#### **SULLIVAN & WORCESTER**

ONE POST OFFICE SQUARE
BOSTON, MASSACHUSETTS 02109

(617) 338-2800 TELECOPIER NO. 617-338-2880 TWX: 710-321-1976 IN NEW YORK CITY
767 THIRD AVENUE
NEW YORK, NEW YORK 10017
(212) 486-8200
TELECOPIER NO. 212-758-2151



SDMS DocID

450041

December 18, 1992

Ms. Marilyn Goldberg U.S. Environmental Protection Agency P.O. Box 221470 Chantilly, Virginia 22022

Re: Solvents Recovery Service Site, Southington, Connecticut /C.F. Jameson & Co., Inc.

Dear Ms. Goldberg:

IN WASHINGTON, D.C.
1025 CONNECTICUT AVENUE, N.W.

WASHINGTON, D.C. 20036

TELECOPIER NO. 202-293-2275

(202) 775-8190

Enclosed please find the response of C.F. Jameson & Co., Inc. to the December 7, 1992 letter of Merrill S. Hohman requesting certain information with respect to waste shipped to the Solvents Recovery Service site. This response is being made within 20 days of my receipt on December 10, 1992 of Mr. Hohman's letter.

In making the enclosed responses with respect to these matters, C.F. Jameson & Co., Inc. makes no admission as to the legal character or status of substances or materials which may have been sent to this site or with respect to any transactions with Solvents Recovery Services of New England.

In addition to the documents which are attached to the enclosed response, C.F. Jameson & Co., Inc. has also referred to materials supplied by the EPA under Merrill Hohman's November 6, 1992 memorandum transmitting various documents from the EPA's files relative to the above matter.

Please contact me if you have any questions regarding the enclosed.

Yours very truly,

د الحرب الله

Michael D. Bliss

MDB/mb Enclosure

cc: Mr. Benjamin Jameson (w/enc.)

#### ENCLOSURE B

#### Solvents Recovery Service of New England 104(e) Information Request Form for Generators

1.	Name o	of	Respondent:	C.F.	JAMESON	&	co.,	INC.	
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- 2. Date Information Request Completed: December 18, 1992
- 3. For each transaction listed on Form 1 (attached), identify by chemical name the type of waste material that the Respondent sent for treatment or disposal to the Site or sent with a transporter for treatment or disposal to the Site. If the chemical name is not known, please state the trade name and the name of the manufacturer. Also identify the transporter of each waste volume and identify who made the decision to bring the waste to the Site -- the transporter, generator, or broker. Attach copies of all documents consulted, examined, or referred to in the preparation of answers to these questions.
- 4. At the end of Form 1 and consistent with the format of Form 1, identify and provide complete information on any additional transactions which do not appear on Form 1 or transactions which are in some manner incorrectly recorded on Form 1. Attach copies of all documents which provide information on these transactions.
- 5. If you are not the generator of any of the wastes attributed to you in the listing of transactions on Form 1 (i.e., you sent waste materials to the Site for disposal or treatment that were generated by a person other than you), please complete steps a through d below:
  - a) Provide the information requested for that transaction on Form 1;
  - b) Highlight the transaction by placing an asterisk (\*) to the left of the appropriate transaction date on Form 1; and
  - c) Provide the information requested on Form 2 (attached);
  - d) Attach copies of all documents consulted, examined, or referred in to the preparation of answers to these questions.
- 6. Please identify all persons consulted in the preparation of the answers to these questions. Indicate their relationship to the Respondent (e.g., current employee environmental manager, past employee maintenance department, etc.). Attach extra pages if necessary.

	2
(continued	1)
Name:	ARTHUR C. JAMESON
Address _	PO BOX 206
	YORK, MAINE 03909
Phone No.	207-363-2219
	to Respondent TREASURER
Name:	JOSEPH RAYMOND
Address: 1	3 HANCOCK STREET
	HAVERHILL. MASS. 01832
Phone No.	508-521-5183
Relation	to Respondent PRODUCTION MANAGER
Name:	DAVID SIMPSON
Address:	160 SALEM STREET
	BRADFORD, MASS. 01835
Phone No.	508-372-9191
Relation (	to Respondent: FORMER PLANT MANAGER
Name:	

Phone No.

Relation to Respondent:

Newburyport, Mass. 01950  none No. 508-462-4097  elation to Respondent: President	
none No. 508-462-4097	
elation to Respondent: President	
ame:	
ldress:	
none No.	
elation to Respondent:	
nme:	_
ldress:	

#### Solvents Recovery Service of New England C.F. Jameson and Company, Inc.

Transaction Date (1)	Gallon Volume (	Waste Type (3)	Name/Address of Transporter	Name/Description of Who Selected the Site (4)
12/04/78	3,960.00	CHEMICAL NAME (	JNKNOWN UNKNOWN	C.F. JAMESON SELECTED SRSNE SRSNE SELECTED THE SITE
04/18/79	3,080.00		11	II
**07/09/79	3,740.00	11	11	
12/14/79	4,620.00	11	II .	11
05/30/80	4,400.00	ıı	11	11
10/06/80	1,980.00	SOLVENTS FLAMMAI CHEMICAL NAME UI	· =	· · · · · · · · · · · · · · · · · · ·

<sup>\*\*</sup>C.F. Jameson has requested that EPA review this transaction. See December 2, 1992 letter of Michael Bliss of Sullivan & Worcester.

#### Notes:

- (1) The transaction date refers to the date the waste was delivered to SRSNE. This date may differ from the date the waste left the generator's facility, (particularly if the transaction was brokered by another party), and therefore may not match exactly with your records. EPA expects you to make your best efforts to correlate your records with EPA's documents. This is to prevent double-counting of shipments in EPA's volumetric ranking.
- (2) All gallon volumes are waste-in transactions to SRSNE.
- (3) Please state waste type by chemical name. If the chemical name is not known, please state the trade name and the manufacturer's name.
- (4) e.g., XYZ Chemical Company generator; ABC Waste Trucking transporter; EFG Waste Disposal Service broker.

FORM 1 - ADDITIONAL TRANSACTIONS

Page: 2 OF 2

## Solvents Recovery Service of New England C.F. Jameson and Company, Inc.

Transaction	Gallon	Waste Type (3)	Name/Address	Name/Description of Who
Date (1)	Volume	(2)	of Transporter	Selected the Bite (4) N.E. C.F. JAMESON PICKED SKSNE
		WASTE SOLVENTS	SOLVENT RECOVERY SERVICE OF	N.E. C.F. JAMESON PICKED SKSNE
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7 <u>1-1-1-7</u>		CHEMICAL NAME UNKNOWN	SOUTHINGTON, CT	
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		MIXTURE		
6/18/84	1,100	ACETONE. TOLUOL	n .	n
<u> </u>		MIXTURE		
10/5/84	1.100	ACETONE, TOLUOL	11	Ħ
		MIXTURE		
5/7/85	1,485	ACETONE, TOLUOL	u	n
<u> </u>		MIXTURE		
1/30/86	825	ACETONE TOLUOL	11	Ħ
<del>4</del>		TOLUOL 57%		
9/17/86	1.370	ACETONE 43%	11	11
<del>4.1.4.4.1</del>		FLAMMABLE SOLID		
9/17/86	110	CHEMICAL NAME LINKNOWN	п .	н
<del></del>		TOLUOL 57%		
4/9/87	1.700	ACETONE 438	u .	n .
<del></del>		ACETONE 20 - 25%		
6/16/88	1.430	MEK 20 = 25%	н	11
<del></del>		TOLUOL 20 - 25%		
		PAINT SOLIDS 52-1589		
		TOLUENE, MEK	ASHLAND CHEMICAL	C.F. JAMESON PICKED ASHLAND
10/5/88	275	XYLENE, ACETONE	3 BROAD STREET	ASHLAND PICKED SRSNE AS THE SITE
<u> </u>		TOLUENE, MEK	BINGHAMION, NY	
4/27/89	330	XYLENE, ACETONE	11	H
12/28/89	220	H	11	11
		HAZARDOUS WASTE SOLID		
4/4/90	150	NOS (F003 & F005)OVM-F		11
		XYLENE, ACETONE, TOLU	ENE, MEK	
	<del></del>	HAZARDOUS WASTE SOLID		
10/1/90	165	NOS (F005)OVM-E		11
		URETHANE RESIN 40%		
		ACRYLIC RESIN 35%		
•		D005, D007, D008, D035		
		5003, 5001, 5000, 503.	,	

#### HAZARDOUS WASTE MANIFEST

ORIGINAL - NOT NEGOTIABLE

\*1151

MANIFEST	DOCUMENT NUMBER	_

SHIPPER	NUMBER	

<del></del>	NAME OF CARRIER	(SCAC)	CARRIER NUMBER	
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#### **WASTE INFORMATION** NO. OF UNITS & EXEMPTION OR NO LABELS CHAP **DESCRIPTION AND CLASSIFICATION** UNITS TOTAL (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 RATE (For C HM NA# WT/VOL TYPE REQUIRED 1700 B

SPECIAL HANDLING INSTRUCTIONS

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

**PLACARDS TENDE!** Yes Wo [

except when box at right is checked

C.O.D. FEE: REMIT COLLECT [ COD ADDRESS Amt: \$ Subject to Section 7 of the conditions, if this shipment is to be delifie consignee without recourse on the consignor, the consignor shall following statement:

The carrier shall not make delivery of this shipment without pay trieght and all other learning changes. TOTAL Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the entipper to be not exceeding. "If the shipment moves between two ports by a carrier by water, the law requires that the 'bill of 'lading shall state whether :it\_ls "carrier's or shipper's weight." CHARGES: FREIGHT CHARGES FREIGHT PREPAID Check box if a

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or

any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hersunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in

the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

#### CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable ations of the Department of Transportation and the U.S. En-

nental Protection Agency

DATE

This is to certify acceptance of the hazardous waste shipment.

(Signature of Consignor)

1.

TRANSPORTER #1 SIGNATURE & DATE \* TRANSPORTER #2 SIGNATURE & DATE (If required) This is to certify acceptance of the hazardous waste for treatment,

storage or disposal.

TSDF SIGNATURE

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

GENERATOR'S SIGNATURE

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#### HAZARDOUS WASTE MANIFEST ORIGINAL - NOT NEGOTIABLE MANIFEST DOCUMENT NUMBER SHIPPER NUMBER 5 NAME OF CARRIER (SCAC) CARRIER NUMBER IDENTIFICATION DATE SHIP COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER 12 DIGIT EPA ID # **GENERATOR** $L_{c}$ TRANSPORTER # 1 TRANSPORTER # 2 (beriuper 1i) TROF TREATMENT STORAGE OR DIS-POSAL FACILITY TROF TREATMENT STORAGE OR DIS-POSAL FACILITY WASTE INFORMATION NO. OF UNITS & CHAR DESCRIPTION AND CLASSIFICATION EXEMPTION OR NO LABELS REQUIRED UN # TOTAL HMITS HM (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 RATE (For Ca QUANTITY TYPE Use C SPECIAL HANDLING INSTRUCTIONS . COMMENTS **PLACARDS TENDER** Yes . No [ On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1 C.O.D. FEE: PREPAID [] COLLECT [] REMIT C.O.D. TO: COD Amt: \$ TOTAL "If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." CHARGES: FREIGHT CHARGES FREIGHT PREPAID except when box at right is checked any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown); marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its routs, otherwise to deliver to cept as noted (contents the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. another carrier on the route to said destination. It is mutually acreed as to each carrier of all or CERTIFICATION This is to certify that the above-named materials are properly This is to certify acceptance of the hazardous waste shipment. classified, described, packaged, marked and labeled, and are in r condition for transportation according to the applicable TRANSPORTER #2 SIGNATURE & DATE (if required) tions of the Department of Transportation and the U.S. En-TRANSPORTER #1 SIGNATURE & DATE frommental Protection Agency This is to certify acceptance of the hazardous waste for treatment, storage or disposal. Sec. 7 GENERATOR S SIGNATURE TSUP SIGNATURE . UATÉ . . . DATE



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must be promptly reported to the Federal government at 1-300-424-8930 free) or 202-426-2675 (folicially if other POT Hazardous Materials are discreasing a serious situation, call shipper's telephone number or Che 1-300-424-9300 immediately.  PLACARDS TEND Yes No  **REMIT** C.O.D. TO: ADDRES**  **More—Where the rate is dependent on value, snippers are recolated to state specifically in writing the agreed or declared value of the property. The opened or declared value of the property. The opened or declared value of the property.  **RECEIVED, subject to the classifications and tarriffs in effect on the date of the issue of this specificatly slead by the property described above in apparent good order, except as noted (contents and condition of contents of peschages unstrower).  **RECEIVED, subject to the classifications and tarriffs in effect on the date of the issue of this ship person or corporation in person or or specification and as to each party at any time interested in all or any said property, that every service to be performed nersunder and condition of contents of geschages unstrower). The single person or corporation in property described above in apparent good order, except as noted (contents and condition of contents of geschages unstrower). The entred cold all the bill of lading terms and conditions in the governing classification on inforcated above which said cerrier (the word cerrier being understood throughout the contract of all or any said property, that every service to be performed nersunder indicated above which said cerrier (the word cerrier being understood throughout the contract of all the bill of lading terms and conditions are hereby agreed to by the another cerrier on the route to assistantion, if on its route, otherwise to deliver to another cerrier on the route to assistantion, if on its route, otherwise to deliver to another cerrier on the route to asside destination. If is instruming agreed as to each carrier of all or any specified for himself and his assigns.									- (			•
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STYLE E BOLO. LARSI MASTER CHICAGO, IL ACCOST

vironmental Protection Agency

proper condition for transportation according to the applicable

regulations of the Department of Transportation and the U.S. En

storage or disposal.

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#### Commonwealth of Massachusetts

#### Department of Environmental Quality Engineering

#### ANNUAL HAZARDOUS WASTE REPORT

This form must be used for submission of annual reports by generators of hazardous waste and facilities which treat, store, use, or dispose of hazardous waste that is generated at the facility site. You may request that any information, records, or particular part thereof be kept confidential and not considered to be public record when such information, record, or report relates to secret processes, methods of manufacture, or production and, if made public, would divulge a trade secret. Please refer to the specific instructions for generators or facilities before completing this form.

- 1. Type of report: Generator Annual Report
- 2. Reporting year: 1981
- 3. Installation's name and identification number: C.F. Jameson & Co. Inc.
- 4. Installation address: 72 South Kimball St. 1802 197
  Brad Kord, Ma. C1830
- 5. Installation Contact and telephone number: 1321/3/2015 V. Variable 12
- 6. Transportation Services used (for Part 1A reports only):
- 7. Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with Part 12 of the regulations.

Print or type name

Authorized Signature

Date sagned

#### GENERATOR ANNUAL REPORT - PART 1A

- 8. Generator's identification number: MAD 001011159
- 9. Facility's identification number: 2 Though 777334
- 10. Facility name: Contin Pacific Service
- 11. Facility address (street or P.O. Box, city, state, & zip code):
- 12. Waste identification:

Line Number	A. Description of Waste	B DOT Hazard Class	C Hazardous Waste Number	D Amount of Waste
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13. Comments (enter information by line number - see instructions):

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Line Number	A. Description of Waste	B Hazardous Waste Number	C Handling Method	D Amount of Waste
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15.	Comments	(enter	information	bу	line	number)	:
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16. Cost estimates for facilities:

Closure \$	Post-Closure \$
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#### General Instructions - Annual Hazardous Waste Report

#### Part 1 Instructions

#### Section 1. Type of Report

Indicate whether the submission is a Generator Annual Report or a Facility Annual Report.

Note: The submission of either of the above two types of reports requires that Part 1 of the form be filled out in accordance with the instructions below.

#### Section 2. Reporting Year

Enter the reporting calendar year for this report.

Section 3. Installation's name and identification number

Enter the generator's or facility's name and EPA identification number.

#### Section 4. Installation Address

Enter the generator or Facility mailing address. If the location of the installation is different from the mailing address, enter the location address also.

#### Section 5. Installation Contact and Telephone Number

Enter the name and telephone number of the person who may be contacted regarding information contained in this report.

