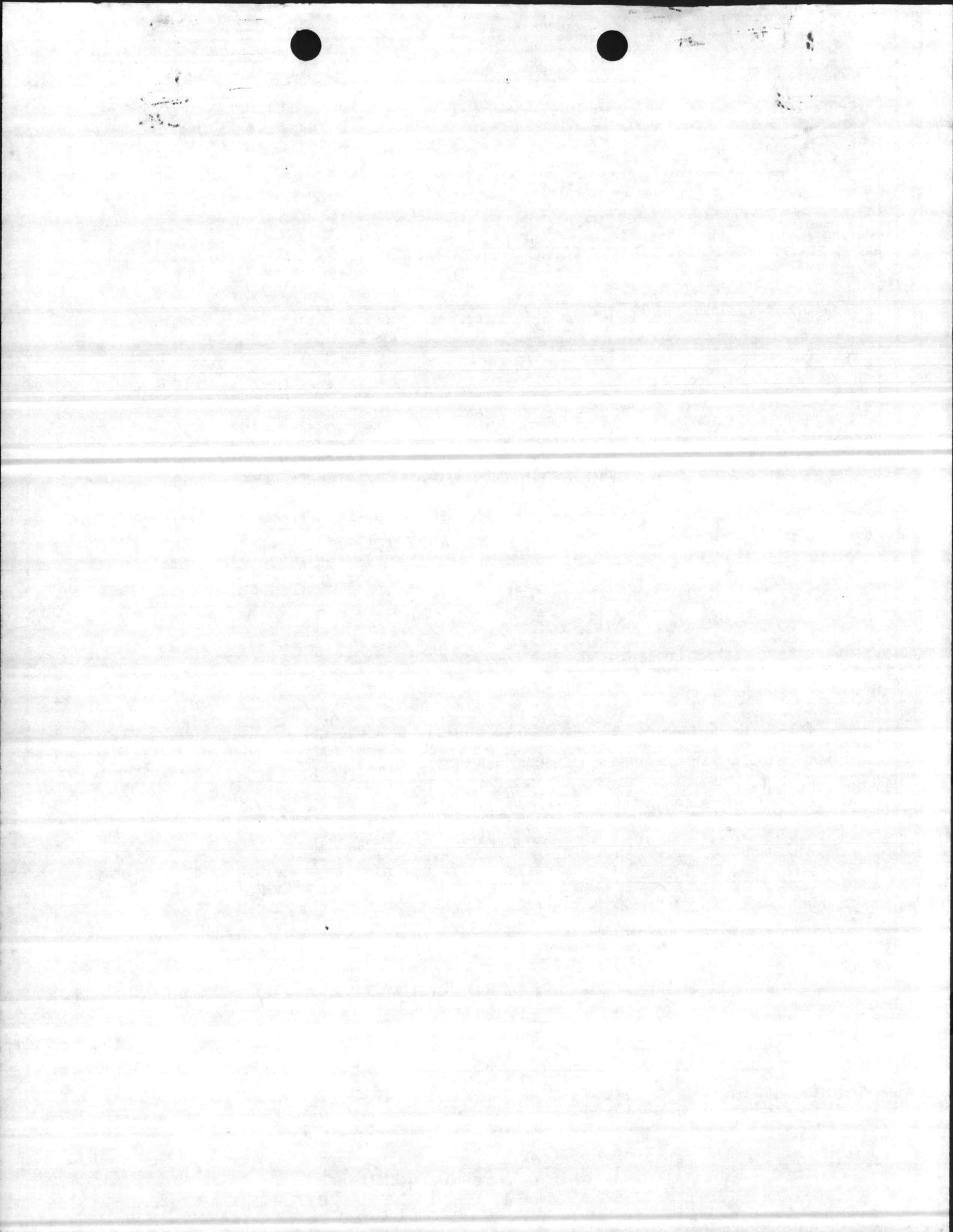
|   |  |   |  |  |  |   |  |   |  |
|---|--|---|--|--|--|---|--|---|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No.<br><b>NC611700225810D01150</b> |  | Manifest Document No.<br><b>01150</b>  |  | 2. Page 1 of 1                                  |  | Information in the shaded areas is not required by Federal law. |  |
| 3. Generator's Name and Mailing Address<br><b>DRMO-CAMP LETEUNE - M.C.A.S.<br/>BUILDING 206<br/>CAMP LETEUNE, NC 28542</b>  |  | 4. Generator's Phone<br><b>(919) 451-5613</b>               |  | 5. Transporter 1 Company Name<br><b>ENVIRONMENTAL TRANSPORTATION SERVICE</b>         |  | 6. US EPA ID Number<br><b>10K1D981158161015</b> |  | 7. Transporter 2 Company Name                                   |  |
| 9. Designated Facility Name and Site Address<br><b>SPECIAL WASTE INC.<br/>1713 LEGION RD.<br/>ATHENS, TN 37303</b>  |  | 10. US EPA ID Number<br><b>ITND034547141</b>                |  | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) |  | 12. Containers                                  |  | 13. Total Quantity  |  |
|   |  |   |  |  |  | No. Type  |  | Unit  |  |
|   |  |   |  |  |  | No. Type  |  | Wt/Vol  |  |
|   |  |   |  |  |  | No. Type  |  | Waste No.   |  |
|   |  |   |  |  |  | 0 0 1 TT 0 5 8 1 0 0 G                          |  | D001<br>F002, F005<br>F003, F001                                |  |
| J. Additional Descriptions for Materials Listed Above<br><b>a) APPROVAL # 580026</b>  |  | K. Handling Codes for Wastes Listed Above                   |  |  |  |   |  |   |  |
| 15. Special Handling Instructions and Additional Information<br><b>HAZARDOUS WASTE CONTRACTOR. SPECIAL WASTE INC. IS THIS FACILITY'S<br/>BILLING TO: P.O. BOX A SAUKVILLE, WI 53080</b>   |  |   |  |  |  |   |  |   |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.   |  |   |  |  |  |   |  |   |  |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |   |  |  |  |   |  |   |  |
| Printed/Typed Name<br><b>Hunter LEI</b>   |  | Signature<br><i>[Signature]</i>                             |  |  |  |   |  | Month Day Year<br><b>10/10/88</b>                               |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials   |  | Printed/Typed Name<br><b>Chester A. Bitteroutte</b>         |  | Signature<br><i>[Signature]</i>  |  |   |  | Month Day Year<br><b>10/10/88</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<br><b>Mark Saunders</b>  |  | Signature<br><i>[Signature]</i>                             |  |  |  |   |  | Month Day Year<br><b>10/10/88</b>                               |  |

# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

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

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

|   |  |  |  |  |  |  |  |   |  |
|---|--|--|--|--|--|--|--|---|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No.<br><b>NC6171002258010</b> |  | Manifest Document No.<br><b>01148</b>  |  | 2. Page 1 of 1                               |  | Information in the shaded areas is not required by Federal law. |  |
| 3. Generator's Name and Mailing Address<br><b>DRMO - CAMP LEJEUNE<br/>Bldg 906<br/>CAMP LEJEUNE, NC 28542</b>   |  | A. State Manifest Document Number<br><b>70404</b>      |  | B. State Generator's ID  |  | C. State Transporter's ID                    |  | D. Transporter's Phone<br><b>(615) 381-4999</b>                 |  |
| 4. Generator's Phone<br><b>(919) 451-5613</b>   |  | 5. Transporter 1 Company Name<br><b>OSCO INC.</b>      |  | 6. US EPA ID Number<br><b>TN10089558019</b>  |  | E. State Transporter's ID                    |  | F. Transporter's Phone  |  |
| 7. Transporter 2 Company Name   |  | 8. US EPA ID Number                                    |  | 9. Designated Facility Name and Site Address<br><b>SPECIAL WASTE INC<br/>1713 LEGION RD<br/>ATHENS TN. 37803</b> |  | 10. US EPA ID Number<br><b>TN10034547141</b> |  | G. State Facility's ID  |  |
|   |  |  |  |  |  | H. Facility's Phone<br><b>(615) 745-9222</b> |  |   |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  |  | 12. Containers   |  | 13. Total Quantity   |  | 14. Unit Wt/Vol                              |  | 15. Waste No.   |  |
| a. "RO"1 WASTE OIL, COMBUSTIBLE LIQUID<br>NA 1270, F001, F002, F003, D001   |  | 001 TT   |  | 05000  |  | G  |  | F001, F002<br>F003, D001  |  |
| b.  |  |  |  |  |  |  |  |   |  |
| c.  |  |  |  |  |  |  |  |   |  |
| d.  |  |  |  |  |  |  |  |   |  |
| J. Additional Descriptions for Materials Listed Above<br><b>A. 580026</b>   |  | K. Handling Codes for Wastes Listed Above              |  |  |  |  |  |   |  |
| 15. Special Handling Instructions and Additional Information<br><br><b>TANK AS 419 @ Camp Johnson</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<br><b>Hunter, L.E.</b>   |  | Signature<br><i>Laurie J. Hunter</i>                   |  | Month Day Year<br><b>12/16/87</b>  |  |  |  |   |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials   |  | Printed/Typed Name<br><b>William J. Harden</b>         |  | Signature<br><i>William J. Harden</i>  |  | Month Day Year<br><b>11/21/87</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<br><b>Mark Saunders</b>             |  | Signature<br><i>Mark Saunders</i>  |  | Month Day Year<br><b>11/21/87</b>            |  |   |  |