Section 6. Transportation Services Used (for Part 1A Reports only)

Generators should list the EPA identification number for each transporter whose services were used during the reporting year.

#### Section 7. Certification

The generator or his authorized representative (Part 1A Reports) or the owner or operator of the facility or his authorized representative (Part 1B Report) must sign and date the certification where indicated. The printed or typed name of the person signing the report must also be included where indicated.

#### Part 1A Instructions - Generator Annual Report

Part 1A is to be filled out by generators who ship some or all of their waste to off-site facilities. Generators who treat, store, use or dispose of hazardous waste at the site of generation of the waste must complete the Facility (Part 1B) report.

#### Section 8. Generator's Identification Number

Enter your EPA identification number.

#### Section 9. Facility Identification Number

Enter the EPA identification number of the Facility to which you sent the waste described below in Section 12 (A separate sheet must be used for each facility to which you sent hazardous waste). If the waste was exported to a foreign country enter "WASTE EXPORTED" in this section.

#### Section 10. Facility Name

Enter the name of the Facility corresponding to the facility's identification number in Section 9. If the waste was exported to a foreign country enter the name of the foreign consignee.

#### Section 11. Facility Address

Enter the address of the facility corresponding to the Facility's identification number in Section 9. If the waste was exported, enter the address of the foreign consignee and in Section 15 below, "Comments" identify the point of departure from the United States through which the waste travelled before entering the foreign country.

#### Section 12. Waste identification

All information in this section must be entered by line number. Each line entry will describe the total annual amount of each waste shipped to the facility identified in Section 9 above.

#### Section 12-A. Description of Waste

For hazardous wastes that are listed under Part 6, Sections 4 and 5 of the regulations, enter the EPA (or DEQE) listed name, abbreviated if necessary. Where mixtures of listed wastes were shipped, enter the description which you believe best describes the waste.

For unlisted hazardous waste identified under Part 6, Section 3, enter the description which you believe best describes the waste. Include the specific manufacturing or other process generating the waste: (e.g., green sludge from widget manufacturing) and, if known, the chemical or generic chemical name of the waste.

#### Section 12-B. DOT Hazard Class

Enter the two digit code from Table 1 which corresponds to the DOT hazard class of the waste described. (If the waste described has been shipped under more than one DOT hazard class, enter the code for each DOT hazard class.

Table 1

DOT hazard class	Code
Combustible	01
Corrosive	02
Etiologic Agent	03
Explosive A	04
Explosive B	05
Flammable gas	06
Flammable liquid	07
Flammable solid	08
Irritating agent	09
Non-flammable gas	10
Organic peroxide	11
ORM-E	12
Oxidizer	13
Poison A	14
Poison B	15
Radioactive	16

#### Section 12-C. Hazardous Waste Number

For listed wastes, enter the EPA (or DEQE) Hazardous Waste Number from Part 6, Sections 4 and 5 of the regulations which identifies the waste.

For a mixture of more than one listed waste, enter each of the applicable hazardous waste numbers.

For unlisted hazardous waste, enter the EPA hazardous waste number from Part 6, Section 3, applicable to the waste.

#### Section 12-D. Amount of Waste

Enter the amount of this waste you shipped to the Facility identified in Section 9.

#### Section 13. Comments

This space may be used to explain or clarify any entry. If used, enter a cross reference to the appropriate section or line number.

#### Part 1B Instructions - Facility Annual Report

Part lB is to be filled out by owners or operators of facilities that treat, store, use, or dispose of hazardous waste generated at the site of the facility. Facilities that treat, store, use, or dispose of hazardous waste which is received from off-site sources must file a facility monthly report instead. Forms for the facility monthly report are available from the Department.

#### Section 14. Waste identification

All information in this section must be entered by line number. A separate line entry is required for each different waste or mixture of wastes that your facility received during the reporting year.

#### Section 14-A. Description of Waste

For hazardous wastes that are listed under Part 6, Sections 4 or 5, enter the EPA (or DEQE) listed name, abbreviated if necessary. Where mixtures of listed wastes were received, enter the description which you believe best describes the waste.

For unlisted hazardous waste identified under Part 6, Section 3, enter the description which you believe best describes the waste. Include the specific manufacturing or other process generating the waste (e.g., green sludge from widget manufacturing) and if known, the chemical or generic chemical name of the waste.

#### Section 14-B. Hazardous Waste Number

For listed wastes, enter the EPA (or DEQE) hazardous waste number from Part 9, Sections 4 or 5, which identifies the waste.

For a mixture of more than one listed waste, enter each of the applicable hazardous waste numbers.

For unlisted hazardous wastes, enter the EPA hazardous waste numbers from Part 6, Section 3, applicable to the waste.

#### Section 14-C. Handling Method

Enter an EPA handling code for each waste line entry. EPA handling codes are given in table 2 at the end of this form. Where several handling steps have occurred during the year, report only the handling code representing the waste's status at the end of the reporting year or its final disposition. If a different handling code applies to portions of the same waste (e.g., part of the waste is stored while the remainder was "chemically fixed" during the year), use a separate line entry for each portion. If more than one handling code is needed to describe the status of the waste or a portion of the waste at the end of the reporting year, then enter all applicable codes and verbal description of the treatment or disposal method under item 15, Comments.

#### Section 14-D.

Enter the total amount of waste described on this line which you received during this reporting year.

#### Section 15. Comments

This space may be used to explain or clarify any entry. If used, enter a cross reference to the appropriate section or line number.

#### Section 16. Cost Estimates for Facilities

- A. Enter the most recent cost estimate for facility closure
- B. For disposal facilities only, enter the most recent cost estimate for post-closure monitoring and maintenance.

Notes: Since more than one page is required for each report, enter the page number of each sheet in the lower right hand corner.

Where required by the regulations or the Department, attach ground water monitoring and air quality monitoring data to this report.

#### Submit to:

Commonwealth of Massachusetts
Department of Environmental Quality Engineering
Division of Hazardous Waste
One Winter Street 8th Floor
Boston, Massachusetts 02108

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## STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION



## HAZARDOUS WASTE MANAGEMENT SECTION MANIFEST PROGRAM WARNING LETTER

4-1-86

Subject: Hazardous Waste Manifest

C.F. Janson Co Inc P.O. Goy 187 Bradford, muss 01830

Dear Sir/Madam:

We are returning the attached manifest(s) because they have not been properly completed. Please provide the information in the encircled area(s) and return the manifest within 15 days from the above date to:

Department of Environmental Protection Hazardous Waste Management Section MANIFEST PROGRAM 165 Capitol Avenue Hartford, Connecticut 06106

m # I	tem #
( ) GENERALDE & OD IN ID T	(D/F) (X) Transp. Phone
( ) Manifest Document No.	(G) (X) State Facility ID
(X) State Generator ID.	(H) (X) Facility Phone
E) ( ) State Transporter ID.	(I) ( ) Waste No.
) ( ) DOT ID No.	(12) ( ) Containers No./type
) (X) Total Quantity	
Wt/Vol	P ANNOPECPC
	(X) State Generator ID. (E) () State Transporter ID. (I) () DOT ID No. (X) Total Quantity (I) () Unit

Be sure to fill in these areas completely and/or accurately on all future Hazardous Waste Manifests. Please READ INSTRUCTIONS on reverse of form!

Should you have any questions on this matter, please contact Jeanne Brennan at (203) 566-8844 or 566-8843.

Stephen W. Hitchcock

Director

Hazardous Materials Management Unit

SWH/jeb Enclosures

Phone:

165 Capitol Avenue • Hartford, Connecticut 06106

An Faual Opportunity Employer

#### STATE OF CONNECTICUL DEPARTMENT OF ENVIRONMENTAL PROTECTION

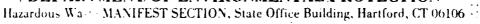
Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106 a. \$\frac{1}{2} (form assigned for use on elite (12-pitch) typewriter.) 1. Generator's US EPA ID No. Information in the shaded areas is not UMFORM HAZARDOUS Document No required by Federal law, but may be HA D.C. 9 16 11, 154 (WASTE MANIFEST required by State law. Name and Medica Address anesen Le. Inc., r. 9. Box Jpj. Bradford, 44 01830 B. State Gen. ID ESTINATION MAD 00101154 BEASSEL 4 Generalor's Phone 7:-617 374-4731 ... 5. Transportate Company Name US EPA ID Number C. State Tran. ID D 4 9717604 D. Tran. Phone 203 Soldret hecomery Service of a E. State Tran. ID. 7. Transporter 2 Company Name US EPA ID Number Frirant Prong -0 Julian - Tale sit ass -s G. State Facility's ID 9. Designated Facility Name and Site Address Solvent Recovery Service of M.B. " " " " ' ' ' ' ' ' ' ' ' Southington. Ct H. Facility's Phone 12. Containers Total .Moit 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Waste No. Туре Quantity WI/Val waste, palat related Material Fishmeble. N11263 آ المعادد فيلا art retrib YIGGAR ة اليوارية ع الموادد K. Handling Codes for Waste Listed Above J. Additional Description for Materials Listed Above ACETONE, -TOLUGL MIXTURE\_ 15 Special Handling Instructions and Additional Information 218-4778 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 governmental regulations, and all applicable State laws and regulations. Day Month Printed/Typed Name Dovid B. Slapson 17. Transporter 1 Acknowledgement of Receipt of Materials Date 18. Transporter 2 Acknowledgement or Receipt of Materials Date Printed/Typed Name 19. Discrepancy Indication Space Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 the same of the second of the second of Printed/Typed Name Day Year د ادروا در داده بیزید به ۱۹۸۸ هنواند. دورا در بیان در ۱۹۹۸ در باده بوده داد

COPY 6: DESTINATION STATE - Mailed by Generator

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

EPA Form 8700-22 (3-84)

## STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION

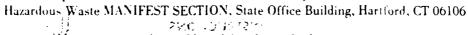




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COPY 3: GENERATOR COMPLETED COPY

## STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION





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	3. Generator's Name and Mailing Address  A" State Manifest Doctor	ment Nomber ******	31 °
	C.F. Jeseson Co.Inc., P.O.Box 157, Bradford, Ex. 01830	F	U
	B. State Gan. ID	overlat us. of MCGREESTRY 200	g r
	4. Generator's Phone ( 617 ) 374-4731  5. Transporter 1 Company Name  6. US EPA ID Number  C. State, Iran, ID.	And Bratt id It die Tom	
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-	7. Transporter 2 Company Name 8. US EPA ID Number C State Transporter 2	PART HITCHAN	1
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## SHIFFING UKUEK OF NEW ENGLAND, INC.

P.O. Box 362, Lazy Lane, Southington, CT 06489 (203) 628-8084

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# The Commonwealth of Massachusetts Executive Office of Environmental Affairs Department of Environmental Quality Engineering Division of Hazardous Waste One Winter Street, Boston, Mass. 02108

December 31, 1984

Dear Generator or Operator of a Hazardous Waste Facility:

An annual report of your 1984 hazardous waste activity must be received by the Department no later than March 1, 1985. Failure to comply with this reporting requirement may result in enforcement action.

I encourage you to examine carefully the instructions and the transmittal statement to determine the portions of the report which your company should submit.

Hazardous waste regulations, amended through June 30, 1984, (310 CMR 30.000) can be obtained at the State House Bookstore, Room 116 at the State House, Boston, 02133, or by telephoning (617) 727-2834.

Your cooperation is greatly appreciated.

Very truly yours

William F. Cass

Director

WFC/NW/jp

Enclosure: Annual Report for 1984

MAD001011154

#### TRANSMITTAL STATEMENT

to be mailed with the Annual Report

C.F. Vames	on + Co. Inc.	MADOO1011154
Name of In	stallation	EPA Identification No.
Please check the	appropriate response(s):	
1 We	e are submitting the Annual Report as	required.
	e are submitting Part 1 of the Annual are required to complete Parts 2 or	
_	We did not manifest any hazardou in Who Must File) but will retain for possible future use.	
	We did not manifest hazardous wa in Who Must File and would like Small Quantity Generator.*	
_	We did not manifest any hazardou as much as 20 kilograms of non-a one month, at this address and r be withdrawn.*	cutely hazardous waste in any
	We moved our operation during 19	84 and are now located at:
	<del></del>	_
	New EPA Identification Number:	
	We generate only waste oil.	

\* Companies requesting a change of status will be sent a Certification Statement to be completed. The change of status will be confirmed by DEQE in writing. Companies contemplating a move during 1985 should apply for a new EPA Identification Number and Certification Statement to withdraw their existing ID prior to the move.

#### MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING

#### GENERAL INSTRUCTIONS

#### ANNUAL HAZARDOUS WASTE REPORT

#### WHO MUST FILE

• Large Quantity Generators, defined as those

who generate in a month more than

- 1,000 kilograms of non-acutely hazardous waste; or
- 1 kilogram of acutely hazardous waste; or
- 10 kilograms of inner liners from hazardous waste containers; or
- 100 kilograms of any residue resulting from an acutely hazardous spill; or
- any amount of polychlorinated byphenyl (PCB) wastes in concentrations of 50 ppm or greater; or

who accumulated more than these amounts at any one time during the year.

You must submit a written response if you notified as a Generator, even if your activity during this reporting year was less than the above amounts.

- Facilities which are authorized to treat, store, or dispose of hazardous waste generated on-site. (Facilities which receive any hazardous waste from an off-site source are required to file monthly reports and are exempt from all Annual Report requirements.)
- Owners/operators of wastewater treatment units (as defined in Massachusetts regulations, 310 CMR 30.605).

#### WHEN YOU MUST FILE

The Annual Report is due at the Department of Environmental Quality Engineering no later than March 1st for the previous calendar year's hazardous waste activity(ies).

#### WHAT TO FILE

- PART 1 Identification and Certification: completed by all filers
- PART 2 Summary of Wastes Shipped and Recovered: completed by Generators
- PART 3 Summary of Wastes Treated, Stored or Disposed on site: completed by authorized facilities and wastewater treatment units

You may request that any information, records, or particular part thereof be kept confidential and not considered to be public record when such information, record, or report relates to secret processes, methods of manufacture, or production and, if made public, would divulge a trade secret.

#### WHERE TO FILE

Mail the Annual Report with the Transmittal Statement to:

Compliance Office
Division of Solid and Hazardous Waste
Department of Environmental Quality Engineering
One Winter Street
Boston, Massachusetts 02108

For further assistance, call (617) 292-5851.

#### ANNUAL HAZARDOUS WASTE REPORT

#### PART 1

Par	t l of the Annual Report is to be completed by all respondents.	
1.	Current Status of Installation: check where applicable	
(1	Generator ( )Treatment, Storage, Disposal Facility ( )Wastewater Tre	atment Unit
2.	Reporting Year: Year ending 1984	
3.	EPA Identification Number: MADOO10/1/54	
4.	Installation's Name: C. F. Jameson & Co. Inc.	
5.	Installation's Address: 72 So. Kimball St. Box 197 Bradford, Mla. 01830	ATTACH MAILING LABEI IF INCORRECT
6.	Installation Contact: Benjanin J. James Tel. No.: 617-374-4731	CH MAILING I F INCORRECT
7.	Does your installation discharge process wastewater? YesNo	CH S N N N
	If yes: (a) NPDES Permit Number	ATT
	(b) Municipal sewerage system Haverhill	•
	Is the wastewater considered hazardous prior to processing?	
	Yes No (If yes, complete Part 3, line 16.)	L
8.	Is your installation registered with the Division of Air Quality Control?	
	Yes No (For verification, contact your DEQE Regional office.)	
9.	Transportation Services Used: (List name and EPA ID Number of each.)	
	CIM Laboratories MED083179945	
	Solvent Recovery Service of N.E. CTDOO	971760
10.	Certification:	•
	I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document at attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I be that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting information, including the possibility of fine and imprisonment.	lieve
	In addition, I understand that any material supplied with this application will not be considered confidential unless I have specific requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with CMR 3.00. Regulations Governing Access to and Confidentiality of Department Records and Files under the Hazardous Management Act.	310
	Authorized Signature of Owner/Operator or Designated Official Date Signed	<del></del>
	Print or Type Name Title of Person Signing	

Massachusetts Form 1/85

#### PART 2

#### GENERATOR ANNUAL REPORT

To complete this part of the report, refer to all your manifests for the calendar year. Separate your manifests by receiving facility.