# NORTH CAROLINA HAZARDOUS WASTE MANIFEST

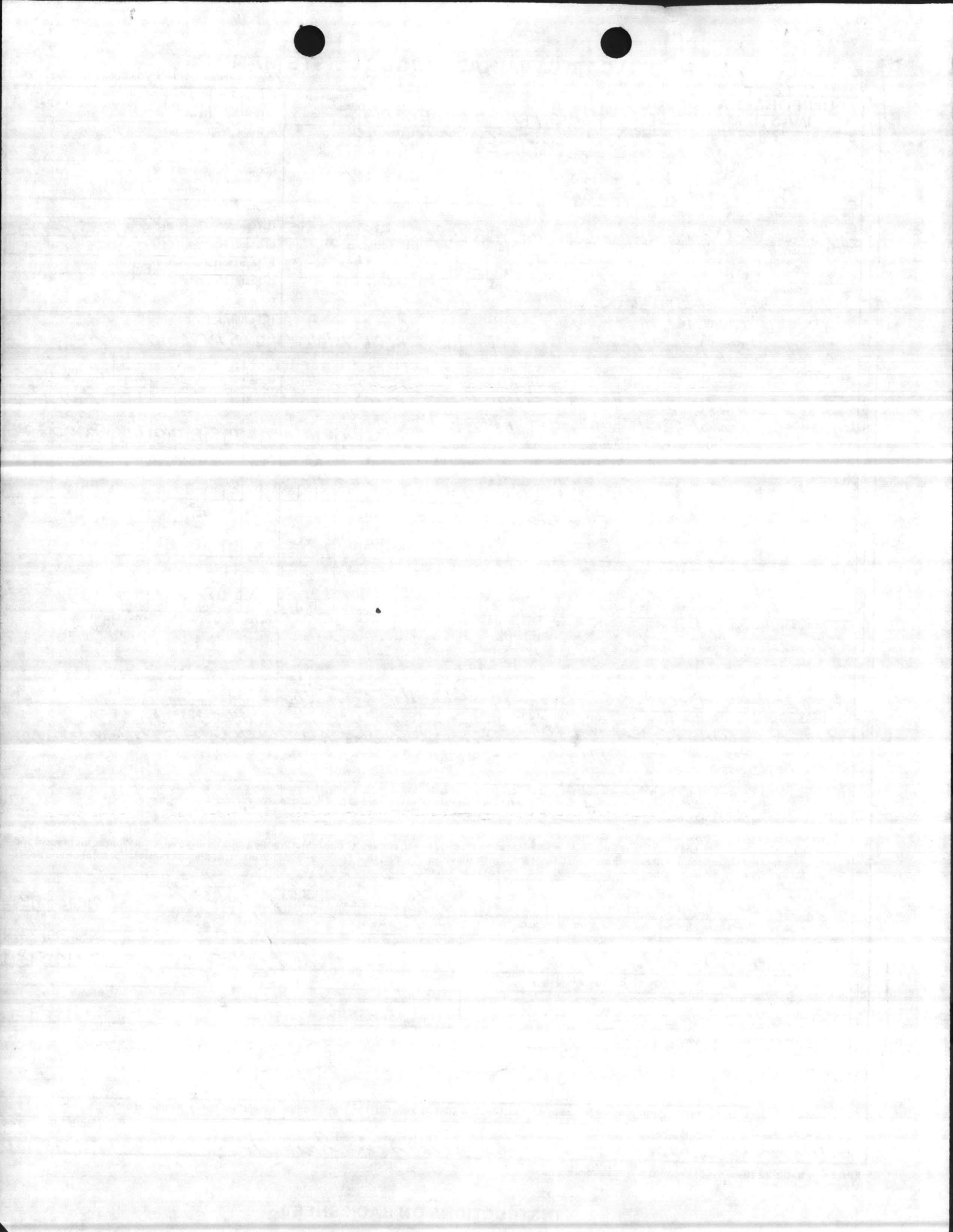
Form Approved. OMB No. 2050-0039. Expires 9-30-88

Use 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.<br><i>NC16171010224581010151</i> |  | Manifest Document No.<br><i>1</i>  |  | 2. Page 1 of 1  |  | Information in the shaded areas is not required by Federal law. |  |
| 3. Generator's Name and Mailing Address<br><i>DRMO-CAMP LEVEUNE - M.C.A.S.<br/>BUILDING 906<br/>CAMP LEVEUNE, NC 28542</i>           |  | 4. Generator's Phone<br><i>(919) 457-5613</i>                 |  | 6. US EPA ID Number  |  | A. State Manifest Document Number   |  | B. State Generator's ID   |  |
| 5. Transporter 1 Company Name<br><i>ENVIRONMENTAL TRANSPORTATION SERVICE</i>   |  | 7. Transporter 2 Company Name                                 |  | 6. US EPA ID Number<br><i>10K1D98115861605</i>   |  | C. State Transporter's ID   |  | D. Transporter's Phone<br><i>(405) 745-2002</i>                 |  |
| 9. Designated Facility Name and Site Address<br><i>SPECIAL WASTE INC.<br/>1713 LEGION Rd<br/>AHLIENS, TN 37303</i>                   |  | 10. US EPA ID Number<br><i>TJND034547141</i>                  |  | E. State Transporter's ID  |  | F. Transporter's Phone  |  | G. State Facility's ID  |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)   |  | 12. Containers  |  | 13. Total Quantity   |  | 14. Unit Wt/Vol   |  | 1. Waste No.  |  |
| a. <i>RQ-1 WASTE OIL, N.O.S. COMBUSTIBLE LIQUID,<br/>NA1270 (D001, F001, F002, F003, F005)</i>                                       |  | 0 0 1 TT  |  | 0 5 8 1 0 1 0  |  | G   |  | <i>F001, F002<br/>D001<br/>F003, F005</i>                       |  |
| b.   |  |   |  |  |  |   |  |   |  |
| c.   |  |   |  |  |  |   |  |   |  |
| d.   |  |   |  |  |  |   |  |   |  |
| J. Additional Descriptions for Materials Listed Above<br><i>a) APPROVAL # 580026</i>   |  | K. Handling Codes for Wastes Listed Above                     |  | 15. Special Handling Instructions and Additional Information<br><i>HAZARDOUS WASTE CONTRACTOR. SPECIAL WASTE INC IS THIS FACILITY'S<br/>PLEASE ROUTE ALL BILLING AND CORRESPONDENCE<br/>to: P.O. BOX A SAUKVILLE, WI 53080</i> |  | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. |  |   |  |
| Printed/Typed Name<br><i>Hunter, L.F.</i>  |  | Signature<br><i>L.F. Hunter</i>                               |  | Month Day Year<br><i>10/10/88</i>  |  |   |  |   |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials  |  | Printed/Typed Name<br><i>Bruce A. Mason</i>                   |  | Signature<br><i>Bruce A. Mason</i>   |  | Month Day Year<br><i>10/10/88</i>   |  |   |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials  |  | Printed/Typed Name  |  | Signature  |  | Month Day Year  |  |   |  |
| 19. Discrepancy Indication Space   |  |   |  |  |  |   |  |   |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. |  | Printed/Typed Name<br><i>Mark Saunders</i>                    |  | Signature<br><i>Mark Saunders</i>  |  | Month Day Year<br><i>10/10/88</i>   |  |   |  |

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

**INSTRUCTIONS ON BACK SHEET**





PLEASE PRINT OR TYPE

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

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

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. **W.C.O.1.7.0022580**  
Manifest Document No. **0.0.1.371**

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

3. Generator's Name and Mailing Address  
**DRMO Bldg 900 ATTN: GEORGE EGGERS  
MARINE CORPS BASE  
CAMP LEJUNE, NC 28542**

A. State Manifest Document Number  
**INA 0128769**

4. Generator's Phone (919) 451-5613

B. State Generator's ID

5. Transporter 1 Company Name  
**ENVIRONMENTAL TRANSPORTATION SERVICE**

C. State Transporter's ID  
D. Transporter's Phone **405/745-2002**

7. Transporter 2 Company Name

E. State Transporter's ID  
F. Transporter's Phone

9. Designated Facility Name and Site Address  
**SYSTEM CORPORATION / KONGSTAR  
LIMEADE RD  
GREEN CASTLE,  
GREENCASTLE, INDIANA**

G. State Facility's ID  
H. Facility's Phone  
**317-653-2606**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  
**HAZARDOUS OIL**

| No. | Type | 13. Total Quantity | 14. Unit Wt./Vol. | I. Waste No. |
|-----|------|--------------------|-------------------|--------------|
| a.  |      |                    |                   |              |
| b.  |      |                    |                   |              |
| c.  |      |                    |                   |              |
| d.  |      |                    |                   |              |

a. **RQ1 WASTE OIL NOS, FLAMMABLE LIQUID  
NA 1270 (D001, F001, F002, F003, F005)**

|     |    |       |   |      |
|-----|----|-------|---|------|
| 001 | TT | 05600 | 6 | D001 |
|-----|----|-------|---|------|

J. Additional Descriptions for Materials Listed Above  
**A) F001, F002, F003, F005**

K. Handling Codes for Wastes Listed Above

**P.O. # 0598 TRUCK FF DL200-88-00033-010**

15. Special Handling Instructions and Additional Information  
**SPECIAL WASTE IS THIS FACILITY'S CONTRACTOR  
FOR HAZARDOUS WASTE. PLEASE ROUTE ALL BILLING AND CORRESPONDENCE TO:  
P.O. BOX B, SAUKVILLE, WI 53080.**

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Printed/Typed Name: **HUNTER, L.E.** Signature: *Laura E. Hunter* Month: **1.2** Date Day: **09** Year: **87**

17. Transporter 1 Acknowledgement of Receipt of Materials  
Printed/Typed Name: **CHARLES E. HUGHES** Signature: *Charles E. Hughes* Month: **12** Date Day: **09** Year: **87**

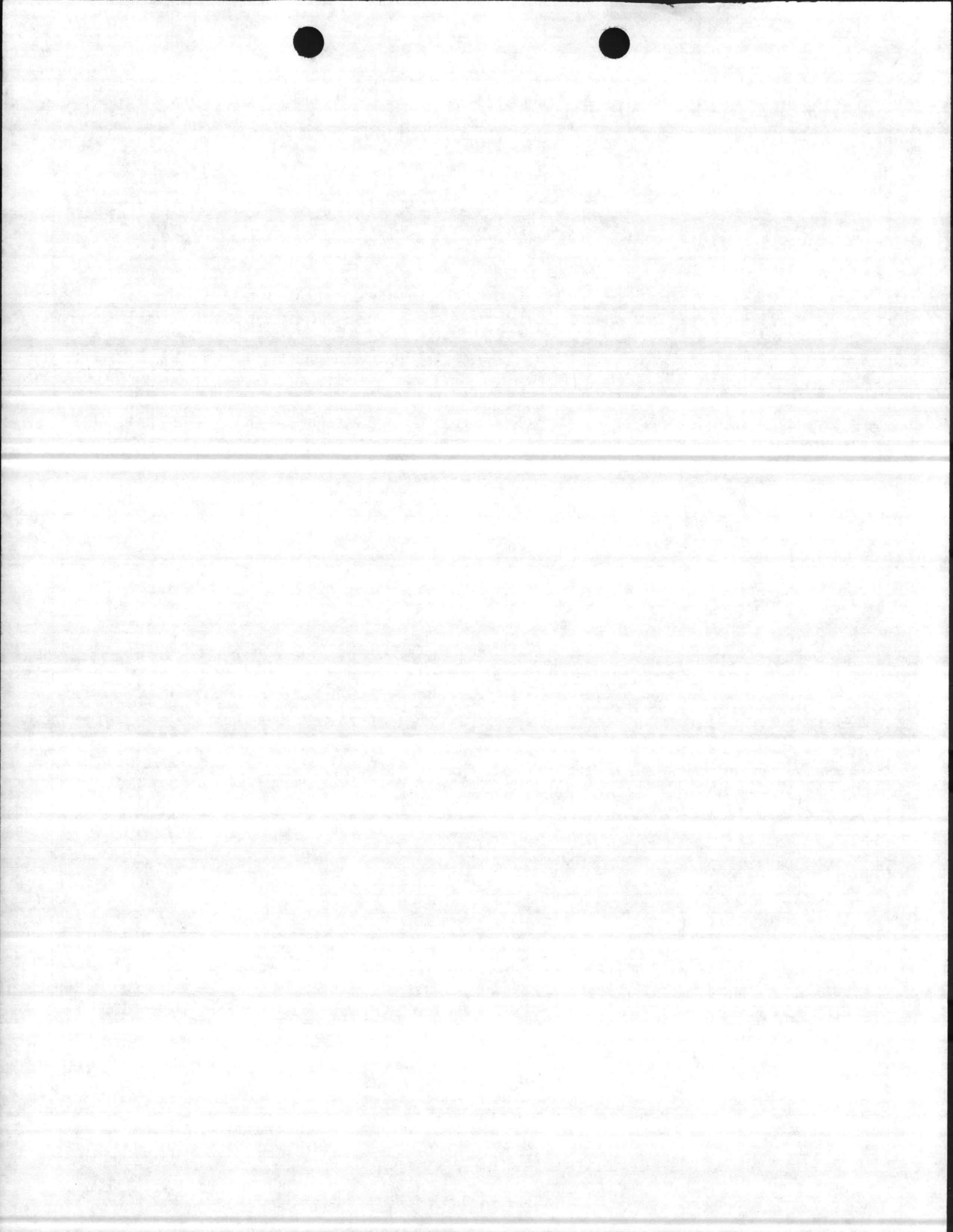
18. Transporter 2 Acknowledgement of Receipt of Materials  
Printed/Typed Name: Signature: Month: Date Day: Year:

19. Discrepancy Indication Space  
**MATERIAL REROUTED TO SYSTEMS CORP  
PAULINA OHIO DUE TO BREAK DOWN #1  
GREEN CASTLE IND FACILITY  
SHAWN McMULLEN**

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.  
Printed/Typed Name: **Mark K. Willtzer** Signature: *Mark K. Willtzer* Month: **1.2** Date Day: **11** Year: **87**

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

INA 0128769





PLEASE PRINT OR TYPE

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

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

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. **W.C.6.1.7.0.0225.8.0** Manifest Document No. **0128768**

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

3. Generator's Name and Mailing Address **DRMO Bldg 906 ATTN: GEORGE EGGERS MARINE CORPS BASE CAMP LESEUNE, NC 28542**

A. State Manifest Document Number **INA 0128768**  
B. State Generator's ID

4. Generator's Phone **919, 451-5613**

5. Transporter 1 Company Name **ENVIRONMENTAL TRANSPORTATION SERVICE**

C. State Transporter's ID  
D. Transporter's Phone **405/745-2002**

7. Transporter 2 Company Name

E. State Transporter's ID  
F. Transporter's Phone

9. Designated Facility Name and Site Address **SYSTEM CORPORATION LANESTAR LIMEBAKE RD, GREENCASTLE, INDIANA**

G. State Facility's ID  
H. Facility's Phone **317-653-2606**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

| No.   | Type         | 13. Total Quantity | 14. Unit Wt/Vol. | 1. Waste No. |
|---|--------------|--------------------|------------------|--------------|
| a. <b>RQ1 WASTE O.L. NOS, Flammable Liquid, NA 1270, (D001, F001, F002, F003, F005)</b> | <b>001 T</b> | <b>0.6000 G</b>    | <b>G</b>         | <b>D001</b>  |
| b.  |              |                    |                  |              |
| c.  |              |                    |                  |              |
| d.  |              |                    |                  |              |

| No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | 1. Waste No. |
|-----|------|--------------------|------------------|--------------|
|     |      |                    |                  |              |
|     |      |                    |                  |              |
|     |      |                    |                  |              |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

**A) F001, F002, F003, F005**

15. Special Handling Instructions and Additional Information **SPECIAL WASTE INC IS THIS FACILITY'S CONTRACTOR FOR HAZARDOUS WASTE. PLEASE ROUTE ALL BILLING AND CORRESPONDENCE TO: P.O. BOX B, SAUKVILLE, WI, 53080**

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

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Printed/Typed Name **Hunter, L.E.** Signature **Lawrence E. Hunter** Date **1-20-87**

17. Transporter 1 Acknowledgement of Receipt of Materials  
Printed/Typed Name **BRUCE A. MASON** Signature **Bruce A. Mason** Date **12/21/87**

18. Transporter 2 Acknowledgement of Receipt of Materials  
Printed/Typed Name  
Signature  
Date

19. Discrepancy Indication Space **MATERIALS REROUTED TO SYSTEM CORP PAULINE OHIO DUE TO BREAK DOWN AT GREENCASTLE IND FACILITY PER SHAWN MC MULLEN 9/21/87**

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.  
Printed/Typed Name **Terr L. Kanouse** Signature **Terr L. Kanouse** Date **12/21/87**

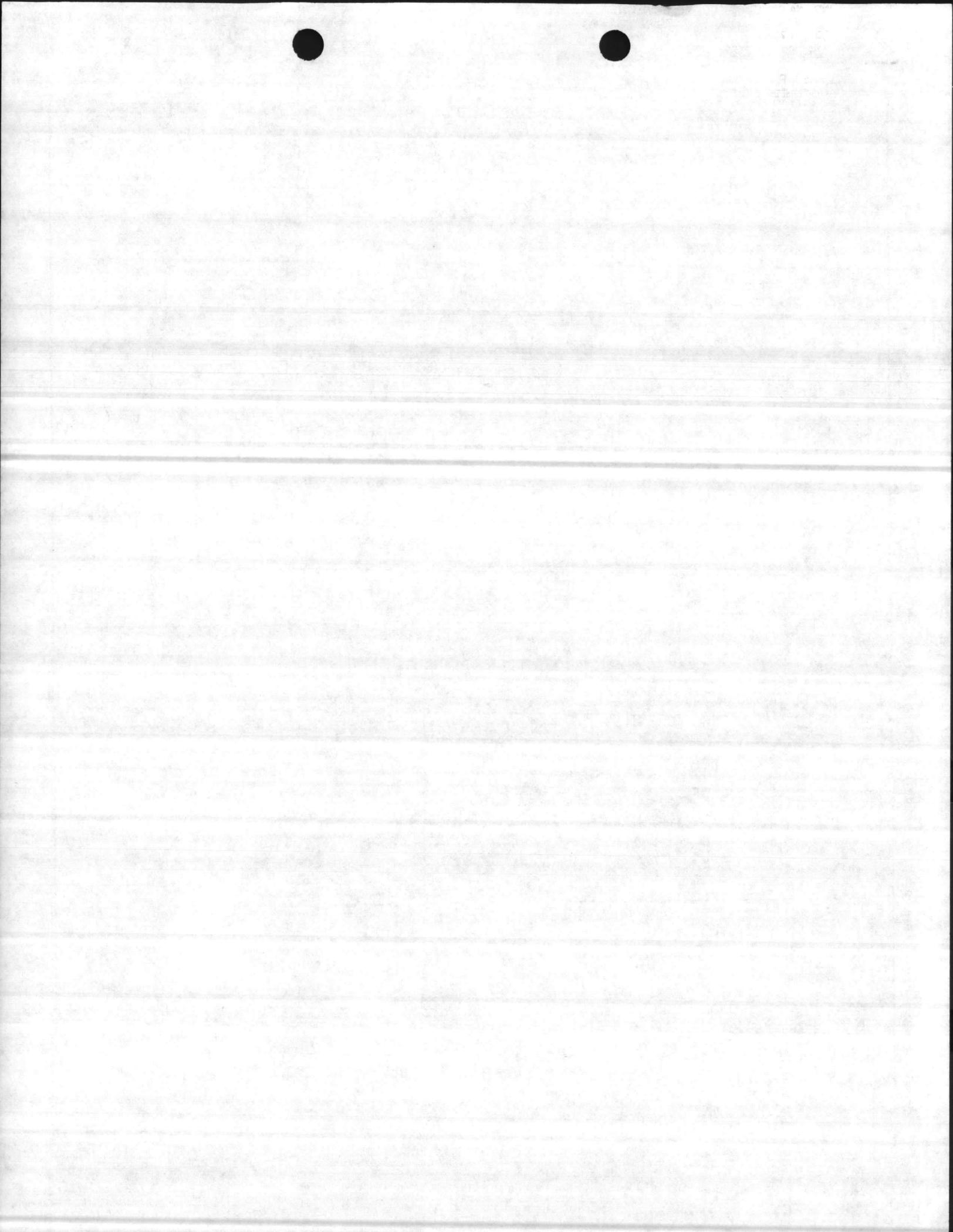
National Response Center at 800/424-8802 or 202/426-2675.

GENERATOR

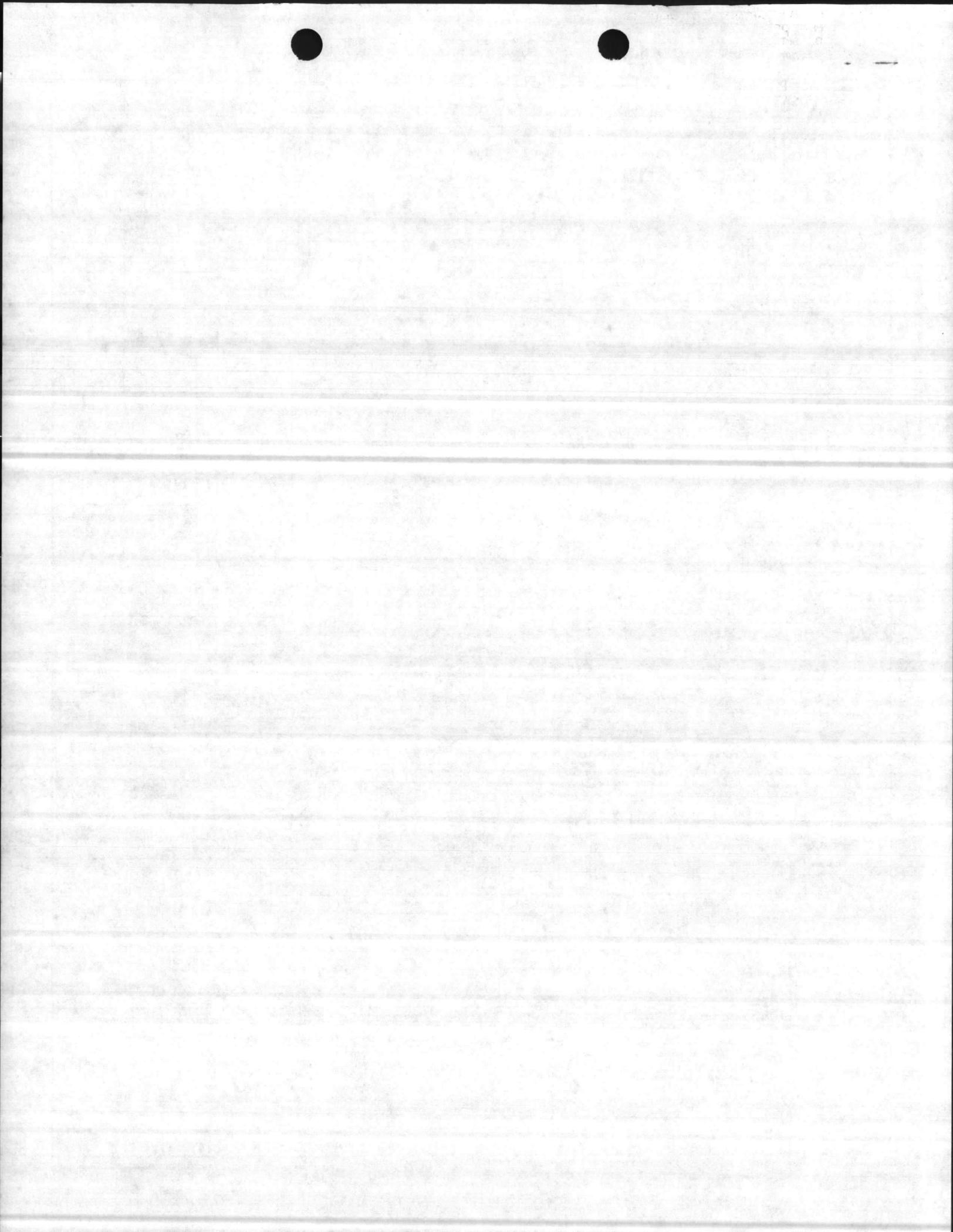
TRANSPORTER

FACILITY

INA 0128768









UNITED STATES MARINE CORPS  
MARINE CORPS BASE  
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO  
6241/2  
NREAD  
16 Nov 87

From: Commanding General, Marine Corps Base, Camp Lejeune  
To: Defense Reutilization and Marketing Officer, Defense  
Logistics Agency, Lejeune, Camp Lejeune, NC 28542-5001

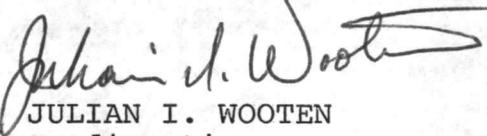
Subj: WASTE OIL STORAGE TANKS; AS-419, STT-64 and STT-65;  
DISPOSAL OF

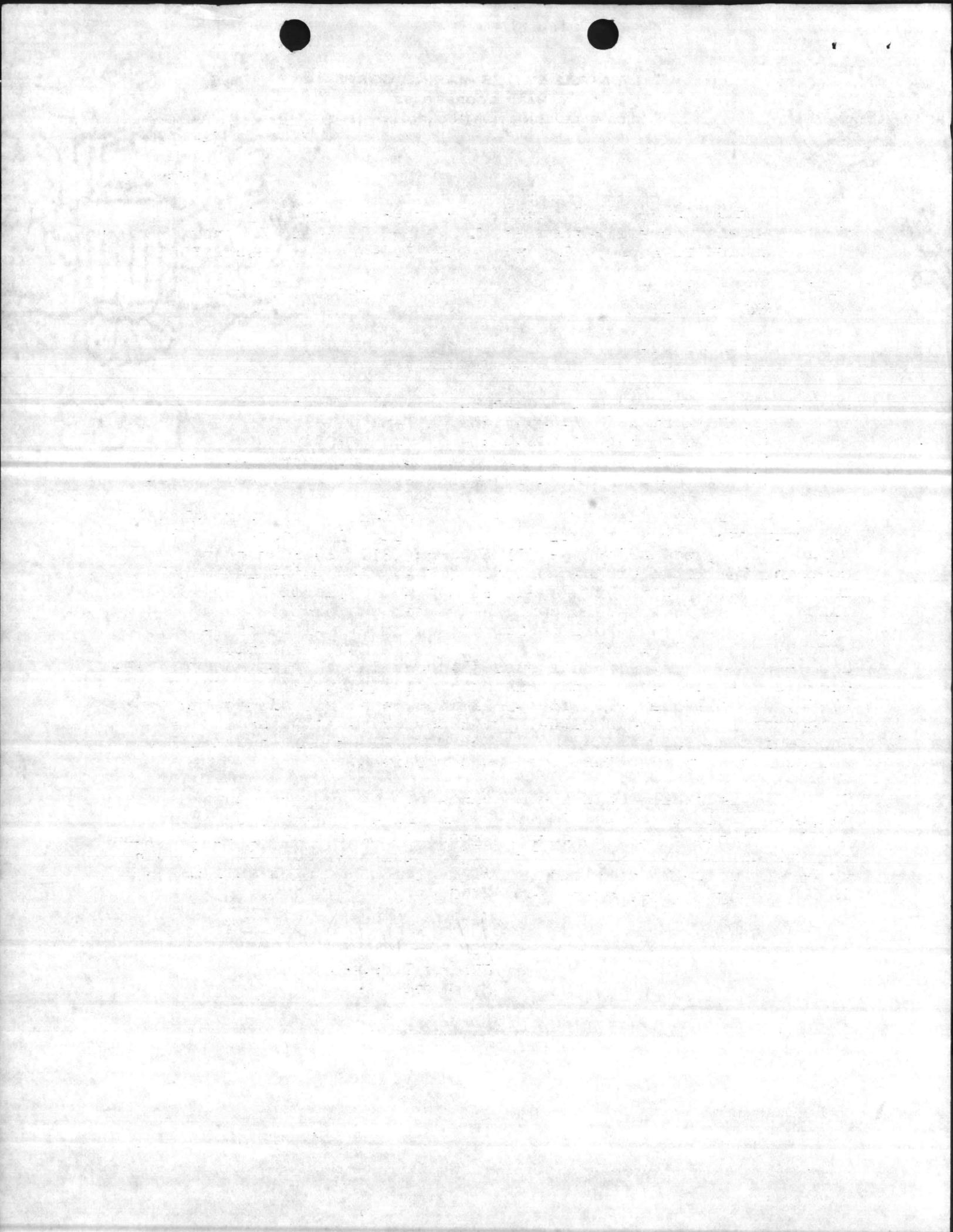
Ref: (a) BO 6240.5  
(b) BMO ltr 6280 MAIN of 6 Nov 87

Encl: (1) DD Form 1348-1, Contents of Tank STT-64  
(2) DD Form 1348-1, Contents of Tank STT-65  
(3) DD Form 1348-1, Contents of Tank AS-419  
(4) JTC Environmental Consultants, Inc. Rept. No. 87-441  
(5) JTC Environmental Consultants, Inc. Rept. No. 87-444

1. In accordance with reference (a), enclosures (1) through (3) are forwarded for your action. As requested in reference (b), NREAD has signed enclosures (1) through (3). Enclosure (4) contains the Total Organic Halogen (TOX), Flashpoint and Metals analysis of the contents in STT-64 and STT-65 as of 15 Sep 87, which showed the tanks to contain a hazardous waste. Base Maintenance has added oil to STT-64 and STT-65 since 15 Sep 87, however, the additional oil can not change the classification from hazardous waste. Enclosure (5) contains the TOX and Volatile Organic Chemical (VOC) analysis of AS-419 (Sample ID No 87-79 and 87-80) as of 15 Sep 87. The preliminary analysis showed the tank to contain a hazardous waste. On 6 Nov 87, AS-419, sealed by Base Maintenance, was resampled for TOX, Flashpoint and Metals. The analysis will be forwarded when received.

2. It is requested that the contents of the subject tanks be disposed of in the same time frame as STT-61, STT-62, S-889 and S-891. Please advise as soon as possible of the anticipated dates removal of the contents of the subject tanks is anticipated both to begin and to be completed. Point of contact with this matter is Mr. Danny Sharpe, extensions 2083 or 2195.

  
JULIAN I. WOOTEN  
By direction



Partial Results

JTC DATA REPORT # 87-441

LABORATORY ANALYSIS ON NAVAL SAMPLES

CONTRACT #N62470-86-C-8754

CASE # 136

PREPARED FOR:

DEPARTMENT OF THE NAVY  
ATLANTIC DIVISION  
NAVAL FACILITIES ENGINEERING COMMAND  
NORFOLK, VIRGINIA 23511-6267

PREPARED BY:

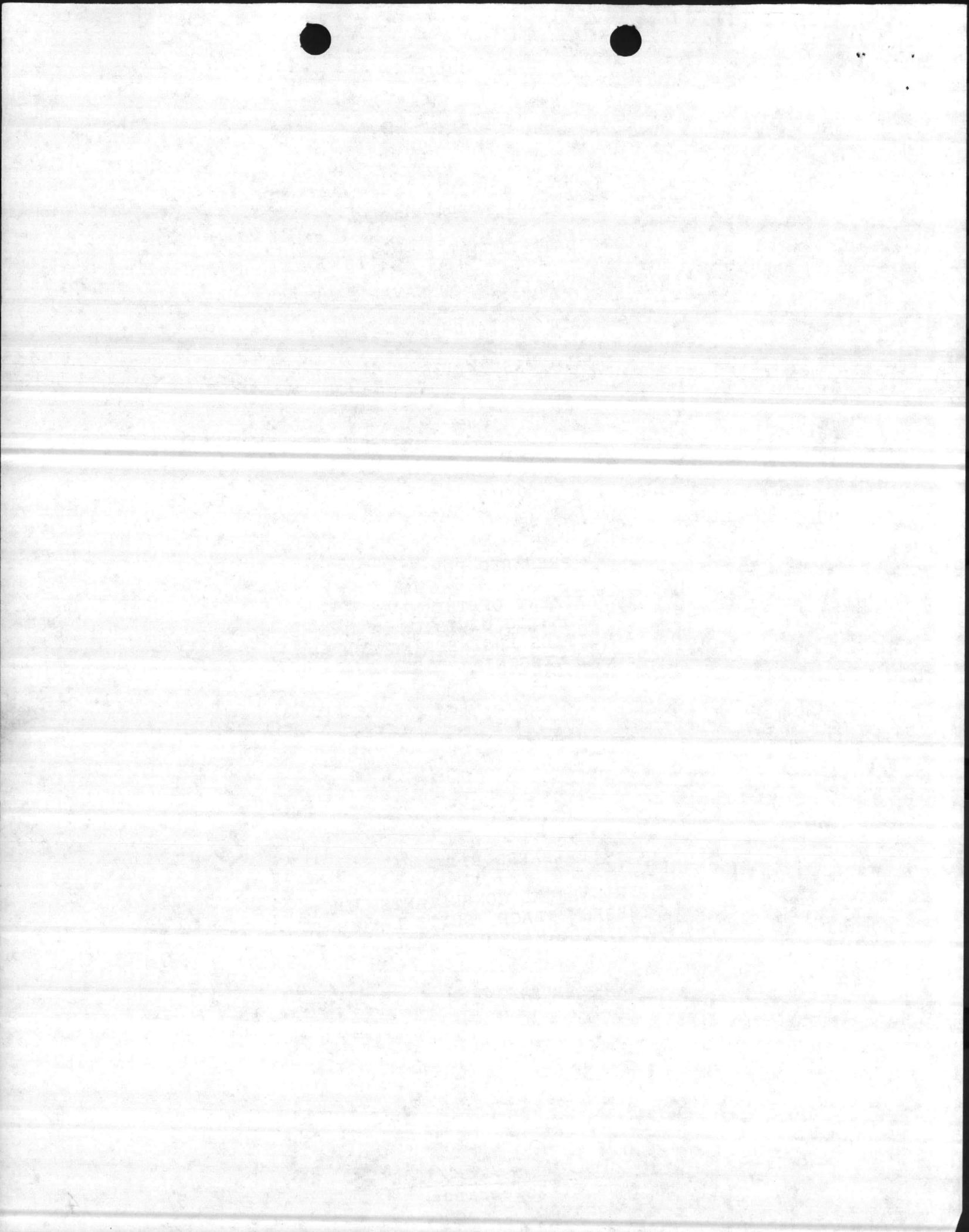
JTC ENVIRONMENTAL CONSULTANTS, INC.  
4 RESEARCH PLACE, SUITE L-10  
ROCKVILLE, MARYLAND 20850