11. Generator's EPA Identification Number: PADOO/0///54

12. Waste Shipped Off-Site: (Complete a separate page for each facility to which waste was shipped. Reproduce additional pages as necessary.)

a) Name of Receiving Facility: Union Chemical Company

b) Facility EPA ID Number: MED042/43883

c) Facility Address: <u>Union Maine</u>, 04862 (Street of P.O. Box) (City) (State)

(If the waste was exported to a foreign country, enter Waste Exported on line b. and identify the U.S. border point of departure in Comments, line 13.)

Line Number	A Description of Waste	B EPA Waste Number	C Quantity of Waste	D Unit Code (G,P,T,Y)	E Receiving Facility Handling Code
/	waste flammable lig.	2001	1485	G	T54

#### Instructions:

- A. To identify your wastes, refer to your manifests. The description will usually be the U.S. DOT shipping name. Use a separate line for each type of waste.

  Number lines consecutively. Duplicate page as necessary.
- B. The EPA Waste Number (Block I. on the Uniform Manifest Form) can also be found in Massachusetts regulations, 310 CMR 30.120-30.136. The number will be a 4-digit code, beginning with a letter, followed by 3 numbers.
- C. Enter the total amount of this particular waste which was shipped to this facility during the calendar year.
- D. The unit codes are: G gallons; P pounds; T tons; Y cubic yards. If you shipped waste in 55 gal. drums, multiply number of drums by 55, enter  $\underline{G}$ .
- E. Receiving facility handling codes are found in Block K on the Uniform Manifest. This code will be a letter (S, T, or D), followed by 2 numbers.

13. Comments (refer to line number): Use this space to explain any entry in (12).

14. Waste Reduction and On-Site Recovery by Generator (optional question):

After September 1, 1985, manifests must contain a generator certification that the volume and/or quantity and toxicity of the waste has been reduced to the maximum degree economically practicable and the method used to manage the waste minimizes risk to the extent practicable.

- A. Type of activity: (Check where appropriate)
  - 1) Treatment as an integral part of the manufacturing process (as defined in Mass. regulations, 310 CMR 30.010)
  - 2) Re-use (see 310 CMR 30.355) and/or recycling by approval of the Department (see CMR 30.380)
  - 3) Oil and water separation (see 310 CMR 30.202:10)
  - 4) Combustion of waste as a fuel (see 310 CMR 30.356)
- B. Amount: (estimated annual quantity)
  - 1) Total waste entered for processing: \_\_\_\_\_ gallons
  - 2) Total amount of recovered product: \_\_\_\_\_ gallons
- C. Description of waste and process:

If you have more than one recovered or reduced material, duplicate this page for each.

#### GENERATOR ANNUAL REPORT

To complete this part of the report, refer to all your manifests for the calendar year. Separate your manifests by receiving facility.

- 11. Generator's EPA Identification Number: MADOO/0///54
- 12. Waste Shipped Off-Site: (Complete a separate page for each facility to which waste was shipped. Reproduce additional pages as necessary.)
  - a) Name of Receiving Facility: Solvent Recovery Service of N.E.
  - b) Facility EPA ID Number: C700097/7604
  - c) Facility Address: Box 3/2 Southington, CT.
    (Street or P.O. Box) (City) (State)

(If the waste was exported to a foreign country, enter Waste Exported on line b. and identify the U.S. border point of departure in Comments, line 13.)

Line Number	•	B EPA Waste Number	C Quantity of Waste	D Unit Code (G,P,T,Y)	E Receiving Facility Handling Code
/	Waste Paint Related Material Llummable NA 1263	1000	1,100	G	T50
	Liquid				
2	Waste Paint Related				
	Waste Paint Related Material Flammable NA1963 Liquid	Dool	1,100	G	T03

#### Instructions:

- A. To identify your wastes, refer to your manifests. The description will usually be the U.S. DOT shipping name. Use a separate line for each type of waste.

  Number lines consecutively. Duplicate page as necessary.
- B. The EPA Waste Number (Block I. on the Uniform Manifest Form) can also be found in Massachusetts regulations, 310 CMR 30.120-30.136. The number will be a 4-digit code, beginning with a letter, followed by 3 numbers.
- C. Enter the total amount of this particular waste which was shipped to this facility during the calendar year.
- D. The unit codes are: G gallons; P pounds; T tons; Y cubic yards.
  If you shipped waste in 55 gal. drums, multiply number of drums by 55, enter G.
- E. Receiving facility handling codes are found in Block K on the Uniform Manifest. This code will be a letter (S, T, or D), followed by 2 numbers.

Generator'	9	EPA	Identification	Number:	M	A	0	0	0	1	0	1	1	1	उ	4	
	_				_	_	_	_		_	_	_		_	_	_	•

13. Comments (refer to line number): Use this space to explain any entry in (12).

Lines one and two were two separate shipment of the same type of waster shipped to the same facility. However, Handling Gode were different and the is the neason for separate entiries.

14. Waste Reduction and On-Site Recovery by Generator (optional question):

After September 1, 1985, manifests must contain a generator certification that the volume and/or quantity and toxicity of the waste has been reduced to the maximum degree economically practicable and the method used to manage the waste minimizes risk to the extent practicable.

- A. Type of activity: (Check where appropriate)
  - 1) Treatment as an integral part of the manufacturing process (as defined in Mass. regulations, 310 CMR 30.010)
  - 2) Re-use (see 310 CMR 30.355) and/or recycling by approval of the Department (see CMR 30.380)
  - 3) Oil and water separation (see 310 CMR 30.202:10)
  - 4) Combustion of waste as a fuel (see 310 CMR 30.356)
- B. Amount: (estimated annual quantity)
  - 1) Total waste entered for processing: \_\_\_\_\_ gallons
  - 2) Total amount of recovered product: \_\_\_\_\_ gallons
- C. Description of waste and process:

The majority of our waste is generated from solvents used to clean our tanns + utensils, pumps, Because of color standards which our products must meet, we are unable to reuse these solve in finished products.

We do he use of spec or discontinu

We do reuse off spec. or discontinu finished product where ever possible

If you have more than one recovered or reduced material, duplicate this page for each.

#### HANDLING CODES FOR TREATMENT, STORAGE AND DISPOSAL METHODS

#### STORAGE Physical Treatment S01 Container (barrel, drum, etc.) a) Separation of Components 802 Tank T35 Centrifugation SO3 Waste pile T36 Clarification SO4 Surface impoundment T37 Coagulation SO5 Other (specify) T38 Decenting T39 Encapsulation T40 Filtration DISPOSAL T41 Flocculation D79 Injection well T42 Flotation D80 Landfill T43 Foaming D81 Land application T44 Sedimentation T45 Thickening D82 Ocean disposal D83 Surface impoundment T46 Ultrafiltration T47 Other (specify) TREATMENT b) Removal of Components T01 Tank T48 Absorption-molecular sieve TO2 Surface impoundment T49 Activated carbon TO3 Incinerator T50 Blending TO4 Other: T51 Catalysis T52 Crystallization Thermal Treatment T53 Dielysis TO6 Liquid injection incinerator T54 Distillation T07 Rotary kiln incinerator T55 Electrodialysis T56 Electrolysis TO8 Fluidized bed incinerator TO9 Multiple hearth incinerator T57 · Evaporation T10 Infrared furnace incinerator T58 High gradient magnetic separation Til Molten salt destructor T59 Leaching T12 Pyrolysis T60 Liquid ion exchange T61 Liquid-liquid extraction T13 Wet air oxidation T14 Calcination T62 Reverse osmosis T15 Microwave discharge T63 Solvent recovery Tl6 Cement kiln T64 Stripping T17 Lime kiln T65 Sand filter T18 Other (specify) T66 Other (specify) Chemical Treatment Biological Trestment T67 Activated sludge T19 Absorption mound T68 Aerobic lagoon T20 Absorption field T69 Aerobic tank T70 Anaerobic lagoon T21 Chemical fixation T22 Chemical oxidation T71 Composting T23 Chemical precipitation T7.2 Septic tank T24 Chemical reduction T73 Spray irrigation T74 Thickening filter T75 Trickling filter T25 Chlorination T26 Chlorinalysis T27 Cyanide destruction T76 Waste stabilization T28 Degradation T77 Other (specify) T29 Detoxification T30 Ion exchange T31 Neutralization T32 Ozonation UO1 Any manner of use (specify) T33 Photolysis

T34 Other (specify)





	3. Generator's Name and Mailing Address C.F. Jameson & Co. Inc. P.O. Box 1	izigoradioru,na	<b>01030</b>				Z\$9	A A
	4. Generator's Phone (	6 - LIC EDA ID NUMBER		6.00	C	ALCO IN	TUMBTIC ! V	γ•/): 
	5. Transporter 1 Company Name Solvent Recovery Service of W.	ECT D CO 797178	04	C. State ?	203	120	WH-	
	7. Transporter 2 Company Name	8. US EPA ID Numbe	er .	T D	-	4	o cer a r	100
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	11. US DOT Description (Including Proper Shipping Name, H		12. Conta	Type	13. Total Quantity	14. Unit Wt/Vol	Waste'l	NQ
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(7-84)

# SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. P.O. Box 362, Lazy Lane, Southington, CT 06489 (203) 628-8084

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# STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION



#### HAZARDOUS WASTE MANIFEST SECTION

DATE: 6-79-85

SUBJECT: HAZARDOUS MASTE MANIFEST

C. F. Jameson & Co Inc P. O. Box 197 Bradford, Ma 01830

Dear Sir/Madam:

We are returning the attached manifests because they have not been properly completed. Please provide the information in the encircled area(s) and return the manifest within 10 days from the above date to:

 $\rightarrow$ 

Department of Environmental Protection Hazardous Waste Management Section Manifest Section 165 Capitol Avenue Hartford, Connecticut 06106

Manifest Numbers:	Specify	( ) Manifest Document NO.	
CTA 00 29945		(★) State Generator Id.	( ) Waste No.
Copy 1		( ) State Transporter Id.	( ) DOT Id. No.
		(★) State Facility Id.	
		( ) Transp. Phone	
		(★) Facility Phone	
		( ) Total Quantity	

Be sure to fill in these areas completely and/or accurately on all future hazardous waste manifests. READ INSTRUCTIONS.

Should you have any questions on this matter, please contact Jeanne Brennan at (203) 566-8844.

Sincerely.

tephen W. Hitchcock

Director

Mazardous Materials Management Unit

SWH: EF: kls

P- - 1 - - - - - -



# STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION



### HAZARDOUS WASTE MANIFEST SECTION WARNING LETTER

Sept. 20,1985

Subject: Hazardous Waste Manifest

C. F. Jameson & lo., elne P.U. Box 197 Bradford, MA 01830

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Dear Sir/Madam:

We are returning the attached manifests because they have not been properly completed. Please provide the information in the encircled area(s) and return the manifest within 10 days from the above date to:

Department of Environmental Protection Hazardous Waste Management Section MANIFEST SECTION 165 Capitol Avenue Hartford, Connecticut 06106

Manifest Numbers:	Ite (1)	K	Manifest Docume	ent No.	Item # (I) (	) Waste N	<b>o.</b>
copy 6	(B)	( )	State Generator	D.	(11) (	) dor id	No.
· 1 · J	(C)	( )	State Transport	er ID.	(H) 🍂	{ Facility	Phone
	(G)	Ø	State Facility	D D	(13) (	) Total Q	uantity
	(D/F)	( )	Transp. Phone	B AND G ARE ADD		NUMBERS.	THEY

Be sure to fill in these areas completely and/or accurately on all future Hazardous Waste Manifests. Please READ INSTRUCTIONS on reverse of form!

Should you have any questions on this matter, please contact Maureen Benoit at (203) 566-8844 or 566-8843.

Sincerely,

Stephen W. Hitchcock

Director

Hazardous Materials Management Unit

SWEE/ it/

Phone:

165 Capitol Avenue • Hartford, Connecticut 06106

An Equal Opportunity Employer

#### SEP 2 n 1985

1 SPILLS WITHIN CONNECTICUT CONTACT THE NATIONAL RESPONSE CENTER US CURVING HERE TO 180 FEM 1907

#### STATE OF CONNECTICUT

<b>V</b> L.	DEPARTMENT OF ENVIRONMENTAL PROTECTION
ļ	Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106

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print despite (Form designed for use on elite (12-pitch) typewriter  FORM HAZARDOUS  1. Generator's US EP	A ID No.	anifest"			ation in th		
WASTE MANIFEST MA. D. QO. 10  3. Generator's Name and Mailing Address		ment No.	A. St		d by Stat	le law.	out may
C.f.Jameson & Co.Inc.P.O.Box 197	,Bradford,Ma	01830	<u> </u>	CT :	$\mathbf{A}$	029	94
4 Generator's Phone ( 617 ) 374 4731			M	AD 001 (	-	)	
5. Transporter 1 Company Name 6. Solvent Recovery Service of N.E.	CT D 66 0 0 T	04		n. Phone 20.		808	253
7. Transporter 2 Company Name 8.	US EPA ID Numbe	ı	E. Sta	ite Tran. ID			
9. Designated Facility Name and Site Address 10.	. US EPA ID Numbe	r · ·	<b></b>	n. Phone ate Pacility's ID	<u>^</u> S.(		
Solvent Recovery Service of N.E. Southington, Ct			1	(POB	0 x 3	2	
•	T D009 717 6	04	H. Fat	cility's Phone	1º10:2		<u>- 80</u>
11. US DOT Description (Including Proper Shipping Name, Hazard	Class, and ID Number)	12. Cont		13. Total	14. Unit		ste No.
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EPA Form 8700 22 (3 84)



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106

d	UNFORM HAZARDOUS WASTE MANIFEST	1 Generator's US FPA I MA. D. QO. 1.0		Manifest Document No	2. Pa	requires		ne shaded are oral law, but	
	3 Generator's Name and Mailing Address C.F.Jameson & Co.Inc.F	<u> </u>		Ma 0183	O S	CT	A O	10299	145
1	4 Generator's Phone ( 3741,7 ) 374	···4731				aradford			
	- deficiation 3 institution in the		US EPA IO	Number 17504		ate Tran. ID C7	•	96	
	5 Transporter 1 Company Name Solvent Recovery Servi	ce of N.E.	ו פי טטיעי	17004		n. Phone 203		8084	-
	7. Transporter 2 Company Name	*	US ERA ID	Number		n. Phone -	20 TH . T.		·
	9 Designated Facility Name and Site Address Solvent Recovery Servi Southington, Ct		US EPA ID		Live	ate Facility's ID  O.BOX  AZY-LAN  Southing  cility's Phone	e / ton	CN 06	
	11 US DOT Description (Including Proper Sh			12. Co	ntainers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste	, ser
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:   	d.							Paragraffer Sam Alexander Alexander Alexander	ora§ or∎d
	J. Additional Tel coption for Materials Listed Abor	/e		ांग । जार्थ का	K. Ha	ndling Codes for	Waste L	isted Above	
	. Acetone, Toluol Mi	xture				Blendir	i9°		
	5	d.		ani i l	<b>b</b> .	ne. M. Lee et de	d.		
	16 Special Handling instructions and Additional li	nformation		·		<del>- 4</del>			
	PIN-4778								
	16. GENERATOR'S CERTIFICATION: I hereby above by proper shipping name and are for transport by highway according to as State laws and regulations.	classified, packed, mar	ked, and labeled	l, and are in a	l respec	ts in proper co	ndition	Date	e
\ 	Printed/Typed Name		Signature D	and C	Sim	<u></u>		Month Day	/ Year   8.5
Ţ	David R. Simpson  17. Transporter: 1 Acknowledgement of Receipt o	i f Materials		10		1	<del></del>	Date	<del></del>
R A N	Printed/Typed Name  MIEKLON L. MO		Signature	.// 4	12			Month Day	7 1 108
5 P O	18 Transporter 2 Acknowledgement or Receipt o		77/1	lange	9	man		Date	<u>.                                    </u>
H I E H	Printed Typed Name:	PMO	MENTIA	L				Month Day	
FACI	19 Discrepancy Indication Space								
1	20. Facility Owner or Operator: Certification of r	eceipt of hazardous mater	ials covered by th	is manifest exce	pt as no	ted in			
Y Y	Item 19							Date	
	Printed Typed Name  N. 11 Am 4 Grander		Signature	· · ·	IN		/)	Mooth Day	100

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



# The Commonwealth of Massachusetts Executive Office of Environmental Affairs Department of Environmental Quality Engineering Division of Solid and Hazardous Waste One Winter Street, Boston, Mass. 02108

December 31, 1985

Dear Generator or Operator of a Hazardous Waste Facility:

An annual report of your 1985 hazardous waste activity must be received by the Department no later than March 1, 1986. Failure to comply with this reporting requirement may result in enforcement action.