OCTOBER 5, 1987

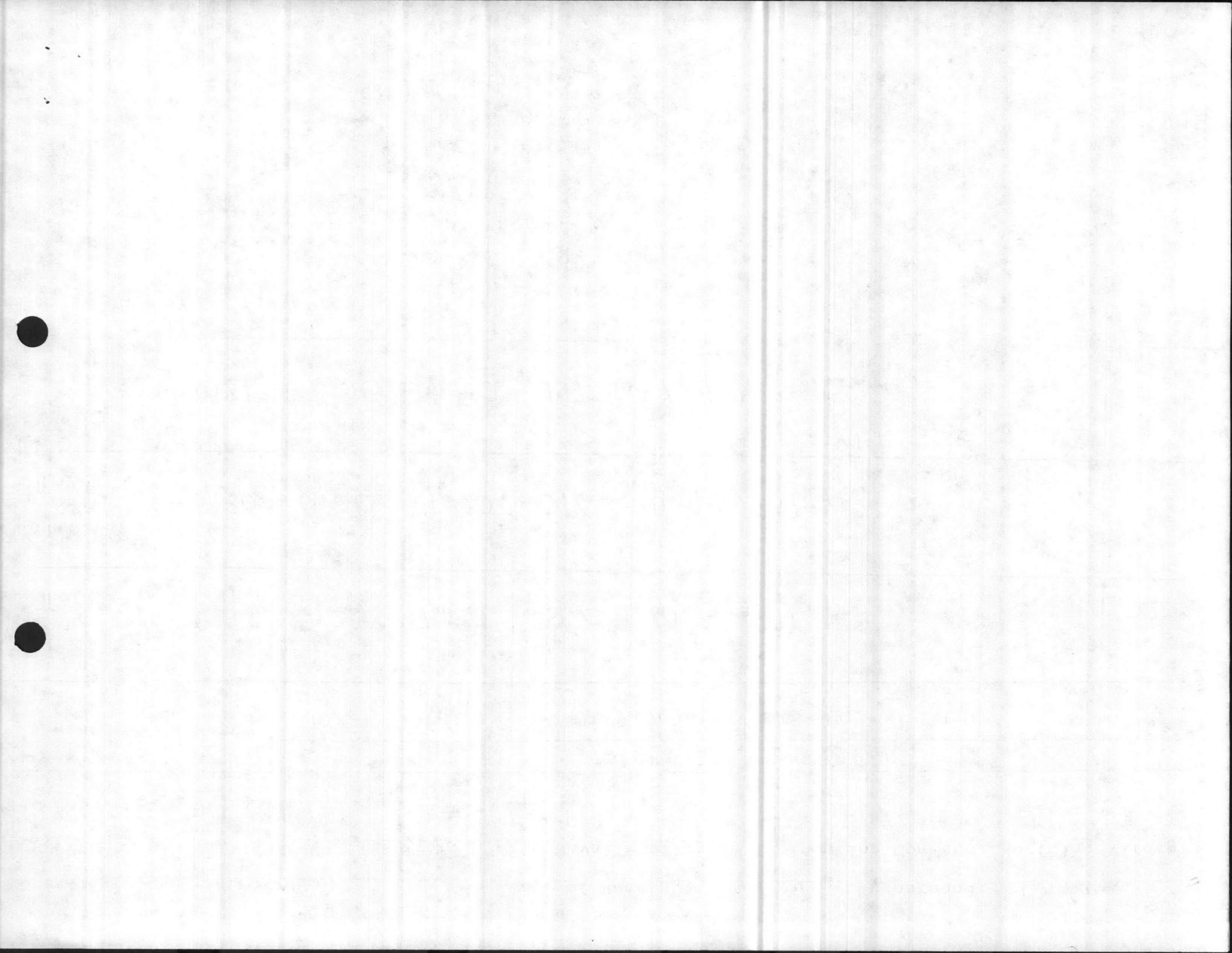
*Ann E. Rosecrance*

Ann E. Rosecrance  
Laboratory Director

ENCLOSURE (4)







Addendum

JTC DATA REPORT # 87-441

LABORATORY ANALYSIS ON NAVAL SAMPLES

CONTRACT #N62470-86-C-8754

CASE # 136

PREPARED FOR:

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

PREPARED BY:

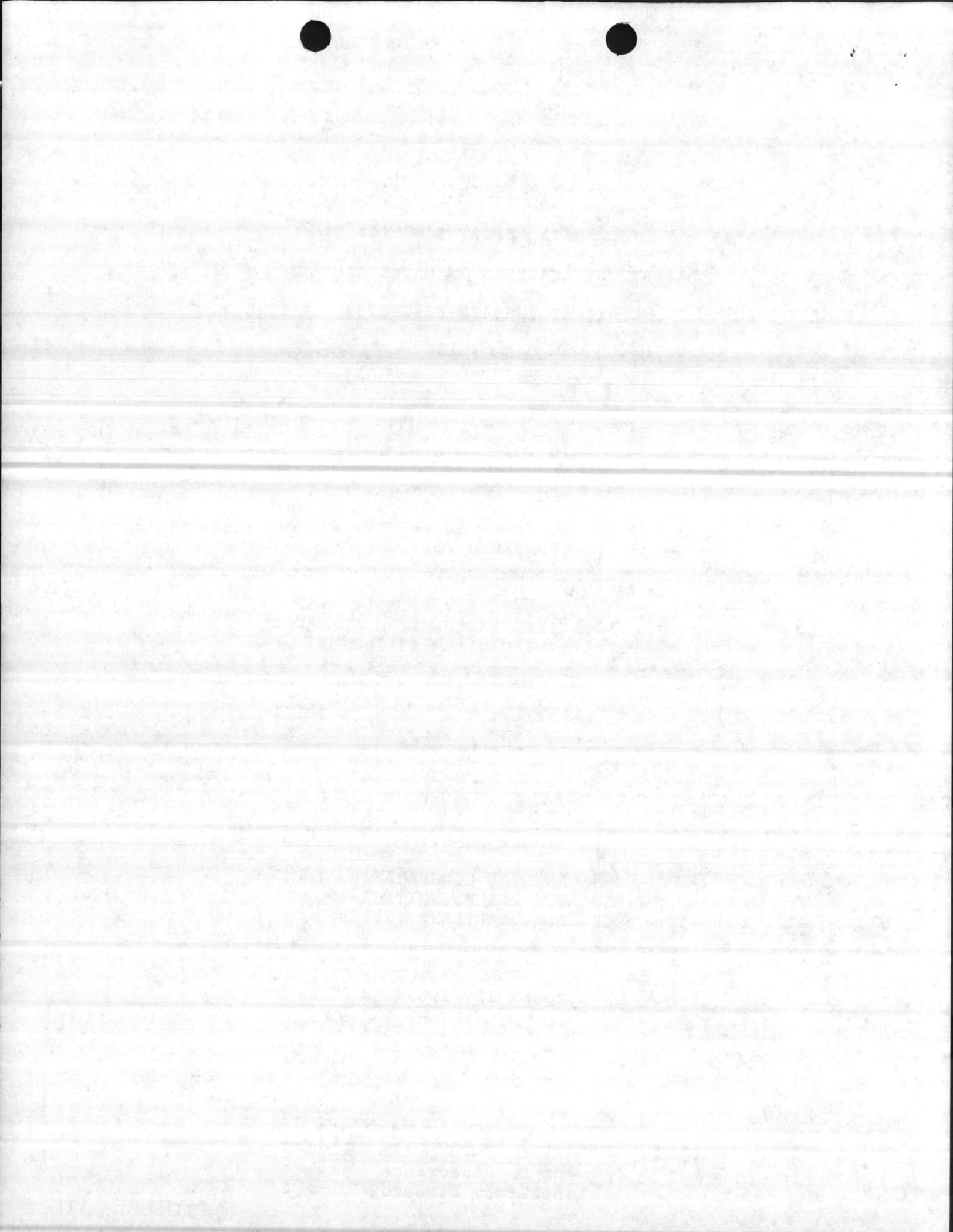
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4 RESEARCH PLACE, SUITE L-10  
ROCKVILLE, MARYLAND 20850