I encourage you to examine carefully the instructions and the transmittal statement to determine the portions of the report which your company should submit.

Hazardous waste regulations, amended through July, 1985, (310 CMR 30.000) can be obtained at the State House Bookstore, Room 116 at the State House, Boston, 02133, or by telephoning (617) 727-2834.

Your cooperation is greatly appreciated.

Very truly yours,

William F. Cass Director

WFC/nw

Enclosure: Annual Report for 1985

#### TRANSMITTAL STATEMENT

to be mailed with the Annual Report

C.F. Van	eson t Co. Lnc	_ <i>[[1] AK</i>
Name of	Installation	EPA Identification No.
Please check t	he appropriate response(s):	
1. We a	re submitting the Annual Report a	s required.
	re submitting <u>Part 1</u> of the Annua required to complete Parts 2 or 3	
		ous waste (in quantities described ain our status as a Large Quantity use, or
<del></del>	We did not manifest hazardous in Who Must File and would lik Small Quantity Generator,* or	
		ous waste, or did not generate -acutely hazardous waste in any request that our EPA ID Number
<del></del>	We moved our operation during	1985 and are now located at:
		<del>-</del>
	New EPA Identification Number:	
<del></del>	We generate only waste oil.	

<sup>\*</sup> Companies requesting a change of status will be sent a Certification Statement to be completed. The change of status will be confirmed by DEQE in writing. Companies contemplating a move during 1986 should apply for a new EPA Identification Number and complete a Certification Statement to withdraw their existing ID prior to the move.

#### GENERAL INSTRUCTIONS

#### ANNUAL HAZARDOUS WASTE REPORT

#### WHO MUST FILE

O Large Quantity Generators, defined as those

who generate in a month more than

- 1,000 kilograms of non-acutely hazardous waste; or
- 1 kilogram of acutely hazardous waste; or
- 10 kilograms of inner liners from hazardous waste containers; or
- 100 kilograms of any residue resulting from an acutely hazardous spill; or
- any amount of polychlorinated byphenyl (PCB) wastes in concentrations of 50 ppm or greater; or

who accumulated more than these amounts at any one time during the year.

You must submit a written response if you notified EPA as a Generator, even if your activity during this reporting year was less than these amounts.

- Facilities which are authorized to treat, store, or dispose of hazardous waste generated on-site. (Facilities which receive any hazardous waste from an off-site source are required to file monthly reports and are exempt from all Annual Report requirements.)
- Owners/operators of wastewater treatment units (as defined in Massachusetts regulations, 310 CMR 30.605).
- O Installations which have permits for recycling (as defined in 310 CMR 30.143).

#### WHEN YOU MUST FILE

The Annual Report is due at the Department of Environmental Quality Engineering no later than March 1st for the previous calendar year's hazardous waste activity(ies).

#### WHAT TO FILE

- PART 1 Identification and Certification: completed by all filers
- PART 2 Summary of Wastes Shipped and Recycled or Reduced: completed by Generators and Recyclers
- PART 3 Summary of Wastes Treated, Stored or Disposed on site: completed by authorized facilities and wastewater treatment units

You may request that any information, records, or particular part thereof be kept confidential and not considered to be public record when such information, record, or report relates to secret processes, methods of manufacture, or production and, if made public, would divulge a trade secret.

#### WHERE TO FILE

Mail the Annual Report with the Transmittal Statement to:

Compliance Branch
DEQE - Division of Solid & Hazardous Waste
One Winter Street
Boston, Massachusetts 02108

For further assistance, call (617) 292-5851.

#### ANNUAL HAZARDOUS WASTE REPORT

#### PART 1

Part 1 of the Annual Report is to be completed by all respondents. Current Status of Installation: (check where applicable) ( ) Generator ) Treatment, Storage, Disposal Facility ( ) Wastewater Treatment Unit ( ) Recycling Permittee Reporting Year: Year ending 1985 EPA Identification Number: MADOO Installation's Name: C, F. Jameson & Co. Inc. ATTACH MAILING LABEI Installation's Address: 72 So. King bull FINCORRECT Bradford, Ma 01830 6. Installation Contact: Benjamin V. Vamatel. No.: 617-374-4731 7. Does your installation discharge process wastewater? Yes No (a) NPDES Permit Number (b) Groundwater discharge permit (c) Name of municipal sewerage system Haverhill, MG. Is the wastewater considered hazardous prior to processing? Yes No (If yes, complete Part 3, line 16.) 8. Is your installation registered with the Division of Air Quality Control? No (For verification, contact your DEQE Regional office.) Transportation Services Used: (list name and EPA ID number of each) E CT1009717604 Recovery Service of. Certification: 10. Learnfy under penalty of law that I have personally examined and am familiar with the information submitted in this document and all arrached discuments, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, Lunderstand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 3.00. Regulations Governing Access to and Confidentiality of Department Records and Files under the Hazardous Waste Munagement Act. Authorized Signature of Owner/Operator or Designated Official Date Signed

Tale of Person Signing

Print or Type Name

#### GENERATOR ANNUAL REPORT

To complete this part of the report, refer to all your manifests for the calendar year. Separate your manifests by receiving facility.

11. Generator's EPA Identification Number: MADOO/0///64

12. Waste Shipped Off-Site: (Complete a separate page for each facility to which waste was shipped. Reproduce additional pages as necessary.)

a) Name of Receiving Facility: Solvent Recovery Service of N.E.

b) Facility EPA ID Number: CTD009717604

c) Facility Address: <u>Box 3612</u> Southington, Conn. (Street or P.O. Box) (City) (State)

(If the waste was exported to a foreign country, enter Waste Exported on line b. and identify the U.S. border point of departure in Comments, line 13.)

	Line Number	•	B EPA Waste Number	C Quantity of Waste	D Unit Code (G,P,T,Y)	E Receiving Facility Handling Code
-		Waste Paint Welated Muterial Flummable NA-1763	10001	1,485	G	<i>F03</i>
		Liquid				
+			·			

#### Instructions:

- A. To identify your wastes, refer to your manifests. The description will usually be the U.S. DOT shipping name. Use a separate line for each type of waste. Number lines consecutively. Duplicate page as necessary.
- B. The EPA Waste Number (Block I. on the Uniform Manifest Form) can also be found in Massachusetts regulations, 310 CMR 30.120-30.136. The number will be a 4-digit code, beginning with a letter, followed by 3 numbers.
- C. Enter the total amount of this particular waste which was shipped to this facility during the calendar year.
- D. The unit codes are: G gallons; P pounds; T tons; Y cubic yards.

  If you shipped waste in 55 gal. drums, multiply number of drums by 55, enter it.
  - E. Receiving facility handling codes are found in Block K on the Uniform Manifest. This code will be a letter (S, T, or D), followed by 2 numbers.

Pare 64

•	Gene	erator's EPA Identification Number: 11. 1/21. 1001 C 111 54
	13.	Comments (refer to line number): Use this space to explain any entry in (12).
in the second	14.	Waste Reduction and On-Site Recovery by Generator (required for recycling permittees):
		Manifests from large quantity generators must contain a certification that the volume and/or quantity and toxicity of the waste have been reduced to the maximum degree economically practicable and the method used to manage the waste minimizes risk to the extent practicable.
		A. Type of activity: (Check where appropriate)
		<ol> <li>Treatment as an integral part of the manufacturing process         (as defined in Mass. regulations, 310 CMR 30.010)</li> </ol>
		2) Recycling by permit (as defined in 310 CMR 30.143)
•		3) Oil and water separation (as defined in 310 CMR 30.202:10)
		4) Other (please specify, for example, substitution, process modification, sludge reduction, etc.)
		·
No. of Street, or other Persons of Street, or other Person		
		B. Amount: (estimated annual quantity)
		1) Total waste entered for processing: gallons
		2) Total amount of product: gallons
		C. Description of waste and process:
		Our facility installed a still to handle
pro	cto	Our facility installed a still to handle ssing of our waste, on site, on mante her
		However, prior to installation we were
dies	po 9	sing of our waste through Solvent Recovery
	1	$\sim \lambda J M / \Gamma$
,		Now that we have still running, we have
and S D	7,0	prlied for andreceived Status as a
S-n a	(	Now that we have still running, we have pried for and received Status as a Generator. Thus, this will be our last If you have more than one recovered or reduced material, duplicate this page for each.
_		(report.

#### ANNUAL REPORT FOR WASTEWATER TREATMENT UNITS

	ility's EPA Identification Number:  tewater Treatment (see 310 CMR 30.605):
(Re	peat 16. A, B, and C for <u>each</u> waste processed: attach additional sheets needed.)
Α.	Description of waste treated: EPA Waste No:
B.	Amount of waste entering the treatment process:  (Annual quantity can be estimated by multiplying estimated gallons per day by the number of work days in the calendar year.)
C.	Description of entire treatment process, including a listing of each handling code utilized: (Handling codes can be found on the last page of this report.)

#### ANNUAL REPORT FOR

#### AUTHORIZED TREATMENT, STORAGE AND DISPOSAL FACILITIES

17. Waste Treated, Stored (over 90 days), or Disposed on the site of generation:

Facility EPA Identification Number:

Line Number	A Description of Waste	B EPA Waste Number	C Quantity of Waste	D Unit Code (G,P,T,Y)*	E On-Site Handling Code (see last page)
1					
2					
3					
4		-			
5					
6					· · ·

ķ	G	-	gal:	lons	P -	pound	s T -	tons	Y	<b>–</b>	cubic	yard	s				
			The	foll	owing.	three	questio	ns ar	e to	bе	compl	Leted	Ъу	all	companies	reporting	3
			on 1	line	16 and	1/or 1:	ine 17:	•		•							

- 18. Most Recent Closure Cost Estimate:
- 19. Most Recent Post-Closure Cost Estimate:
- 20. Summary of Incidents When the Contingency Plan Was Implemented:

21. Comments (refer to question and line number):

#### ANNUAL REPORT FOR WASTEWATER TREATMENT UNITS

AND FOR AUTHORIZED TREATMENT, STORAGE AND DISPOSAL FACILITIES

15	. Facility's EPA	Identificati	on Number:	9000/0	11/34
16	. Wastewater Tre	atment:		·	
	A. Description	n of waste: _		E	PA Waste No:
	(Estimated	annual quant	for processing ty can be det ber of work da	ermined by mu	
	C. Description (Handling	n of processi Cod <b>es</b> can be	ng: found on the l	Hast page of t	indling Code:
17	. Waste Treated,	Stored (over	90 days), or	Disposed on-s	ite of generation:
	Instructions f	or completing	columns A - E	below are fo	und in Part 2, line 12
Line Number	· A Description of Waste	B EPA Waste Number	C Quantity of Waste	D Unit Code (G,P,T,Y)	E On-Site Handling Code (see last page)
1					
2					
3					
4			·		
5			· · · · · · · · · · · · · · · · · · ·		
6					
18 19					
20	. Summary of Inc	idents When t	he Contingency	Plan Was Imp	lemented;

21. Comments (refer to question and line number):

#### STORAGE Physical Treatment Container (barrel, drum, etc.) a) Separation of Components S01 SO2 Tank T35 Centrifugation SO3 Waste pile T36 Clarification S04 Surface impoundment **T37** Coagulation SO5 Other (specify) T38 Decanting T39 Encapsulation DISPOSAL T40 Filtration . T41 Flocculation D79 Injection well T42 Flotation D80 Landfill T43 Foaming D81 Land application T44 Sedimentation D82 Ocean disposal T45 Thickening D83 Surface impoundment T46 Ultrafiltration T47 Other (specify) TREATMENT b) Removal of Components T01 Tank T48 Absorption-molecular sieve TO2 Surface impoundment T49 Activated carbon T03 Incinerator T50 Blending TO4 Other: T51 Catalysis T52 Crystallization Thermal Treatment T53 Dialysis T06 Liquid injection incinerator TS4 Distillation T55 Electrodialysis TO7 Rotary kiln incinerator T56 Electrolysis TO8 Fluidized bed incinerator T09 Multiple hearth incinerator T57 Evaporation Tl0 Infrared furnace incinerator T58 High gradient magnetic separation Til Molten salt destructor T59 Leaching T60 Liquid ion exchange T12 Pyrolysis T13 .Wet air oxidation .T61 Liquid-liquid extraction T14 Calcination T62 Reverse osmosis T15 Microwave discharge T63 Solvent recovery T64 Stripping T16 Cement kiln T17 Lime kiln T65 Sand filter T18 Other (specify) T66 Other (specify) Biological Treatment Chemical Treatment T67 Activated sludge T19 Absorption mound T68 Aerobic lagoon T20 Absorption field T69 Aerobic tank T21 Chemical fixation T70 Anaerobic lagoon T22 Chemical oxidation T71 Composting T23 Chemical precipitation T72 Septic tank T24. Chemical reduction T73 Spray irrigation T25 Chlorination 774 . Thickening filter T26 Chlorinalysis 175 Trickling filter T27 Cyanide destructionT28 Degradation T76 Waste stabilization 177 Other (specify) 729 Detoxification T30 Ion exchange T31 Neutralization T32 Ozonation UO1 Any manner of use (specify)

T33 Photolysis
T34 Other (specify)

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION





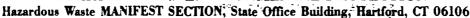
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SOLVENT REC	COVERY SERV	·	.B.	A ID Number	Gir State Fac	thurton	SOX 36.
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5 SPECIAL HANDLING Inst	tructions and Additional	Intormation		The second second	etis, MERE, gens tipes Same the content	and the second s	,
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Y		FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous Printed/Typed Name	Signature	tnis manifest exc	ept as noted if	i Item 19	Date Month Day Year
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#### DEPARTMENT OF ENVIRONMENTAL PROTECTION





PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) (10 TOURS) .1, Generator's US EPA ID)No. U UNIFORM HAZARDOUS Manifest / Document No. required by Federal law, but may be, **WASTE MANIFEST** MAD 001011154 required by State law 3. GENERATOR'S Name and Mailing Address State Manifest Document Number C F JAMESON & CO, INC,P O BOX 197 BRADFORD, MA 01830 GENERATOR'S Phone ( 617) 374-4731 TRANSPORTER 1 Company Name US EPA ID Number CT-96532 D. Tran. Phone ( SOLVERT RECOVERY SERVICE OF d. 009717604 203) TRANSPORTER 2 Company Name F. Tran. Phone (\*\*\* 9. DESIGNATED FACILITY Name and Site Address US EPA ID Number G. State Facility's ID BOLVENT RECOVERY SERVICE OF SOUTHINGTON, CT H. Facility's Phone .CT DQ097.17. 604 203 - 628-8084 12. Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total · Waste No Quantity WASTE, FLAMMABLE LIQUID NOS UN 1993 34 . 1370. WASTE. FLAMMABLE SOLID NOS 34 i J. Additional Descriptions for Materials Listed Above K. Handling-Codes for Wastes Listed Above a ACETONE 43% TOLUCL 57% 15 SPECIAL HANDLING Instructions and Additional Information PIN-4778-FD PIN-011823-00 IATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are tully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable State laws and regulations. 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 Date Printed/Typed Name Month Day Signature Date Month Day Printed/Typed Name Signature Month Day **DISCREPANCY** Indication Space FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by as noted in Item 19 Month Day

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION



Month Day - Year

Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106 PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter, RADITOUBLE HIS UNIFORM HAZARDOUS CALL Generator'S US EPAID Nor TOUTUS Document No. 2. Page し. Information in the shaded areas is not required by Federal law, but may be MAD 001011154 1 of 1. WASTE MANIFEST required by State law GENERATOR'S Name and Mailing Address
C F JARESON & CO. INC.P C BOX 197 A. State Manifest Document Number **\*\*0002895** BRADFORD, MA 01830 4. GENERATOR'S Phone ( 617) 374-4731 TRANSPORTER 1 Company Name CT-96532 US EPA ID Number C. State Tran. ID SOLVERT RECOVERY SERVICE OF [N.E. ct.d. 009717604 D. Tran. Phone ( 203) 625-8054 TRANSPORTER 2 Company Name US EPA ID Numbe E. State Tran. ID F. Tran. Phone ( **DESIGNATED FACILITY** Name and Site Address G. State Facility's ID P 0 BOX 362 BOLYERT RECOVERY SERVICE OF R.R. SOUTHINGTON, CT SOUTHINGTON. CT CT D009717 604 H. Facility's Phone ( 203 ). 626-8094 12. Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Unit Waste No. Wt/Vo Туре Quantity No. WASTE, FLANKABLE LIQUID WOS UN 1993 34 UTO 2001 84 VASTE, FLANNABLE SOLID NOS 600 1 00E Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above an grad a grad to a ACETORE 435 Tolvol 57% 15. SPECIAL HANDLING Instructions and Additional Information PIR-4778-PD PI#-011823-09 16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper snipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable State laws and regulations. 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 Month Day Year DEELD R. SIMPSON 89 17 86 TRANSPORTER 1 Acknowledgement of Receipt of Materials Date Month Day Yea TRANSPORTER 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Day **DISCREPANCY** Indication Space FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in literal 19

Printed/Typed Name

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION



Date

Day

Year

Month

Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106 PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) UNIFORM HAZARDOUS : (AL Generator's US EPA ID No.1. Information in the shaded areas is not Manifest 2. Page 1. required by Federal law, but may be WASTE MANIFEST .MAD. 00.10.11154. -required by State law **GENERATOR'S** Name and Mailing Address A. State Manifest Document Number

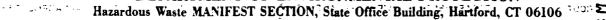
CT B 100299 C.F. JAMESON & CO, INC, P O BOX 197 BRADFORD, MA 01830 GENERATOR'S Phone ( 517) 374-1203 BRADFORD -- HA MONTEN PROTECT TRANSPORTER 1 Company Name US FPA ID Number C., State Tran, ID CT ct .d. 009717604 D. Tran. Phone (2031); 628-8084 SOLVENTE RECOVERY SERVICE OF NE US EPA ID Number E. State Trant, TD F. Tran. Phone (\*\*\* 5 G. State Facility's ID P 0 BOX 362 9 DESIGNATED FACILITY Name and Site Address **US EPA ID Number** SOLVENT RECOVERY SERVICE OF N.E. SOUTHINGTON, CT 06489 LAZY LANE H. Facility's Phone (203 ) 628-8084 CT D009717604 SOUTHINGTON. CE 06484 12. Containers 13 14 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Unit Waste No. Туре Quantity Wt/Vo WASTE, FLAMMABLE LIQUID NOS 034 UN 1993 DH 700 G n 443 C ASP GG 81 7 Handling Codes for Wastes Listed Above Additional Descriptions for Materials Listed Above ACETONE 43% TOLUGL 57% 15. SPECIAL HANDLING Instructions and Additional Information PIN-4778-FD I HAVE SIGNED THE WASTE MIMIMIZATION STATEMENT. 16. GENERATOR'S CERTIFICATION: I hereby deciare that the contents of this consignment are fully and accurately described above by r shipping proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway applicable 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 determ ition under and that I have selected the practicable method of treatment, stor tee I have or disposal currently svallable to me which minimizes the present and future threat to human health and the environ ment; OR, if I am a small quantity generator, I have made a good faith effort to min nize my waste generation and select the best waste mana Date Printed/Typed Name Month - Day 04 109 187 DAVID R. SINPSON
TRANSPORTER 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Month Day Year 04 109 187 TRANSPORTER 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year **DISCREPANCY** Indication Space

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FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this

manifest except as noted in Itcin 18

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION





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3. GENERATOR'S Name and Mailing Address	P O BOX 197	<u></u>	A. Sta	te Manifest Docu		
BRADFORD, MA 61630			B. Sta	le Gen. ID		KINNYLL BYAA!
4 GENERATOR'S Phone ( 617 374-1203				Bradron	D. N	O stranding katio
5 TRANSPORTER 1 Company Name SOLVERTE RECOVERY SERVICE	6. US EPA ID Nur			n. Phone (	3	SE SERVE
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SRS, INC.

4/14/87

LINDEN, NEW JERSEY 07036 (201) 862-2000

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S.R.S. OF NEW ENGLAND PO BOX 362, LAZY LANE SOUTHINGTON 06489

CF JAMESON COMPANY

SOUTH KIMBALL STREET BRADFORD MA 01830

CF JAMESON COMPANY

SOUTH KIMBALL STREET BRADFORD MA 01830

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**PLANT LOCATIONS:** 

SOLVENTS RECOVERY SERVICE OF NEW JERSEY, INC. 1200 SYLVAN STREET LINDEN, N.J. 07036 · " SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. P.O. BOX 362 SOUTHINGTON, CONN. 06489



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# SHIPPING ORDER

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Special Instruction: Vacuum Tank Customer	Request 🗆		Initials	1300 147			15	100		1	
Demurrages Time In Stop #1 Vac Star		Vac Fi	Out 10		Demurrage: Stop #2 Verified By_	Time , Vac 5		3.	Time Ou		
Reason for Delay: Loading/Uslanding Drums Pumping From/Into Drums Pumping From/Into Tank Other as noted			Received The In Good Condi	tion Except	s Noted:		Tract Drive Demo			-1.**	) <u></u>
			Verified	by Customer Sign		<del></del>	SRSNE	Shipper/	Receiver	- OKSNET	A-r

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# STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hazardous Waste MANIETST PROGRAM, State Office Building, Hartford, CT 06106



	ne and Mailing Address					C.	Manifest Docu	<b>)1</b> 6	1323	٠.
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south_Ing:	ION, CT 9648	39	C  T   D O	0 9 7 1	1,7,6,0	4 H Faci	illy s Phone	03-6	21-8383	ť
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J Additional Perci	Options for Materials Lister	d Above		<del></del>	<u> </u>	K. Har	nding Codes for	Wastes t	Listed Above	
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# STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hazardous Waste MANIFEST PROGRAM, State Office Building, Hartford, CT 06106



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Generator Phone (1)  Transporter 2 Company Name  B	ריין Generators N	ame and Mailing Address				A Star	e Manifest Docume	1 C	1222	
State Transporter   Company Name   Name   Company Name   Company Name   Name   Company Name   Company Name   Name   Company Name   Com	C.a. Inches	sco., Jec.				73 8 4		10	1272	
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7 Intersperse 7 Company Name 8 SISTAD Rumber 205 1921–533  9 Designated Famility Name and Site Address 10 USEPA ID Number 2016 From Phone (1)  9 Designated Famility Name and Site Address 10 USEPA ID Number 2016 From Phone (1)  10 USEPA ID Number 2017 From (1)  11 USEPA ID Number 2017 From (1)  12 Containers 13 IA 16 INTERPRETABLE ALIQUID NUMBER 10 INTERPRETABLE			6	US EPA ID NU	ımber	C: Stat	Tran ID		2	44
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Despated Facility Name and Site Address  Of PATE 2007 RESIDENCE SERVICE OF M. F.  LARY CAME SOTTH TRICTOR, CT 84159  11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  No Type  No Type  Outsity			8	US EFA ID NO	unber	E Stat	e Tran. ID	, ,		
## SOTTY LINE SOTTY INCTOR. CF 64489  10 US DOT Description Including Proper Shipping Name, Herard Class, and ID Number]  11 US DOT Description Including Proper Shipping Name, Herard Class, and ID Number]  12 Containers  13 Liquid No Type Quanty W/Vor - Wester N Total Quantity W/Vor -			1			FTran	Phone (	)	<del></del>	
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SOTTH INCTOR. CT 84488  It US DOT Description (including Proper Stupping Name, Heard Class, and ID Number)  P. V. WAS C. FLANMARE LIQUID ROS (2013-70705)  D. Addinonal Descriptions for Materials Listed Above adCastos. Liquid D. B. (144.30 C. 164-8)  C. C			iga or a.s.			20	24 24 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3		-	
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## Output   Mark   Flackhall   Light   Most   Mark   Mark	11 US DOT Descri	ption (Including Proper Shipp	ing Name. Hazard Class	and ID Number).	12 Cor	itainers			1.	,
D. Additional Descriptions for Materials Listed Above  a CSTOBL - 20-255		•	_		No	Туре			= t- Waste No	). ·
D. Additional Descriptions for Materials Listed Above  a CSTOBL - 20-255	R Q WAST	. PLANHANLA LI	login hos CY	093,2095}					1 1 2 A - C A - C	
Additional Descriptions for Materials Listed Above  aCSTOBLE - 20-25% C TOBLESS - 20-25% a. C.  b. GRAFTROLIDS 3-15% b. d.  TOBLESS - 10-25% a. C.  C TOBLESS - 15% b. d.  D. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper chapping name and are classified packed marked, and inheled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable solven and regulations.  It I am a funn quantity generator, I certify that have a program in plane to enture the volume and toxicity of waste generated to the degree! have determined economically practicable and that I have selected the practicable method chiester, storage or disposal currently available to me which minimizes the pranditure threat to human health and the environment. OR, it an a small quantity of branker, I have made a good faith effort o minimize my waste generated selections and the prince of the post waste management method that is available to me and that I can align d.  Printed/Typed Name  Month Day	TLANKASL!	Friento						G	1635 ,1	X
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ACSTORE - 20-255 C TOLDESS - 20-255 a. C. C.  b. MIET 70-255  15 Special Handling Instructions and Additional Information  TT GR4773-TN  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 lateled, and are in all respects in proper condition for transport by highway according to applicable international government regulations, and all applicable State laws and regulations.  If 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 enconomically practicable and that I have selected the practicable method-of-regulands, storage or disposal currently available to me which minimizes the program in the environment. OR, if am a small quantity generator, I have made a good faith effort to minimize my waste generation select the best waste management method that is available to me and that I, can altered.  Printed Typed Name  Signature  Month Day  18 Iransporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name  Signature  Month Day							ı		F	.5
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16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable State laws and regulations.  111 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 economically practicable and that I have selected the practicable method of realization, storage or disposal currently available to me which minimizes the properties the positive 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 select the best waste management method that is available to me and that I can altered. Printed/Typed Name    Signature	b. HER 20+2					b.		d.		
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20 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19:	b.  15 Special Handle From Proper shipping according to a conomically and future threselect the best Printed/Typed  17 Transporter 1  Printed/Typed  Printed/Typed  Printed/Typed	S CERTIFICATION: I hereby on a mane and are classified, pupplicable international and representational and representational and the practicable and that I have seen to human health and the elevant to have a seen and the elevant to have a s	y declare that the content of the co	T FOLIDS 3—  Ints of this consignment at eled, and are in all respectuations, and all applicable ace to reduce the volume asket quantity generator, and that year after a Signature  Signature	re fully and aids in proper cole State laws and toxicity or ge or disposa	ccurately condition and regu f waste ge	described above for transport by h lations inerated to the deg y available to me w	by nighway greel ha	we determined in imizes the prevaste generation Month Day	eser ar
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SOLVENITE RECOVERY SERVICE

NOTIFICATION OF SHIPMENT OF A HAZARLOJS WASTE RESTRICTED FROM LAND DISPOSAL

X	
SRS	1-

GENERATOR:			- Cile 1:
ADDRESS: 19			Francisco Company
MANIFEST #: C /	11132	25	
PIN#: 004775	- FD		
EPA weste # (FCO3, F	<del>-</del> 605)		II. "California List" 40 CFR 288.32
I. Tuble_CCME Constituent in Wast	e Extract 40 CFR	268.41	$\square$ (1) Liquid hazardous wastes have a pH less than or equal to two (2.0).
Concentration (in mg/1) FG01 F005 Spent Solventa	Containing Spent S	All Other Spent Solvent Aastes	(2) Liquid hazardous wastes containing polychlorinated biphenyls (PC3s) at concentrations greater than or equal to 50 ppm.
Acetone n-Butyl alcohol Carbon disulfide	0.05 5.0 1.05	0.59 5.0 4.81	(3) Liquid barardous wastes that are primarily water and contain balogenated organic compounds (HOCs) in total concentration greater than or equal to 1.000 mg/l and less than 10,000 mg/l HOCs.
Carbon tetrachloride Chlorobenzene Cresols (and cresylic acid) Cyclohexanone 1,2-dichlorobenzene Ethyl acetate	.05 .15 2.82 .125 .65	.96 .05 .75 .75 .125	III. "California List" RCRA Section 3004(d)  (A) Liquid hazardous wastes, including free liquids associated with any solid or sludge, containing free cyanides at concentrations greater than or equal to 1,000 mg/l.
Ethyle benzene Ethyl ether Tsobutanol Methanol Methylene chloride	.05 .05 5.0 .25 .20	.053 .75 5.0 .75	(B) Liquid hazardous wastes, including free liquids associated with any solid or sludge, containing the following metal (or elements) or compounds of these metals (or elements) at concentrations greater than or equal to those specified below:
Methylene chloride (from the phar- maceutical industry) Methyl ethyl ketone Methyl isobutyl ketone Mitrobenzene Pyridine Letrachloroethylene Toluene 1.1.1-Trichloroethane	12.7 0.05 0.05 0.66 1.12 0.079 1.12 1.05	.96 0.75 0.33 0.125 0.33 0.05 0.33 0.41	(1) arsenic and/or compounds (as As) 500 mg/l; (11) cadmium and/or compounds (as Cd) 100 mg/l; (111) chronium (VI and/or compounds (as Cr VI) 500 mg/l; (111) chronium (VI and/or compounds (as Cr VI) 500 mg/l; (111) lead and/or compounds (as Pb) 500 mg/l; (112) mercury and/or compounds (as Rg) 20 mg/l; (113) mercury and/or compounds (as N1) 134 mg/l; (114) selenium and/or compounds (as Se) 100 mg/l; and (115) thallium and/or compounds (as Th) 130 mg/l.
1,2,2-Trichloro-1,2,2-trifluroethane Trichloroethylene Trichlorofluoromethane Xylene		0.96 0.091 0.96 0.15	This waste conforms to the description of and is identified as a restricted waste above. The treatment standard that must be achieved before this waste may qualify for land disposal is listed. This statement is based on: {Check One}
F020-F023 and F026-F028 Waster	Concer	tration	Attached analysis
HxCDD-All Hexachlorodibenzo-p-dioxin HxCDF-All Hexachlorodibenzofurans PeCDD-All Pentachlorodibenzofurans TCDD-All Tetrachlorodibenzofurans TCDF-All Tetrachlorodibenzofurans TCDF-All Tetrachlorodibenzofurans 2.4.5-Trichlorophenol 2,4.6-Trichlorophenol 2,3.4.6-Tetrachlorophenol Pentachlorophenol	<1 ns <1 <1 <1 s <1	pps pps	Authorized representative signature  Print or type name  Title  Date



# SHIPPING ORDER SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC.

P.O. Box 362, Laxy Lane, Southington, CT 06489

(203) 429,8094 621-8383

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		ON MBALLAST			Contact 224 122			Pick-u Locatio	p #2 on		
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P.O. #											
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Reason for Delay	<b>À</b> :	_	·,'	Received The Al	bove Described Property	1		ice Use Or	•		<del>-, -, -, -, -, -, -, -, -, -, -, -, -, -</del>
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Pumping From/Into Drums   Pumping From/Into Tank			<del></del>								
Other as noted									Vac		
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				Verified by	Customer Signature	—   ·	SRSNE Sh	ipper/Receiv	<b>e</b> r	SRSNE Driver	

## STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hazardous Waste MANIFEST PROGRAM, State Office Building, Hartford, CT 06106