OCTOBER 12, 1987

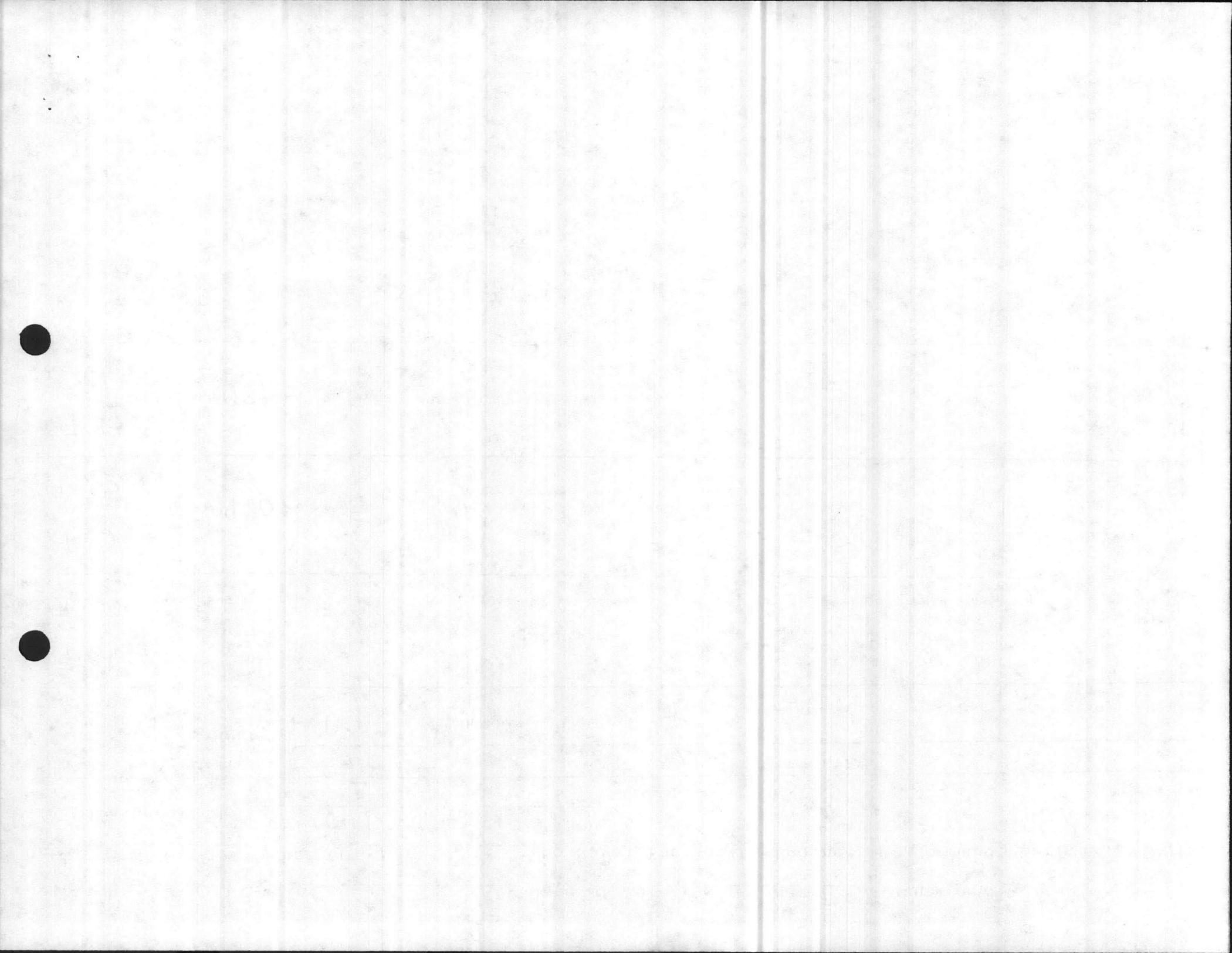
*Ann E. Rosecrance*

Ann E. Rosecrance  
Laboratory Director

ENCLOSURE (4)







Addendum A

JTC DATA REPORT # 87-441

LABORATORY ANALYSIS ON NAVAL SAMPLES

CONTRACT #N62470-86-C-8754

CASE #136

PREPARED FOR:

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

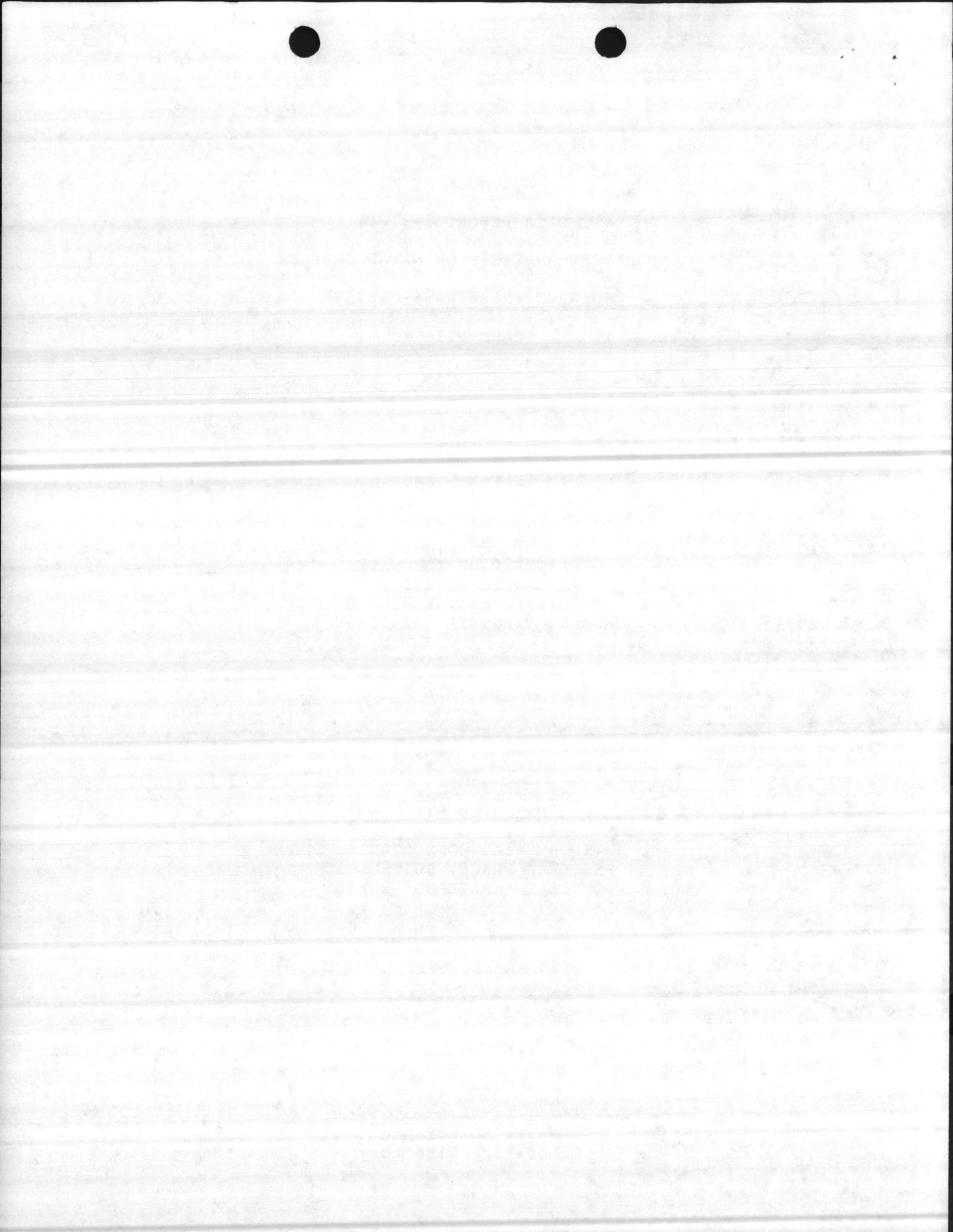
PREPARED BY:

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

OCTOBER 26, 1987

*Ann E. Rosecrance*

Ann E. Rosecrance  
Laboratory Director



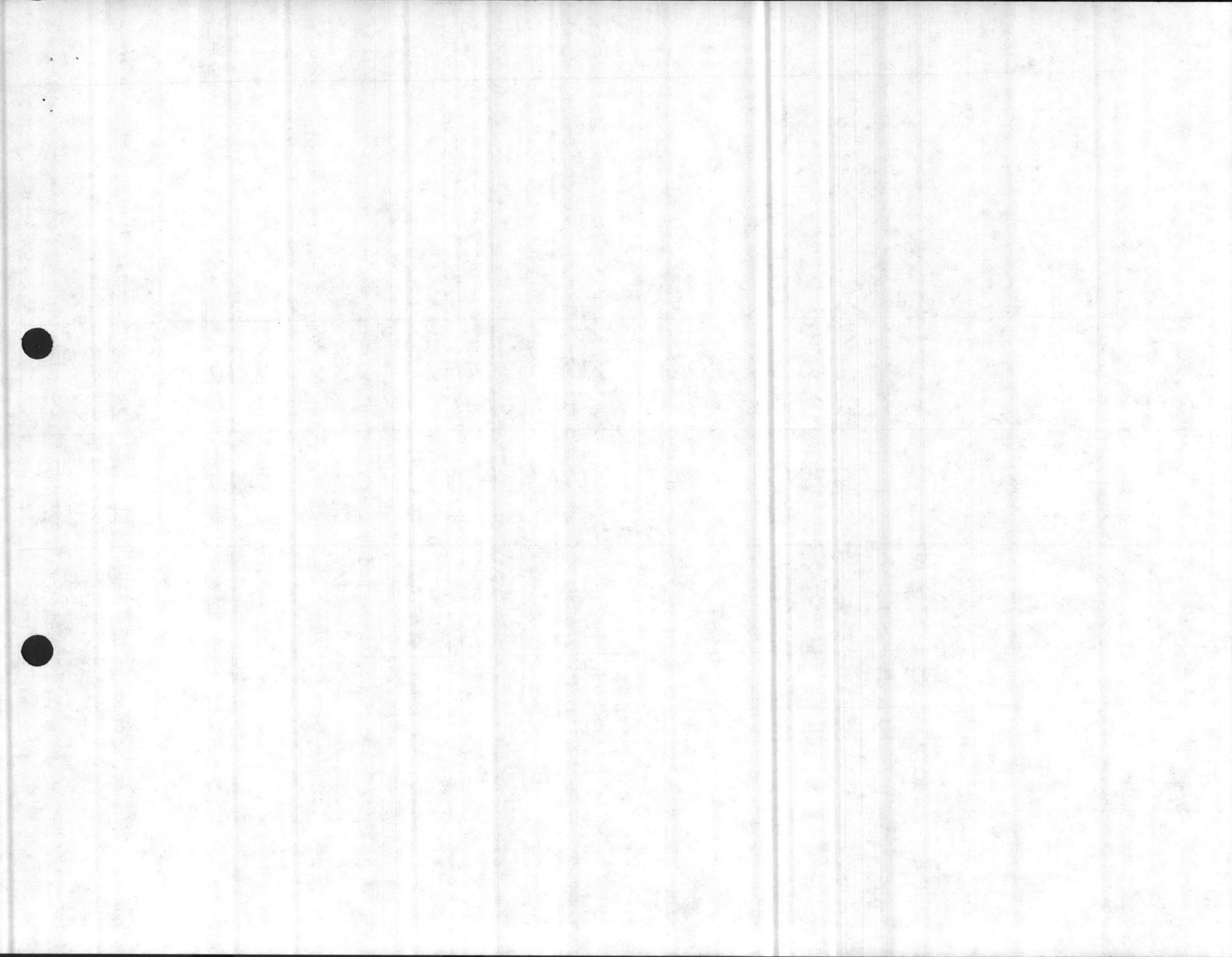
Location: Camp Lejeune Date of Receipt: 9-21-87 Turnaround: routine

Date: 10-26-87 Case No. 136 Add A to Naval Facilities Engineering Command, Norfolk, Virginia

JTC Data Report No. 87-441 Table 1 of 1

| NAVY<br>SAMPLE<br>ID | JTC<br>SAMPLE<br>ID | ANALYSIS PARAMETER |             |    |             |                     |  |  |
|----------------------|---------------------|--------------------|-------------|----|-------------|---------------------|--|--|
|                      |                     | As<br>mg/kg        | Cd<br>mg/kg | Cr | Pb<br>mg/kg | Sp. Gravity<br>g/ml |  |  |
| 87-81<br>5T-64       | 61-0979             | <20                | <2.0        | NA | 58          | 0.697               |  |  |
| 87-82<br>5T-65       | 61-0980             | <20                | <2.0        | NA | 54          | 0.605               |  |  |
| 87-83<br>5T-66       | 61-0981             | <20                | <2.0        | NA | 50          | 0.731               |  |  |
|                      |                     |                    |             |    |             |                     |  |  |