ON ON ONE THE POOL	merator's US EPA ID No	Manifest	2 Fago			smaded areas is no
WASTE MANIFEST MIA	D 0 0 1 1 0 1 1 1 5	1 0 0 5	1 01 1	required t	y State_F	
C.F.JAMESON & CO., INC.			A State	Manifest Docum		5459
72 SOUTH KIMBALL STREET, BRADE	ORD. MA 01835			Gen ID	TO	1433
1 Generator's Phone ( 508 ) 374-4731				12 \$	. KI	MBALL ST.
Transporter   Company Name	6 IJS FPA	II) Humber		DEORD. MA		Ma A
ASHLAND CHEMICAL CO.	IM ALD 9 8 1	21 0: 71 51 6:	6 D Tran	Phone (En	2 17	C1-0778
Transporter 2 Company Name		II) Number		Tran ID		31-4110
	1 1 1 1 1 1	1 1 1 1 1	F Tran	Phone (	)	3.5.5.5.4.3
Designated Facility Name and Site Address		ID Number	G. State		49.475	1, 100
SOLVENTS RECOVERY SERVICE OF N	HW ENGLAND, INC.				(*362	
LAZY LANE	C	7 4 7 6 0	1	HINGTON,	COMM.	96489
SOUTHINGTON, CONN. 06489	1 1 1 1 1 1 1 1 1	7 1 7 6 0	ontainers	13	<b>9-</b> 52	1-8383
11-US DOT Description (Including Proper Shipping Name	" Hazerd Class, and ID Number)			Total	Unit	Waste No
 a			Туре	Quantity	Wt∠Vol	***************************************
R O HAZARDOUS WASTE SOLID, N.O	•S•					F003
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XYLENE, ACETONE TOLUENE, MEK	c. d.		K. Han a.	dling Codes for V	Vastes Li	sted Above
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XYLENE, ACETONE TOLUENE, MEK  5 Operat Hamilton Instructions and Additional Inform PIN #109-ACC-0062	d.		a.	dling Codes for V	C	sted Above
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# STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION



Hazardous Waste MANIFEST PROGRAM, State Office Building, Hartford, CT 06106

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator s US EPA ID No K   A   B   C   G   1   G   1   1   1   1   5   4   1	Manifest Document No.	2. Page of	require		e shaded areas is eral law, but may aw
3. Generator's Name and Mailing Address C.F.JAMESCH & CO., ISC. 72 SQUTE ZIMBALL STORET, 8	BRADFORD. MA C1835		A State	Manifest Docu	10	5459
4 Generator's Phone (SQIs ) 374-4	•		B. State	Ser in 15	i di	mall st.
5 Transporter 1 Company Name	6 US EPA ID No	ımber	C. State	Tran. ID	344	mA
ASHLAND CHRMICAL CC. 7 Transporter 2 Company Name	M   1   D   9   R   1   2   C 8 US EPA ID NO		D Tran		8 10	51-0778
	1 1 1 1 1 1 1	† 1 1 1	F. Tran.		<del></del>	
9 Designated Facility Name and Site Addre SOLVEN'S RECOVERY SERVICE LAXY LAKE		imber	G. State	Facility's (D.	362	AURO TARTES
SOUTHINGTON, CORN. CEAGS	€ \$ \$ 0 0 0 \$ 7 1	,7 ,6 ,C ,4	H. Facil	ity's Phone		4 4504
11 US DOT Description (Including Proper Shipp)	ung Name, Hazard Class, and ID Number)	12. Con	Type	13. Total Quantity	14 Unit Wt/Vo	Waste No.
a. R C HAZARDOOS WASTE SOLID, OPPHE, RAGIEG (FOO), FOOS)				A 7 c		2003
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J Additional Descriptions for Materials Listed	d Above	;	, K. Hand	dling Codes for	wastes	
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Toldene, Mer	d.	, and the second se	b.		<b>d</b> .	
15 Special Handling Instructions and Addition	nal Information					
PIR #109-800-8062 SAS PIR #790062-10					<del></del>	
proper shipping name and are classified, p.	y declare that the contents of this consignment a backed, marked, and labeled, and are in all respect national government regulations, and all applicat	its in proper c	ondition f	or transport by		,
economically practicable and that I have se and future threat to human health and the er	nat I have a program in place to reduce the volume elected the practicable method of treatment, stora: nvironment: OR, if I am a small quantity generator I that is available to me and that I can afford	ge, or disposal	currently	available to me	which m	inimizes the prese
Printed/Typed Name	Signature					Month Day
17 Transporter 1 Acknowledgement of Rece	apt of Materials					
Printed/Typed Name	Signature					Month Day
<u> </u>	· e c i wa					111211111
18 Transporter 2 Acknowledgement of Rece Printed/Typed Name	eipt of Materials Signature	<del></del>				Month Day
Timed typed Nome	Signature					
19 Discrepancy Indication Space		<del></del>				<del></del>
					٠	
20 Facility Owner or Operator Certification Printed/Typed Name	of receipt of hazardous materials covered by		except a		m 19.	Month Day



# DRIVER'S CHECKLIST FOR WASTE AND RECYCLING PICK UP



99945	Customer's Name 7. 314 mc 30 2 TC
DRUMS	COMMENTS
No Leaking Drums	OK
No Bulged Head or Bottom	OK
No Dents in Drum Chimes	0'K
No Large Dents on Sides	0K
General Appearance, Good Clean & Dry	0 1
Tap or Probe Rusty Areas, if Very Rusty	ÜK
Bungs Tight	OK
Must Have Bungs in Top	614
Open Head Drum, Gaskets Installed with %" Bolt Rings with Bolt Down and Tight	Cir
3 Rolling Hoops on Open Head Drums if Hazardous Material	OK
All Old Markings Removed	OK
WPS Number Stenciled on Top of Drums	OK
D.O.T. Label if Hazardous Material	OK
Waste Label (Must be on Side)	0 K
Drum Weight (Not Over 700 lbs.)	0K
WASTE LABEL	COMMENTS
Proper D.O.T. Shipping Description	OK
UN or NA Number	ŊK
Generator's Name & Address	CK
Generator's USEPA I.D. Number	0K
EPA Waste Number	EK.
Accumulation Date	OK .
Manifest (Must match customer assigned Document number on manifest and also put Numbers preprinted manifest number below it.)	OK
Restricted (Has customer signed and attached Waste Forms for F001 - F005 Wastes?)	OK
NOTE: Sales/Order personnel will attach this to Waste/Recycli	ng Sales Order Pick IIn by Driver, Generator is responsible

DRIVER SIGNATURE

DATE

10/5/88

correctly filling out manifest, labels and using D.O.T. approved drums for transportation.

DISTRIBUTION: WHITE-Customer, CANARY-Customer File, PINK-Plant File

Ashland.		DIVISION OF ASHL	AND OIL, INC.					(vi) i		<del>=</del>
SALES ORDER - 9221C TETEULT	r order			90	064		TIME I	DATE OF ORDER		00101
CO NO DIV ORG ACCOUNT NO. D	est. SISM SHIPPED VIA 104 POSTILL AND TIME	CK 1	CSTON. M		•	ł	FOI FREIGHT IIP.1, DEST-2 PPD-1, COLL	-2 TC:1, LTL-2	TERMS OC	10/05/08
C.T.JAMESON SHIP TO SO. KIMBI TO BRADFORD. MI	ALL ST,		shall be gover reverse side.	RECTOR ned by Acceptant such p	OF PUR the Terms ce of de rovisions.	CHASING s and Co livery sh No of	G: All shipments onditions on the hall be deemed her terms shall	THIS IS TO MATERIALS A PACKAGED, PROPER COI CORDING TO	ARE PROPERLY CL MARKED AND L NDITION FOR TR THE APPLICABLE	THE HEREIN NAMED ASSIFIED, DESCRIBED, AND ARE IN ANSPORTATION ACREGULATIONS OF THE
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E - EACH	CODE D DRUM DEPOSIT ITOMATIC DRUM DEPOSIT HUAND DRUM INCL BILLED						Receiver: 1 have responsibility for have space for the Signed:	e identified the the delivery hos ne amount of pr	e connecting to the oduct being delive	

#### NOTIFICATION OF CUIDNESS OF A UNTARROUGH WASTE DESTRICTED FROM IAND DISDOCAL

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NOTIFICATION OF	SHIPMENT	OF A MAZAKI	DOUS WAS	TE RESTRICTED FROM LAND DISPOSAL
GENERATOR: C.F. JAMESON	& CO., INC	<u>.                                    </u>		
ADDRESS: 72 SOUTH KIM	BALL STREE	T, BRADFORD,	, MA 0	1835
MANIFEST #:CT_C_0105459				
PT #: 790062-ID				
			II.	"California List" 40 CFR 288.32
I. Iable CCVE - Constituent in Vast	e Extract 40	CFR_268_41	(1)	Liquid hazardous wastes have a pH less than or equal to two (2.0).
Concentration (in mg/l)	Wastevaters Containing Spent	All Other Spent Solvent	☐ (2)	Liquid hazardous wastes containing polychlorinated biphenyls (PCBs) at concentrations greater than or equal to 50 pps.
Trons Spent Solventa  Acetone n-Butyl alcohol Carbon disulfide	0.05 5.0 1.05	0.59 5.0 4.81	[ (3)	Liquid hazardous wastes that are primarily water and contain halogenated organic compounds (HOCs) in total concentration greater than or equal to 1,000 ag/l and less than 10.000 mg/l HOCs.
Carbon tetrachloride Chlorobenzene Cresols (and cresylic acid)	.05 .15 2.82	.96 .05 .75	_	"California List" RCRA Section 3004(d)
Cyclohexanone 1,2-dichlorobenzene thyl acetate	.125 .65 .05	.75 .125 .75	<u> </u>	Liquid hazardous wastes, including free liquids associated with any solid or sludge, containing free cyanides at concentrations greater than or equal to 1,000 mg/l.
Ethyle benzene Ethyl ether Isobutanol Methanol Methylene chloride	.05 .05 5.0 .25 .20	.053 .75 5.0 .75 .96	☐ (B)	Liquid hazardous wastes, including free liquids associated with any solid or sludge, containing the following metal (or elements) or compounds of these metals (or elements) at concentrations greater than or equal to those specified below:
Tetrachloroethylene    X   Methyl ethyl ketone   Methyl isobutyl ketone   Mitrobenzene   Myridine   Tetrachloroethylene   X   Toluene   Mitrobenzene   Mitro	12.7 0.05 0.05 0.66 1.12 0.079 1.12 1.05	.96 0.75 0.33 0.125 0.33 0.05 0.33	·	(1) arsenic and/or compounds (as As) 500 mg/l; (11) cadmium and/or compounds (as Cd) 100 mg/l; (111) chromium (VI and/or compounds (as Cr VI) 500 mg/l; (111) chromium (VI and/or compounds (as Pb) 500 mg/l; (111) chad and/or compounds (as Pb) 500 mg/l; (112) mercury and/or compounds (as Hg) 20 mg/l; (113) mickel and/or compounds (as Ni) 134 mg/l; (114) selenium and/or compounds (as Se) 100 mg/l; and (115) thallium and/or compounds (as Th) 130 mg/l.
1.2.2-Trichloro-1.2.2-trifluroethane Trichloroethylene Trichlorofluoromethane X Xylene		0.96 0.091 0.96 0.15	rest befo	waste conforms to the description of and is identified as a cricted waste above. The treatment standard that must be achieved by this waste may qualify for land disposal is listed. This ement is based on: {Check One}
F020-F023 and F026-F028 Wastes	20	ncentration		Attached analysis
#xCDD-All Hexachlorodibenzo-p-dioxin #xCDF-All Hexachlorodibenzofurans PeCDD-All Pentachlorodibenzo-p-dioxin PeCDF-All Pentachlorodibenzo-p-dioxin TCDD-All Tetrachlorodibenzo-p-dioxin	Lns	<1 ppb <1 ppb <1 ppb <1 ppb <1 ppb	<u> 7</u>	Knowledge of the waste and the generating process
TCDF-All Tetrachlorodibenzofurans 2,4,5-Trichlorophenol 2,4,6-Trichlorophenol	<(	<pre>&lt;1 ppb     &lt;1 ppb ).05 ppm ).05 ppm</pre>		t or type name_JOSEPH_RAYMOND Le_PRODUCTION_MANAGER
2.3.4.6-Tetr dorophenol Pentachloro ol	<(	0.10 ppm 0.01 ppm	( )	· · ( )

### DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hazardous Waste MANIFEST PROGRAM, State Office Building

Hartford, CT 06106 -EMIC 1- SPIL\_3 AF (203) 166 1838

	and waning Address	s C.F. JAMES 72 S. Kirib	ON & COMPANY ALL STREET		C1	Manifest Docum	288	
		BRADFORD,				Gen ID (Site A		
4 Generator's Phone	374–4ر 508 ) ,	-			1	ENT SAME	AS #3	1
5 Transporter I Con				D Number	1	Tran ID 7	<b>2867</b>	Z ///
	EMICAL INC		NYDO49	2 5 3 7 1 9			637	-7922
7 Transporter 2 Con	npany Name		8 USTA	it, thumbot		Tran ID		<del></del>
9 Designated Facility	Name and Site Ar	Mass	III IIS FPA	(i) Number	F Tran	Phone (		
SOLVENTS REC					i	•		
LAZY LANE PO B					) *	EXIX SAME	AS #9	
SOUTHINGTON,	CT 06489		C T D O O 9	7 1 7 6 0 4	H Facil	ity s Phone	3-621-	8383
11 US DOT Description	n Uncluding Proper Sh	inning Name Hazard		12 Con	tainers	13 Total	14 Unit	1.
		,,,y		No	Type	Quantity	Wt/Vo	Waste No
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### STATE OF CONNECTICUT

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hazardous Waste MANIFEST PROGRAM, State Office Building Hartford, CT 06106
(Form designed for use on elite (12-pitch) typewriter)

FOR STATE USE ONLY

	Service and the many	CLP: JAMPSON & GOUPARY 72 S. KIMBAGL STREET		A. Stat	e Manifest Docum		3483
	508 374-47	BRADFORD, NA 01830		B Stat	e Gen. ID (Site Add	tress)	
1	Generator's Phone ( )				HERE SAME		_
ני	ASMLASD CHENICAL INC.	N, Y, D, D, A, 9,	iD Number 2, 5, 3, 7, 1, 9		e Tran ID	8 G	7-7922
7	Transporter 2 Company Name	3 IJS EFA	ID Number		e Tran ID		
<del></del>			II) Number	<u></u>	Phone (	ī	
	OF VERY SELENVERY SERVERY	"OF NEW ENGLAND	(II) Number	_	e Facility's ID	AS #	,
	GUTHINGTON, CT 06439	(C. T. P. O. O. 9.	7. 1. 7. 6. 0. 4	H Fac	ility's Phone 701	-671	-8383
11	US DOT Description (Including Proper Shipp		12 Cont		13 Total	14 Unit	1.
	•		No	Type	Quantity	Wt/Vo	Waste No.
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	Additional Descriptions for Materials Listed	d Above	<u></u>	K Hai	ndling Codes for V	Vastes Li	Sted Above
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15	Special Handling Instructions and Addition	nal Information					
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16		y declare that the contents of this consignitionacked, marked, and labeled, and are in all i					
		national government regulations, and all ap				(Igilwa)	
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	and future threat to human health and the e	nvironment, <b>OR</b> , if I am a small quantity gene d that is available to me and that I can afford	erator. I have made a		,		
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#### **DRIVER'S CHECKLIST FOR WASTE** AND RECYCLING PICK UP



99945	Customer's Name	Frolling
	COMMENTS OF	12 May 24 2 2 2
No Leaking Drums	1043	
No Bulged Head or Bottom	11	*·
No Dents in Drum Chimes		
No Large Dents on Sides		
General Appearance, Good Clean & Dry		<del></del>
Tap or Probe Rusty Areas, if Very Rusty		<del> </del>
Bungs Tight		
Must Have Bungs in Top		
Open Head Drum, Gaskets Installed with % " Bolt Rings with Bolt Down and Tight		
3 Rolling Hoops on Open Head Drums if Hazardous Material		
All Old Markings Removed		
WPS Number Stenciled on Top of Drums		
D.O.T. Label if Hazardous Material		
Waste Label (Must be on Side)		
Drum Weight (Not Over 700 lbs.)		
WASTE LABEL	TO THE PARTY OF TH	La Cartina C. a militar de des
Proper D.O.T. Shipping Description		
UN or NA Number		
Generator's Name & Address		
Generator's USEPA I.D. Number		
EPA Waste Number		
Accumulation Date		
Manifest (Must match customer assigned number on manifest and also put Numbers preprinted manifest number below it.)		
Restricted (Has customer signed and attached Waste Forms for F001 - F005 Wastes?)		

CUSTOMER SIGNATURE	DATE 12-17-59
DRIVER SIGNATURE	DATE 2.19.69

DISTRIBUTION: WHITE-Customer, CANARY-Customer File, PINK-Plant File

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hazardous Weste MASHUST PROGRAM, State Office Building, Hartford, CT 06106

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1	C. F. JAMESON & CO, INC. 72 SOUTH KIMBALL STREET, BRADFORD Grand Street ( 508 ) 374-4731	D, MA 01835		B State	Gen ID 7	016 2,3, 1	1324 MARKALL ST 01835
<b>-</b>	ASHLAND CHEMICAL CO. Transporter 2 Company Name	HADOM	150	D Tran	Phone ( 5	344 N	1-0778
	Designated Facility Fame and Site Address	I I I I I I I I I I I I I I I I I I I	l l l	F Tran	Phone (	ĵ	
•	SOLVENTS RECOVERY SERVICE OF NEW LAZY LANE	ENGLAND, INC.		3	O BOX 30	M, CI	3 S S S S S S S S S S S S S S S S S S S
	SOUTHINGTON, CT 06489	C T D O 0 9 7 1					21-8383
1 1	HS DOT Description flacfinding Proper Shipping Name, Hazard (	(Jass, and ID Number)	12 Con	Type	13 Total Quantity	14. Unit Wt/Vo	Waste No
ล	R Q HAZARDOUS WASTE SOLID, N.O.S. ORM-E, NA9189 (F003,F005)	•	0 0 6	D M	0033	0 0	F003
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15	Tracial Harving Instructions and Additional Information	<del></del>		. 1		one) E	
	PIN #109-ACC-0062 SRS FIN #790062-ID						
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	Printed typed Name  PILEN  Stransporter 2 Acknowledgement of the equal of Change	Signature	nos			• .	Month Day
	Frinted Typed Name	Signature					Month Day
1	9 Discrepancy Indication Space				,	• .	
	Openative Owner or Operator Contification of length of Ex-		· · · · · · · · · · · · · · · · · · ·				

## STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION



Hazardous Waste MANIFEST PROGRAM, State Office Building, Hartford, CT 06106

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	IMPALL STREET		, HA 01835		B. State	Gen ID		PLAIL ST
4 Generator's Phone (	500 , 374-	4731				MADPONE	- ,	01835
Fansporter   Comp			IS EPA ID Numi	F' 5 4 6	C. State	Tran ID: 3		
ASHILAND CH				157	D Tran	Phone ( 5	8 ) 55	-0178
7 Transporter 2 Comp	any Name		8 US EPA ID Num	hor		Tran ID		
9 Designated Facility	Name and Site Addio	oer.	10 US EPA ID Num		<b></b>	Phone (		
			regland, inc.	ue:	G. Sjall	e Facility's ID	2	•
LAZY LANE			manning Ares		80	ALTERNATION.	e, ci	06489
Southtrato	W, CT 06489	1	CIRGGSTH	7 6 9 4	H. Facil	ity's Phone	103-621	-5383
11 US DOT Description (	Includura Praner Shron	ing Name Hazard Cli	ass and ID Number	12. Cont	ainers	13 Total	14 Unit	l.
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Additional Description	ons for Materials Listed	d Above			K. Han	dling Codes for	Wastes List	ed Above
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TOLUME, M		<b>C</b> .			ā.		<b>U</b> .	•
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15 Special Handling Ins		nal Information						
PIR #109-A	CC-0065							
SRS PIN #7	90062-ID							
16 GENERATOR'S CER	ITIFICATION: I hereby		ntents of this consignment are					
			labeled, and are in all respects regulations, and all applicable				highway	
If I am a large quantil	y generator, I certify th	nat I have a program i	n place to reduce the volume an	d toxicity of	vaste ger	nerated to the d		
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18 Transporter 2 Ackin		opt of Materials		<del></del>			<del></del>	Idamet Barrie
riineuz iypeu Nam	5		Signature					Month Day
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20 Facility Owner or (	Operator: Certification	of receipt of hazar	rdous materials covered by th	is manifest	except	es noted in It	em 19.	
Printed/Typed Nam	e		Signature			<del></del>		Month Day
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## DRIVER'S CHECKLIST FOR WASTE AND RECYCLING PICK UP



39945		Customer's Name CI JAMESON
	DRUMS	COMMENTS
No Leaking Drums	5	
No Bulged Head o	r Bottom	V
No Dents in Drum	Chimes	
No Large Dents or	Sides	
General Appearan	ce, Good Clean & Dry	
Tap or Probe Rust	y Areas, if Very Rusty	
Bungs Tight		
Must Have Bungs	in Top	
Open Head Drum, Rings with Bolt Do	Gaskets Installed with % " Bolt own and Tight	
	n Open Head Drums if Hazardous	NA
All Old Markings F	Removed	
WPS Number Ste	nciled on Top of Drums	
D.O.T. Label if Ha	zardous Material	NA
Waste Label (Mus	t be on Side)	
Drum Weight (No	t Over 700 lbs.)	
	WASTE LABEL	COMMENTS
Proper D.O.T. Shi	ipping Description	
UN or NA Numbe		
Generator's Name	e & Address	
Generator's USEP	A I.D. Number	
EPA Waste Numb	per	
Accumulation Da	te	
Manifest Document Numbers	(Must match customer assigned number on manifest and also put preprinted manifest number below it.)	
Restricted Waste Forms	(Has customer signed and attached form for F001 - F005 Wastes?)	
NOTE: Sales/Orde	er personnel will attach this to Waste/Recyclin	ng Sales Order Pick Up by Driver. Generator is responsible for

correctly filling out manifest, labels and using D.O.T. approved drums for transportation.

CUSTOMER SIGNATURE Lay mond	X 4-26-89
ORIVER SIGNATURE	42689
DISTRIBUTION: WHITE-Customer, CANARY-Customer File, PINK-Plant File	

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shipment, call toll free

Receiver: I have identified the product(s) we are receiving, assuresponsibility for the delivery hose connecting to the proper line and that have space for the amount of product being delivered.

WARNING: EXCESSIVE INHALING OF SOLVENT VALUE OF PROLONGED CONTACT WITH SKIN MAY BE HARMFUL SOLVEN SIGNED

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DRUM CODE

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STATE OF STA

FOR INFORMATION REGARDING THIS ORDER CALL

RECEIVED BY

SUBJECT TO CORRECTION

OF CLERICAL ERRORS

8

Il Kicegmond 4-21-

#### OF SHIPMENT OF A RESTRICTED WASTE MEETING TREATMENT STANDARDS

GENERATOR: C.F. JAMESON & C	CO., INC.			
ADDRESS: 72 SOUTH KIMBALI	STREET, BRAI	FORD, MA	01835	
MANIFEST #: CT C 0161324			II.	"California List" 40 CFR 288.32
PI #: 790062-ID			_ (i)	Liquid hazardous wastes have a pH less than or equal to tw (2.0).
I PA WASTE # FOO3,	F005		[] (2)	Liquid hazerdous westes containing polychlorinated biphenyl (PCBs) at concentrations greater than or equal to 50 pps.
I. Table CCWE - Constituent in Was	te Extract 40 (	YR_268_41	(3)	Liquid hezerdous wastes that are primarily water and contain
Concentration (in mg/l)	Vesteveters Containing	All Other Spent		halogenated organic compounds (HOCs) in total concentration greater than or equal to 1,000 mg/l and less than 10,000 mg/HOCs.
FOOL-FOOL Spent Solventa	Spent Solventa	Solvent Yestes	III.	"California List" RCRA Section 3004(d)
AkAcetone n-Butyl alcohol Carbon disulfide	0.05 5.0 1.05	0.59 5.0 4.81	(A)	Liquid hazardous wastes, including free liquids associated wit any solid or sludge, containing free cyanides at concentration greater than or equal to 1,000 mg/l.
Carbon tetrachloride Chlorobenzene Cresols (and cresylic acid) Cyclohexanone 1,2-dichlorobenzene	.05 .15 2.82 .125 .65	.96 .05 .75 .75 .125	(B)	Liquid hazardous wastes, including free liquids associated wit any solid or sludge, containing the following metal (o elements) or compounds of these metals (or elements) a concentrations greater than or equal to those specified below:
Ethyl acctate Ethyle benzene Ethyl ether Isobutanol Hethanol Latethylene chloride	.05 .05 .05 5.0 .25 .20	.75 .053 .75 5.0 .75 .96		(i) areenic and/or compounds (as As) 500 mg/l; (ii) cadmium and/or compounds (as Cd) 100 mg/l; (iii) chromium (VI and/or compounds (as Cr VI) 500 mg/l; (iv) lead and/or compounds (as Pb) 500 mg/l; (v) mercury and/or compounds (as Hg) 20 mg/l;
Hethylene chloride (from the pher- maceutical industry)  XXHethyl ethyl ketone  Hethyl isobutyl ketone	12.7 0.05 0.05	.96 0.75 0.33		(vi) nickel and/or compounds (se Ni) 134 mg/1; (vii) selenium and/or compounds (se Se) 100 mg/1; and (viii) thallium and/or compounds (se Th) 130 mg/1.
Nitrobenzene Pyridine Tetrachloroethylene XXToluene	0.66 1.12 0.079	0.125 0.33 0.05	te t	attached analysis shows that this waste meets or has been treste he standard listed above. TRICATION
1.1.1-Trichloroethane 1.2.2-Trichloro-1.2.2-trifluroethan Trichloroethylene Trichlorofluoroeethene	1.12 1.05 1.05 0.062 0.05	0.33 0.41 0.96 0.091 0.96	I ce feei know	IPICATION rtify under penalty of low that I personally have examined and a liar with the wante through analysis and testing or throug ladge of the wante to support this certification that the want
E020-F023 and F026-F028 Wastes	0.05	0.15 centration	Subp or R	lies with the treatment standards specified in 40 CFR Part 26: art D and all applicable prohibitions set forth in 40 CFR 268.3 CRA 3004(d). I believe that the information I submitted is true
HxCDD-All Hexachloredibanzo-p-diexin HxCDF-All Hexachloredibanzo-p-diexin PeCDD-All Pentachloredibanzo-p-diexin PeCDF-All Pentachloredibanzo-p-diexin	ine	<1 ppb <1 ppb <1 ppb <1 ppb <1 ppb	pena poas Auth	rate and complete. I am aware that there are significant littles for submitting a false certification, including the ibility of a fine and imprisonment.  Orized representative signature  DENIAMIN I TAMESON
TCDF-All Tetrachlorodihenzofurana 2,4,5-Trichlorophenol 2,4,6-Trichlorophenol 2,3,4,6-Tetrachlorophenol Pentachlorophenol	<0. <0. <0.	<1 ppb 05 ppm 05 ppm 10 ppm 01 ppm	Prin Titi Date	4/21/00

#### STATE OF CONNECTION DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hazardons Waste MANIFEST PROGRAM, State Office Building Hartford, CT 06106

Please type (or print)

FOR STATE USE ONLY

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Generator's Name and Mailing Address C. P. J	AMESON & COMPANY		A. Sta	te Manifes			
	INBALL STREET		<u>C</u>	<u>r</u> F	_00	120	853
	D, MA 01830			S.I. (Gen. S		ress)	
Generator's Phone ( 508 1374-4731			S	AME AS	#3		
ASHLAND CHEMICAL INC	6 US EPA ID Numbe	- 1					
Transporter 2 Company Name	A US EFA ID Numbe			II. (Trans.			
Designated Facility Name and Site Address OLVENTS RECOVERY SERVICE OF NEW	10. US EPA ID Numbe	er		f.l. (Trans.		te #)	
AZY LANE PO BOX 362	PROFESSIO			n. Phone	`	}	
INGTON, CT 06489	(C,T,D,0,0,9,7,1,7	604		ate Facility			
	3.1.27.0.0.3.7.7.1.7	12. Conta		13.		14.	
II US DOT Description (Including Proper Shipping Nata RQ, RAZARDOUS WASTE SOLID, N.		No	Туре	Tota Quant		Unit Wt/Vol	Waste No.
ORM-E	, ,	004			: -		F003,F005
NA 9189 109-ACC	-0062	003	D.M	1.40	02	G	
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Additional Descriptions for Materials Listed Above		<u> </u>	K. Ha	ndling Cod	les for \	Wastes	Listed Above
RETHANE RESIN 4UZ			i i		Final	1	iterim i Final
CRYLIC RESIN 35% S.G. 1.1-1.4 D005-D007-D008-D035	C.			rso dend	. ~~	į C.	
b	d		b.	المروري ور	. L I L	d.	
15 Special Handling Instructions and Additional Information PIN 790062-TD	mation IN CASE OF SPILL,						
ANDLING CODE NY - B	1-800-ASHLAND. IN LOCAL HAZ-MAT UNIT		OF SI	PILL I	N N.	Y.ST	ATE CONTACT
		<ul> <li>at of Depart</li> </ul>	ure.				
16 GENERATOR'S CERTIFICATION: I hereby declare proper shapping name and are classified, packed, in according to applicable international and national in	that the contents of this consignment are narked, and labeled, and are in all respects	fully and ac	curatel	n for trans			зу
If I am a large quantity generator, I certify that I have	a program in place to reduce the volume and	d taxicity of	waste g	enerated to	the dec	gree I ha	ave determined to be
economically practicable and that I have selected the and future threat to human health and the environment	e practicable method of treatment, storage, o ent; <b>OR</b> , if I am a small quantity generator, I h	or disposal ( nave made a	currenti good fa	y available iith effort to	to me w minimi	rhich m ze my w	inimizes the present vaste generation and
select the best waste management method that is a	vailable to me and that I can afford.		_	>			Month On ter
INSEFH KAYMOND	ones	MX	any	mon	ex	_	1.00.190
Transporter 1 Acknowledgement of Receipt of Mater	rials		/				
Toel Buskiek	S Legis	ude	علا				Month Day Year
ansporter 2 Acknowledgement of Receipt of Male	rials 🗡						
nted/Typed Name	Signature						Month Day Year
crepancy Indication Space	<u></u>	·			··········		<u> </u>
ity Owner or Operator. Certification of receipt					19.		Month De
in B PETERSON	Signal B	Pelo	He	~			Month Day 90