Note: Analyses run on top layer of sample  
NA = not available, results will be provided in a separate report addendum



Addendum B

JTC DATA REPORT # 87-441

LABORATORY ANALYSIS ON NAVAL SAMPLES

CONTRACT #N62470-86-C-8754

CASE # 136

Complete

PREPARED FOR:

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

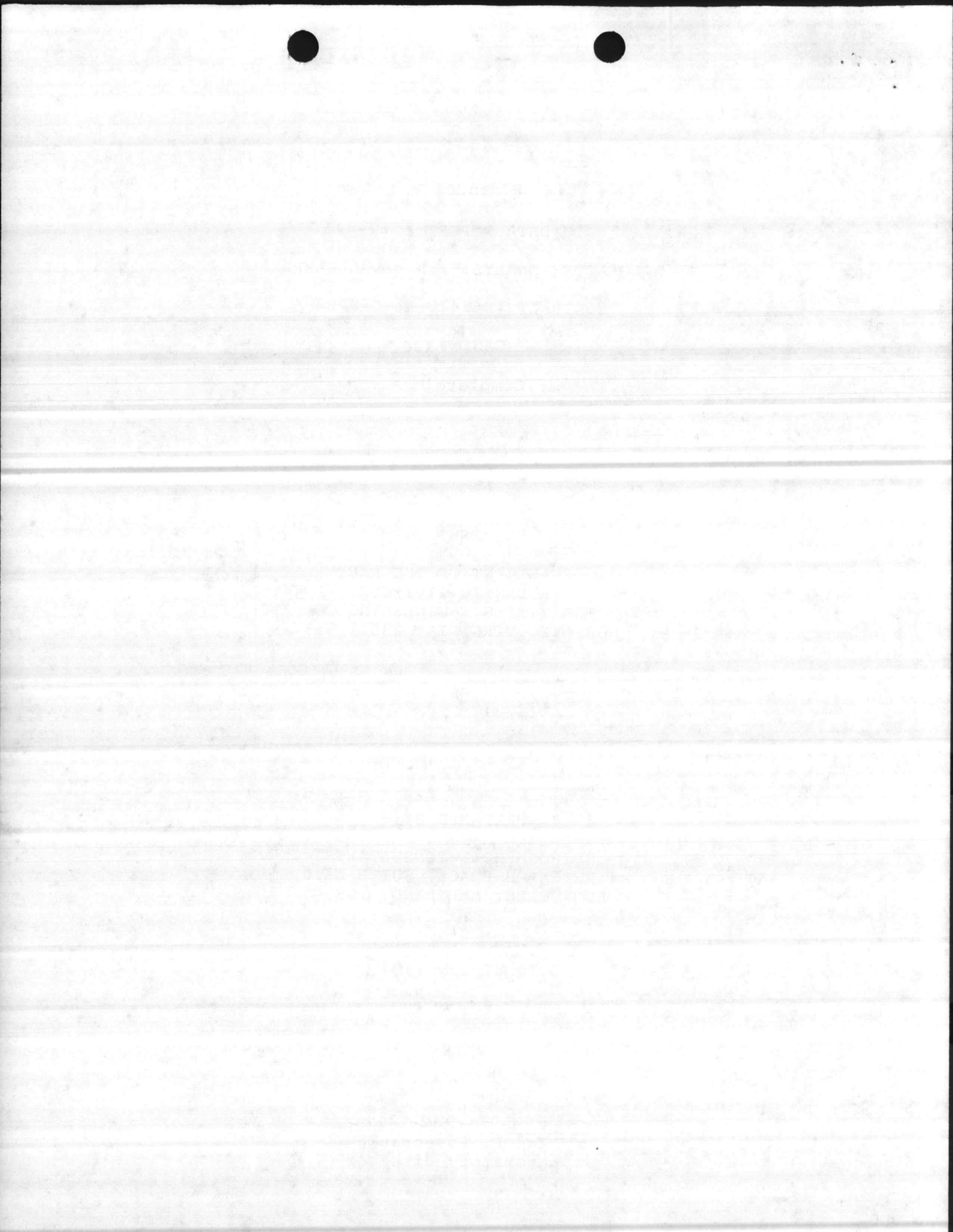
PREPARED BY:

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

OCTOBER 29, 1987

*Ann E Rosecrance*

Ann E. Rosecrance  
Laboratory Director



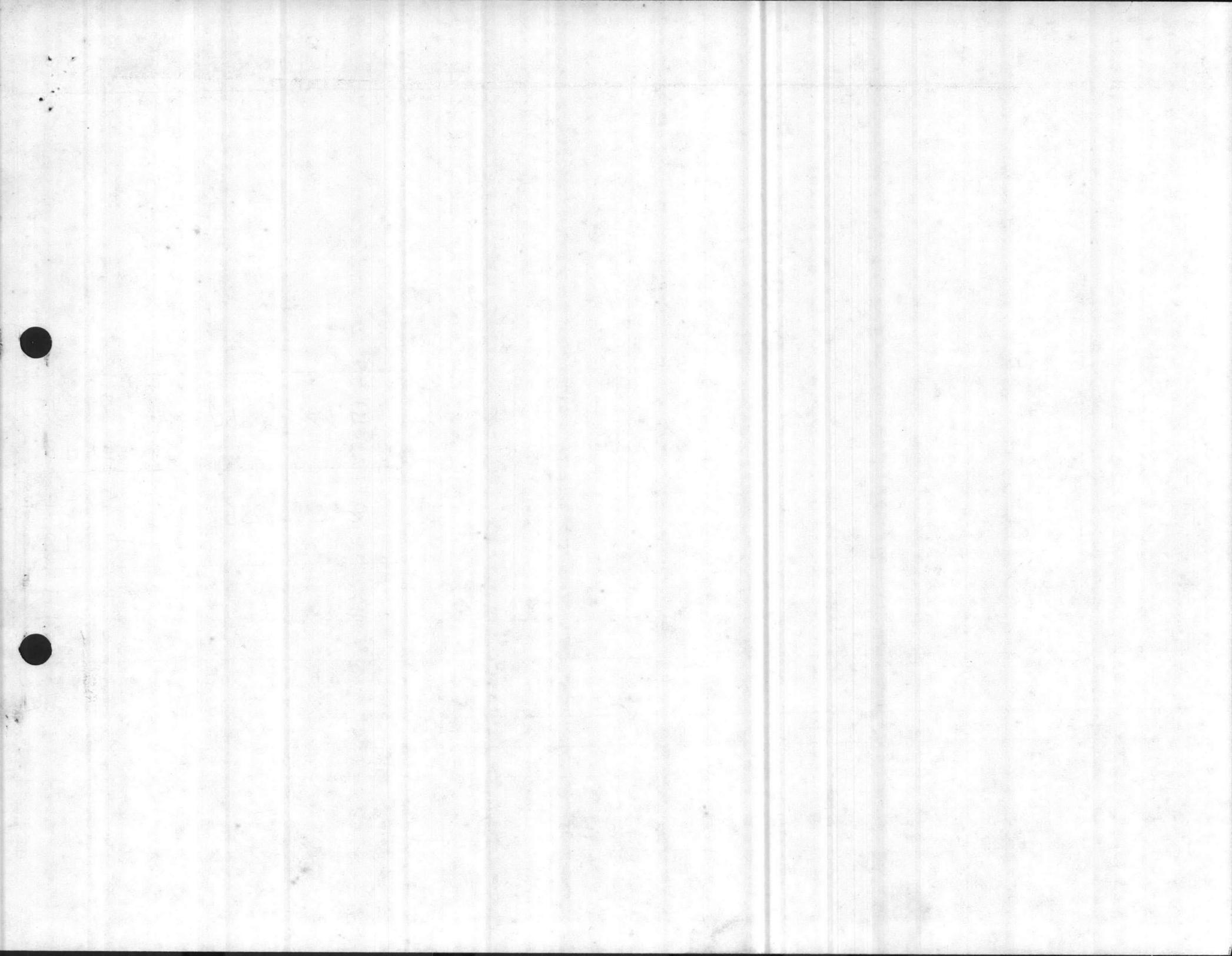
Location: Camp Lejeune Date of Receipt: 9-21-87 Turnaround: routine

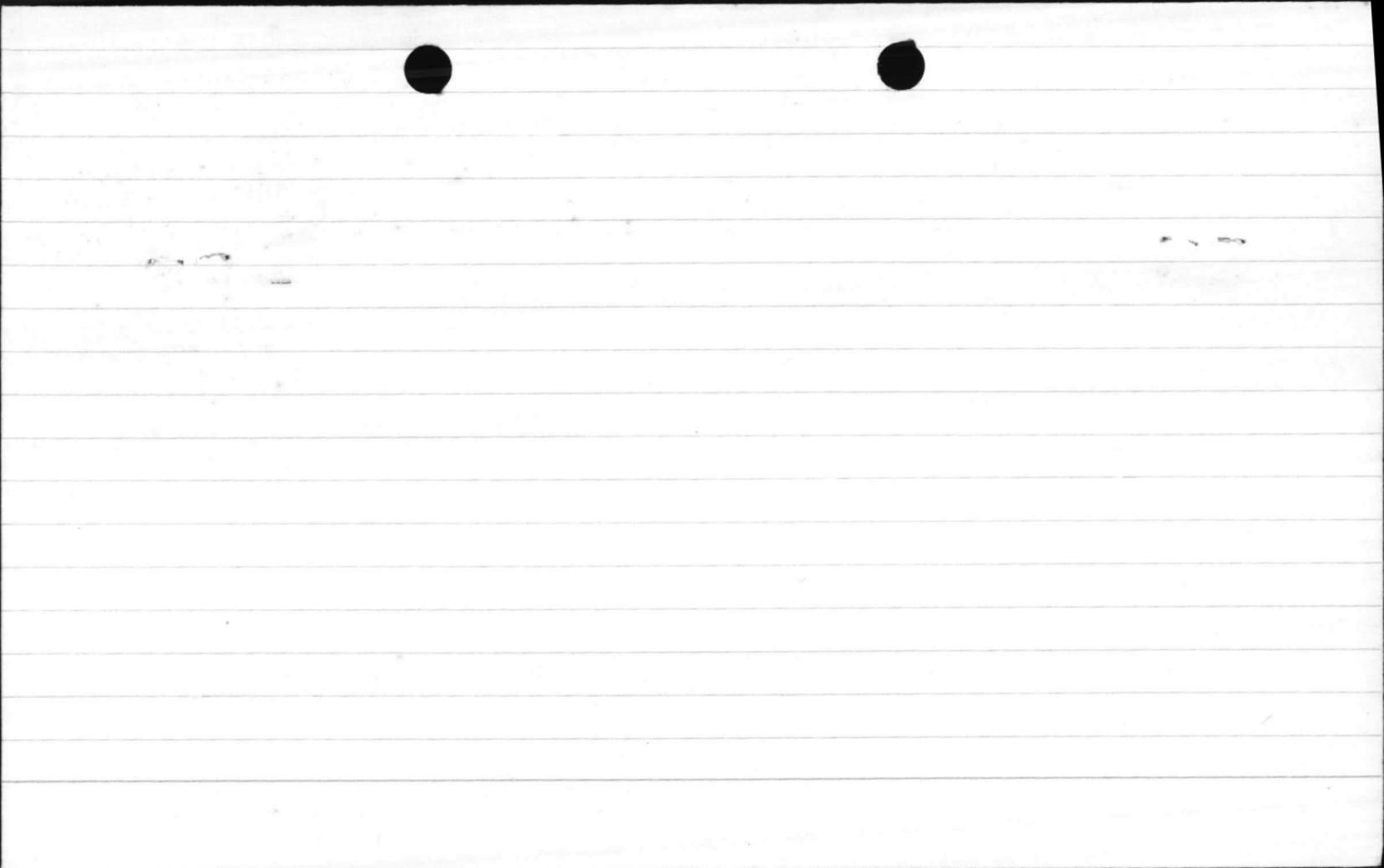
Date: 10-29-87 Case No. 136 Add. B to Naval Facilities Engineering Command, Norfolk, Virginia