GENERATOR RESTRICTED WAS	TE NOTIFICATION LANG	DISPOSAL RES	TRICTIONS COME	LIANCE	III.	UNRESTRICTED WAST
This form meets the generator r Generator Name/Location:	``	tion requirem		268.7.		check the follows
EPA ID Number: MA O 00101	11,511	t Number:	T 1 000	0K.S. 3		PI Number:
THIS FORM IS MANIFEST NUMBER SP			IN EACH SHIPME	NT.		(X) I certi through analysis as specified in 4
Waste Analysis Available? Yes_	No If yes, cop	y attached pe	r 40 CFR Part	268.7(a)(1)(1v).		266.32 or RCRA 30
I. RESTRICTED WASTE NOTIFICAT are restricted from land di provided we are notified at indicate product identifica statement. If the waste is corresponding treatment state to each listed waste.	isposal, listed in Table t time of acceptance. I ation number(s) (PIN), a s listed in Table II, en	I and II, can if the waste is and check the a ter PIN, waste	n be accepted s listed in Ta applicable not e code(s), and	at SRSNE ble I, ification the		P0
	,	TREATME	NT STANDARD -	40 CTR		This restricted w
		268.41(a)	268.42(a)	269.43(a)		is subject to one information for I
EXAMPLE: PI NUMBER: 21046	9-FD Code(s): 7001		x			indicating the tr
PI Number: 790062 TO	ode(s): 57003	W. T.		A Comment		Constituent C
	code (s): F005	7	T	7		
	code (s): 1005	D-c3				1. Acetone 2. n-Butyl alcohol 3. Carbon disulf.
(X) I certify that I h through analysis and testin the waste does not comply w The treatment standard that disposal is listed.	g or through knowledge with the treatment stand	and am famili and can suppor ards specified	ar with this in t this notice in 40 CFR 268	cation that B, Subpart D.	1	4. Carbon tetrac 5. Chlorobenzene 6. Cresols (and o 7. Cyclohexanone 8. 1,1-Dichlorob 9. Ethyl acetate
II. MASTE SPECIFIC PROHIBITIONS exceeding the following lim 40 CPR 268.32. Check any c	its is prohibited from :	land disposal			] ]	10. Ethylbenzene 11. Ethyl ether 12. Isobutanol 13. Nethanol
1). p8<2						
2) Halogenated organic	c carbon. (MOC's)≥1000 :	ma /1				
3) PCB 2 50 ppm		- <b>-</b>				
4) Liquids, or any fro	se liquids associated wi ter than or equal to 100	ith any solid	or sludge, con	taining	S	ignatures
	ee liquids associated wi ls or compounds of these		or sludge, con	taining	P	Print Name ASC
cadmium chromium lead and mercury	and/or compounds (as As and/or compounds (as Compounds (as Political Compounds (as Political Compounds (as Bound/or compounds (as Bound/or compounds (as Romand/or compounds (	1) 100 mg/l; (as Cr VI) 500 500 mg/l; j) 20 mg/l;	mg/l;		<u>P</u>	SRS
seleniu	m and/or compounds (as in and/or compounds (as i	Se) 100 mg/l;	and			<u> </u>

	RESTRICTED WASTE NOTIFIC sted above in Items I or			and the waste code(s) and
ch	meck the following notifi	ication statement.		
PI	Number:	Code(s):		
th as	rough analysis and testi	ng or through not	ification tha	am familiar with the waste t the waste is not restricted prohibitions set forth in
		TABLE I		
	FUOL, FUUZ,	F003, F004, F005	DOPACKI KATO I	RICIIUNS
				sal under 40 CFR 268.30 and FR Subpart D. Complete the
is in: inc	subject to one or more formation for Item $I$ abodicating the treatment $s$	treatment standard we by circling the tandard.	s under 40 C appropriate	FR Subpart D. Complete the waste constituent and
is in: inc	subject to one or more formation for Item 1 abo dicating the treatment s estituent Concentrat	treatment standard we by circling the tandard.	s under 40 C	FR Subpart D. Complete the waste constituent and
is inc	subject to one or more formation for Item 1 abo dicating the treatment s estituent Concentrat	treatment standard we by circling the tandard. ion Standard Con ktract, mg/1	s under 40 Cl appropriate stituent	FR Subpart D. Complete the waste constituent and  Concentration Standar  in Extract, mg/
is inc	subject to one or more formation for Item 1 abo dicating the treatment stituent Concentrat in E.  Acetone	treatment standard we by circling the tandard. ion Standard Con ktract, mg/1	s under 40 Cl appropriate stituent	FR Subpart D. Complete the waste constituent and
is inc	subject to one or more formation for Item I abo dicating the treatment stituent Concentrat in E  Acetone	treatment standard ve by circling the tandard.  ion Standard Con ktract, mg/l	s under 40 Cl appropriate stituent Hethylene ch Hethyl ethyl	FR Subpart D. Complete the waste constituent and  Concentration Standar in Extract, mg/
is inc Cor	subject to one or more formation for Item I abo dicating the treatment stituent Concentrat in E.  Acetone	treatment standard ve by circling the tandard.  ion Standard Con ktract, mg/l	s under 40 Cl appropriate stituent  Hethylene cl Hethyl ethyl	Concentration Standar in Extract, mg/ ketone
is inc Cor	subject to one or more formation for Item I abo dicating the treatment stituent Concentrat in E  Acetone	treatment standard ve by circling the tandard.  ion Standard Con ktract, mg/l0.59 145.00 154.81 160.96 17.	s under 40 Cl appropriate stituent Hethylene cl Methyl ethyl Methyl isob Nitrobenzene	FR Subpart D. Complete the waste constituent and  Concentration Standar in Extract, mg/ sloride
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is in Cor	subject to one or more formation for Item I abo dicating the treatment stituent Concentrat in E.  Acetone	treatment standard ve by circling the tandard.  ion Standard Con Ktract, mg/10.59 14	s under 40 Cl appropriate stituent  Hethylene cl Methyl ethyl Methyl isobo Nitrobenzene Pyridine Tetrachloroe	Concentration Standar in Extract, mg/ cloride
is ind ind	subject to one or more formation for Item I abo dicating the treatment stituent Concentrat in E.  Acetone	treatment standard ve by circling the tandard.  ion Standard Con	Methylene ch Methylene ch Methyl ethyl Methyl isobo Mitrobenzene Pyridine Tetrachloroe Toluene	FR Subpart D. Complete the waste constituent and  Concentration Standar in Extract, mg/
is inc Cor	subject to one or more formation for Item I abo dicating the treatment substituent Concentrat in E.  Acetone	treatment standard ve by circling the tandard.  ion Standard Con	Hethylene of Methyl isobo Nitrobenzene Pyridine Tetrachlor of Toluene 1,1,1-Trichl	Complete the waste constituent and     Concentration Standar   in Extract, mg/
is income	subject to one or more formation for Item I abo dicating the treatment stituent Concentrat in E.  Acetone	treatment standard ve by circling the tandard.  ion Standard Con Ktract, mg/l 0.59 140.59 154.81 160.96 170.05 18. scid) .0.75 190.75 200.75 210.75 220.75 22.	Methylene of Methyl isobo Mitrobenzene Toluene 1,1,2-Trichl Trichlor oeth	### Concentration Standar in Extract, mg/   Concentration Standar in Extract in Ext
is income	subject to one or more formation for Item I abo dicating the treatment stituent in E.  Acetone	treatment standard ve by circling the tandard.  ion Standard Con Ktract, mg/l	Methylene of Methyl isobo Mitrobenzene Toluene 1,1,2-Trichl Trichlor oeth	Concentration Standar   In Extract, mg/   In E
incor.	subject to one or more formation for Item I abo dicating the treatment station for Concentrat in E.  Acetone	treatment standard ve by circling the tandard.  ion Standard Con ktract, mg/l	Methylene chethyl ethyl isoba Mitrobenzene Pyridine Tetrachloroe Toluene 1,1,2-Trichl 1,1,2-Trichl Trichloroeth	### Concentration Standar in Extract, mg/   Concentration Standar in Extract in Ext

IS NOTIFICATION, WITH ORIGINAL SIGNATURE, WITH YOUR MANIFEST!



SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. Lazy Lane, Southington, CT 06489 203-621-8363



#### **DRIVER'S CHECKLIST FOR WASTE** AND RECYCLING PICK UP

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99945 (01/89)	Customer's Name   meson + myaw
DRUMS	COMMENTS
No Leaking Drums	/
No Bulged Head or Bottom	
No Dents in Drum Chimes	
No Large Dents on Sides	
General Appearance, Good Clean & Dry	
Tap or Probe Rusty Areas, if Very Rusty	
Bungs Tight	
Must Have Bungs in Top	
Open Head Drum, Gaskets Installed with %" Bolt Rings with Bolt Down and Tight	
All Old Markings Removed	
WPS Number Stenciled on Top and Side of Drums	X
D.O.T. Label if Hazardous Material	
Waste Label (Must be on Side)	
Drum Weight (Not Over 700 lbs.)	
WASTE LABEL	COMMENTS
Proper D.O.T. Shipping Description	
JN or NA Number	
enerator's Name & Address	
enerator's USEPA I.D. Number	
A Waste Number	
umulation Date	
ifest (Must match customer assigned number on manifest.)	
(Has customer signed and attached any required restricted waste forms?)	

correctly filling out manifest, labels and using D.O.T. approved drums for transportation.

SKINATURE CARRENT COMPANY	DATE 10-1-90
Sul Sul	DATE 10-1-90
TICLY MULTE Customer CANARY Customer File PINK Plant File	

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION

	e on elite (12 pitch) typewriter j						OR STATE USE OF
NIFORM HAZARDO WASTE MANIFEST	[三] [代表页代页页页		Manifest Progument No 7	2 Page 1	required by	ny Ferra State la	
nerator's Name and Mailing A	ddress G.F. JAMEISUS 72 SOUTH KIMBAL			A State	Manifest Docume		
	PPADRORD, MR 0			U Siata	Gen. ID (Site Add		3447.
	74-4731	11620			TAS #3	res)	
risporter   Company Name	6	US EPA ID	Number		Tran ID /	77-	772
ind christian, inc	1 X, Y	, b. ca . 4. 2.					7-7922
risporter 2 Company Name	9	US EPA ID	Nijmber	F State	Iran ID		
				F Tran F	Phone (	)	
TARE FO HOX 385	T SERVICE OF PENTER	GLAND	Number	l	Facility's ID		
HINGTON, CT 06489	, C . T	. n. a. g. s. t.	1. 1. 6. 0. 4			-471	_R3A3
			12 Cont		13	14	
DOT Description (Including Prope	er Shipping Name. Hazard Class, ar	rd (D Number)	No	Type	Total Quantity	Unit Wt/Vo	Waste No.
. HAZARTUUS WASTE N-F	SOUTH N.D.C. (FOO),	7003)			······································		.e.i
9199	109-400-0063	•	. 3	ри	1. 50	G	P903, F005
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IRF 790062-ID  NERATOR'S CERTIFICATION: oper shipping name and are clas	800-424-9300.	LYCASP () F	t are fully and ac sects in proper co	curately d	escribed above or transport by t		,
NERATOR'S CERTIFICATION: oper shipping name and are clas cording to applicable internation am a large quantity generator, li- phomically practicable and that	300-424-3306.  HAZ-MAT INVIT  I hereby declare that the contents sailed, packed marked, and labele and national government regulational and national government regulations are the practicable metals.	s of this consignment and are in all respections, and all applications, and all applications are discontinuous to reduce the volume had of treatment stores.	t are fully and ac pects in proper co able State laws a ne and toxicity of rage, or disposal	curately d ondition fo ind regula waste gen currently	escribed above or transport by h itions erated to the de available to me	highway greel hi which m	ave determined to unimizes the prese
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST PROGRAM, State Office Building

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# DRIVER'S CHECKLIST FOR WASTE AND RECYCLING PICK UP



99945	Customer's Name Tomoson
DRUMS	COMMENTS
No Leaking Drums	
No Bulged Head or Bottom	
No Dents in Drum Chimes	
No Large Dents on Sides	
General Appearance, Good Clean & Dry	
Tap or Probe Rusty Areas, if Very Rusty	
Bungs Tight	
Must Have Bungs in Top	
Open Head Drum, Gaskets Installed with %" Bolt Rings with Bolt Down and Tight	
3 Rolling Hoops on Open Head Drums if Hazardous Material	
All Old Markings Removed	
WPS Number Stenciled on Top of Drums	
D.O.T. Label if Hazardous Material	
Waste Label (Must be on Side)	
Drum Weight (Not Over 700 lbs.)	
WASTE LABEL	COMMENTS
Proper D.O.T. Shipping Description	
UN or NA Number	
Generator's Name & Address	
Generator's USEPA I.D. Number	
EPA Waste Number	
Accumulation Date	
Manifest Document Numbers  (Must match customer assigned number on manifest and also put preprinted manifest number below it.)	
Restricted (Has customer signed and attached Waste Forms for F001 - F005 Wastes?)	
NOTE: Sales/Order personnel will attach this to Waste/Recycli correctly filling out manifest, lapels and using D.O.T. app	ng Sales Order Pick Up by Driver. Generator is responsible for
CUSTOMER SIGNATURE	IDATE 6

DISTRIBUTION: WHITE Customer, CANARY-Customer File, PINK-Plant File

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NOTIFICATION O	F SHIPMEN	r of a hazar	DOUS WAS	STE RESTRICTED FROM LAND DISPOSAL
GENERATOR: (Familia)	Ja Co.	Sul:	····	<b>SKS</b> =
ADDRESS: 72 Minth	intell	H. + 6.	adfiel	MA ORSO
MANIFEST #: CTC C28744	<u>′·7</u>		C	
PI #: 790063 -	ID.			
EPA WASTE # FCG 3, F	005	<del></del>	rr.	"California List" 40 CFR 288.12
I. Table CCHE - Constituent in Wast	e Extract 40	CFR 268.41	(1)	Liquid hazardous wastes have a pH less than or equal to t $(2.0)$ .
Concentration (in mg/1)	Wastevaters Containing Spent	All Other Spent Solvent	[ (2)	Liquid hazardous wastes containing polychlorinated bipheny (PCBs) at concentrations greater than or equal to 50 ppm.
F.001-F005_Spent_Solvents  Acetone n-Butyl alcohol	0.05 5.0	0.59 5.0	[ (3)	Liquid hazardous wastes that are primarily water and containal halogenated organic compounds (HOCs) in total concentration greater than or equal to 1,000 mg/l and less than 10,000 mg/l
Carbon disulfide Carbon tetrachloride Chlorobenzene	1.05 .05 .15	4.81 .96 .05	III.	"California List" RCRA Section 3004(d)
Cresols (and cresylic acid) Cyclohexanone 1.2-dichlorobenzene Ethyl acetate	2.82 .125 .65 .05	.75 .75 .125 .75	(A)	Liquid hazardous wastes, including free liquids associated wit any solid or sludge, containing free cyanides at concentration greater than or equal to 1,000 mg/l.
Ethyle benzene Ethyl ether Isobutanol Methanol Hethylene chloride	.05 .05 5.0 .25 .20	.053 .75 5.0 .75 .96	(B)	Liquid hazardous wastes, including free liquids associated with any solid or sludge, containing the following metal (delements) or compounds of these metals (or elements) concentrations greater than or equal to those specified below:
Methylene chloride (from the phar- maceutical industry) Methyl ethyl ketone Methyl isobutyl ketone Nitrobenzene Pyridine Tetrachloroethylene Toluene	12.7 0.05 0.05 0.66 1.12 0.079 1.12 1.05	.96 0.75 0.33 0.125 0.33 0.05 0.33		(1) arsenic and/or compounds (as As) 500 mg/l; (11) cadmium and/or compounds (as Cd) 100 mg/l; (11) chromium (VI and/or compounds (as Cr VI) 500 mg/l; (1v) lead and/or compounds (as Pb) 500 mg/l; (v) mercury and/or compounds (as Hg) 20 mg/l; (vi) nickel and/or compounds (as Ni) 134 mg/l; (vii) selenium and/or compounds (as Se) 100 mg/l; and (viii) thallium and/or compounds (as Th) 130 mg/l.
1.1.1-Trichloroethane 1.2.2-Trichloro-1.2.2-trifluroethane Trichloroethylene Trichlorofluoromethane Xylene		0.96 0.091 0.96 0.15	restr befor	waste conforms to the description of and is identified as itered waste above. The treatment standard that must be achieve this waste may qualify for land disposal is listed. This ment is based on: {Check One}
F020-F023 and F025-F028 Wastes	C	oncentration	_	Attached analysis
HxCDD-All Hexachlorodibenzo-p-dioxine HxCDF-All Hexachlorodibenzofurans PeCDD-All Pentachlorodibenzo-p-dioxine PeCDF-All Pentachlorodibenzofurans TCDD-All Tetrachlorodibenzo-p-dioxine TCDF-All Tetrachlorodibenzofurans 2,4,5-Trichlorophenol	n 8 3	<1 ppb <1 ppb <1 ppb <1 ppb <1 ppb <1 ppb 0.05 ppm	Autho	knowledge of the waste and the generating process rized representative signature waste king mond or type name JCSEPH Kty Mond
2.4.6-Trichlorophenol 2.3.4.6-Tetrachlorophenol	</td <td>0.05 ppm 0.10 ppm 1.01 nom</td> <td>Title Date_</td> <td>X 4-3-90</td>	0.05 ppm 0.10 ppm 1.01 nom	Title Date_	X 4-3-90