JTC Data Report No. 87-441 Table 1 of 1

| NAVY<br>SAMPLE<br>ID | JTC<br>SAMPLE<br>ID | ANALYSIS PARAMETER |  |  |  |  |  |  |  |
|----------------------|---------------------|--------------------|--|--|--|--|--|--|--|
|                      |                     | Cr<br>mg/kg        |  |  |  |  |  |  |  |
| 87-81<br>STP-64      | 61-0979             | <1.5               |  |  |  |  |  |  |  |
| 87-82<br>STP-65      | 61-0980             | 2.3                |  |  |  |  |  |  |  |
| 87-83<br>STP-66      | 61-0981             | <1.5               |  |  |  |  |  |  |  |
|                      |                     |                    |  |  |  |  |  |  |  |

Note: Analysis run on top layer of sample









DIA 200-88-0033

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SECRET

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|-------------|---|---------|---|-------|---|------------------|---|---|----|---------------|----|------------------------|----|-----------------|----|----|----|-----------------------|----|------|----|--------------|----|----------|----|----------------|----|--------|----|----|----|------------|----|---------|----|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 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     |   |   |    | UNIT OF ISSUE |    | QUANTITY               |    | DOCUMENT NUMBER |    |    |    | SUPPLEMENTARY ADDRESS |    | FUND |    | DISTRIBUTION |    | PRIORITY |    | REQ'D DEL DATE |    | ADVICE |    | RI |    | UNIT PRICE |    | DOLLARS |    | CTS. |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| B7J         |   | XXXX    |   |       |   | 915000 WASTE OIL |   |   |    | GL            |    | 15800M, 931827307 0003 |    |                 |    |    |    |                       |    |      |    |              |    | 14 NA    |    | H              |    |        |    |    |    | 40         |    |         |    |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

|   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |          |  |  |  |  |         |  |  |  |  |             |  |  |  |  |      |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|---------|--|--|--|--|-------------|--|--|--|--|------|--|--|--|--|
| SHIPPED FROM  |  |  |  |  |  |  |  |  |  | SHIP-TO         |  |  |  |  |  |  |  |  |  | MARK FOR |  |  |  |  | PROJECT |  |  |  |  | TOTAL PRICE |  |  |  |  |      |  |  |  |  |
| Natural Resources & Environmental Affairs Division, MCB, Camp Lejeune, NC |  |  |  |  |  |  |  |  |  | DRMO, MCB, CINC |  |  |  |  |  |  |  |  |  | HW       |  |  |  |  | X       |  |  |  |  | DOLLARS     |  |  |  |  | CTS. |  |  |  |  |
| B   |  |  |  |  |  |  |  |  |  | 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 |  | TOTAL PRICE |  |   |  |   |  |  |  |  |
| F                  |  |  |  | G             | H         | I           |  | J         | K     |  | L       |  | M            |  |  | N             | O          | P        |  | Q           |  | R |  | S |  |  |  |  |
|                    |  |  |  |               |           |             |  |           |       |  |         |  |              |  |  |               |            |          |  | 15800       |  |   |  |   |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|-------------------------------------|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|--|--|
| SUBSTITUTE DATA (ITEM ORIGINALLY REQUEST'D) |  |  |  |  |  |  |  |  |  | FREIGHT CLASSIFICATION NOMENCLATURE |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
| T DO-0010                                   |  |  |  |  |  |  |  |  |  | U DLA 700-88-D-0033                 |  |  |  |  |  |  |  |  |  | V 4720ARAB                 |  |  |  |  |  |  |  |  |  |
| W   |  |  |  |  |  |  |  |  |  | X WASTE OIL                         |  |  |  |  |  |  |  |  |  | Y CONTENTS OF TANK #STT-65 |  |  |  |  |  |  |  |  |  |

|               |                        |  |  |  |                        |  |  |  |                |  |  |  |           |                          |  |  |  |                         |  |  |  |
|---------------|------------------------|--|--|--|------------------------|--|--|--|----------------|--|--|--|-----------|--------------------------|--|--|--|-------------------------|--|--|--|
| SHIPS UPSEERS | 1 SELECTED BY AND DATE |  |  |  | 2 TYPE OF CONTAINER(S) |  |  |  | 3 TOTAL WEIGHT |  |  |  | RECEIVERS | 7 RECEIVED BY AND DATE   |  |  |  | 8 INSPECTED BY AND DATE |  |  |  |
|               | 4 PACKED BY AND DATE   |  |  |  | 5 NO. OF CONTAINER(S)  |  |  |  | 6 TOTAL CUBE   |  |  |  |           | 9 WAREHOUSED BY AND DATE |  |  |  | 10 WAREHOUSE LOCATION   |  |  |  |
|               |                        |  |  |  |                        |  |  |  |                |  |  |  |           | 7322                     |  |  |  | STT650000               |  |  |  |

|                                 |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|----|--|--|--|--|--|--|--|--|--|----|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|--|--|
| REMARKS:                        |  |  |  |  |    |  |  |  |  | This is to certify that the above materials are properly classified, described, packaged marked and labeled and are in proper condition for transportation according to the applicable regulations of DOT and EPA. |  |  |  |  |    |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |
| AA FIRST DESTINATION ADDRESS    |  |  |  |  | BB |  |  |  |  | CC DATE SHIPPED  |  |  |  |  | DD |  |  |  |  | EE                            |  |  |  |  |  |  |  |  |  |
| 11                              |  |  |  |  | 12 |  |  |  |  | FF   |  |  |  |  | GG |  |  |  |  | HH                            |  |  |  |  |  |  |  |  |  |
| 13 TRANSPORTATION CHARGEABLE TO |  |  |  |  |    |  |  |  |  | 14 B/LADING, AWB, OR RECEIVER'S SIGNATURE (AND DATE)   |  |  |  |  |    |  |  |  |  | 15 RECEIVER'S DOCUMENT NUMBER |  |  |  |  |  |  |  |  |  |
|                                 |  |  |  |  |    |  |  |  |  | J. I. WOOTEN   |  |  |  |  |    |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |

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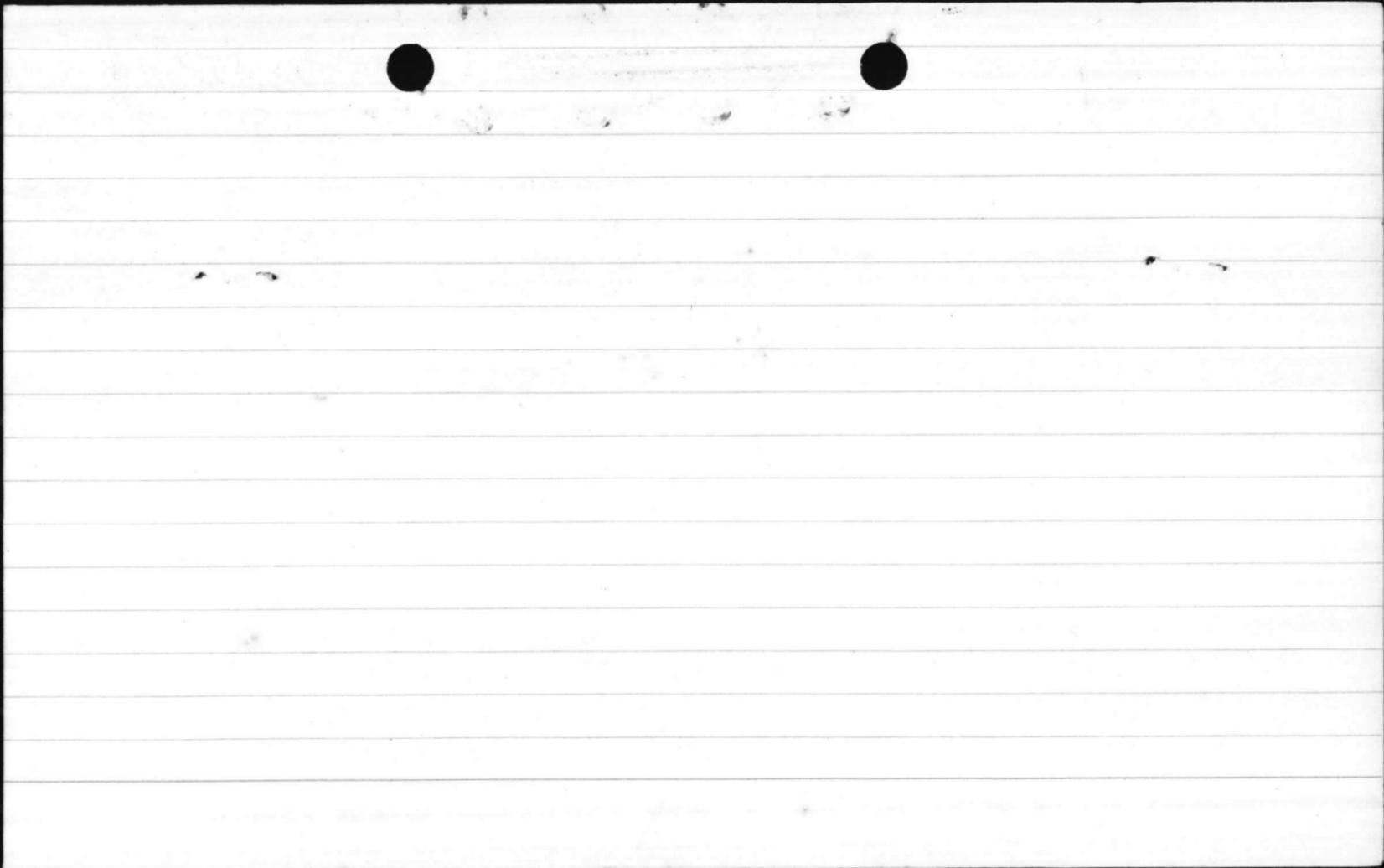
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