

SULLIVAN & WORCESTER
ONE POST OFFICE SQUARE
BOSTON, MASSACHUSETTS 02109

IN WASHINGTON, D.C.
1025 CONNECTICUT AVENUE, N.W.
WASHINGTON, D.C. 20036
(202) 775-8190
TELECOPIER NO. 202-293-2275

(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:

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,

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 of Respondent: C.F. JAMESON & CO., INC.
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.

6. (continued)

Name: ARTHUR C. JAMESONAddress PO BOX 206YORK, MAINE 03909Phone No. 207-363-2219Relation to Respondent TREASURERName: JOSEPH RAYMONDAddress: 13 HANCOCK STREETHAVERHILL, MASS. 01832Phone No. 508-521-5183Relation to Respondent PRODUCTION MANAGERName: DAVID SIMPSONAddress: 160 SALEM STREETBRADFORD, MASS. 01835Phone No. 508-372-9191Relation to Respondent: FORMER PLANT MANAGER

Name: _____

Address: _____

Phone No. _____

Relation to Respondent: _____

7. Please identify the person(s) completing this questionnaire and identify the relationship to the Respondent. Attach extra pages if necessary.

Name: Benjamin J. Jameson

Address: 69 Purchase Street

Newburyport, Mass. 01950

Phone No. 508-462-4097

Relation to Respondent: President

Name: _____

Address: _____

Phone No. _____

Relation to Respondent: _____

Name: _____

Address: _____

Phone No. _____

Relation to Respondent: _____

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

Transaction Date (1)	Gallon Volume (2)	Waste Type (3)	Name/Address of Transporter	Name/Description of Who Selected the Site (4)
12/04/78	3,960.00	CHEMICAL NAME UNKNOWN	UNKNOWN	C.F. JAMESON SELECTED SRSNE SRSNE SELECTED THE SITE
04/18/79	3,080.00	"	"	"
** 07/09/79	3,740.00	"	"	"
12/14/79	4,620.00	"	"	"
05/30/80	4,400.00	"	"	"
10/06/80	1,980.00	SOLVENTS FLAMMABLE LIQUID CHEMICAL NAME UNKNOWN	SOLVENT RECOVERY LAZY LANE SOUTHINGTON, CT	"

**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 2Solvents Recovery Service of New England
C.F. Jameson and Company, Inc.

Transaction Date (1)	Gallon Volume (2)	Waste Type (3)	Name/Address of Transporter	Name/Description of Who Selected the Site (4)
3/9/81	1,650	WASTE SOLVENTS FLAMMABLE LIQUID CHEMICAL NAME UNKNOWN	SOLVENT RECOVERY SERVICE OF N.E. LAZY LANE SOUTHINGTON, CT	C.F. JAMESON PICKED SRSNE SRSNE PICKED THE SITE
10/22/81	4,620	"	"	"
6/18/84	1,100	MIXTURE ACETONE, TOLUOL	"	"
10/5/84	1,100	MIXTURE ACETONE, TOLUOL	"	"
5/7/85	1,485	MIXTURE ACETONE, TOLUOL	"	"
1/30/86	825	MIXTURE ACETONE, TOLUOL	"	"
9/17/86	1,370	TOLUOL 57% ACETONE 43%	"	"
9/17/86	110	FLAMMABLE SOLID CHEMICAL NAME UNKNOWN	"	"
4/9/87	1,700	TOLUOL 57% ACETONE 43%	"	"
6/16/88	1,430	ACETONE 20 - 25% MEK 20 - 25% TOLUOL 20 - 25% PAINT SOLIDS 5% - 15%	"	"
10/5/88	275	TOLUENE, MEK XYLENE, ACETONE	ASHLAND CHEMICAL 3 BROAD STREET BINGHAMTON, NY	C.F. JAMESON PICKED ASHLAND ASHLAND PICKED SRSNE AS THE SITE
4/27/89	330	TOLUENE, MEK XYLENE, ACETONE	"	"
12/28/89	220	"	"	"
4/4/90	150	HAZARDOUS WASTE SOLID NOS (F003 & F005)OVM-E XYLENE, ACETONE, TOLUENE, MEK	"	"
10/1/90	165	HAZARDOUS WASTE SOLID NOS (F005)OVM-E URETHANE RESIN 40% ACRYLIC RESIN 35% D005, D007, D008, D035	"	"

HAZARDOUS WASTE MANIFEST

ORIGINAL - NOT NEGOTIABLE

#1131

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

GENERATOR/SHIPPER	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIP OR RECEIVED
		CF JAMESON CO, BRADFORD MA 01730	11/4
TRANSPORTER # 1		SOLOVINE RFC, SCOTTSBORO TENN	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		SOLOVINE RFC, SCOTTSBORO TENN	
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHAF (For C Use C)
36.4	✓	FLAMMABLE LIQ NOS				1970.0		
				0112				
				10/10/30				

SPECIAL HANDLING INSTRUCTIONS

36 thinner

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 TENDERED

Yes No

REMIT C.O.D. TO: ADDRESS	COD Amt: \$	C.O.D. FEE: PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> \$
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 shipper to be not exceeding \$ _____ per _____	*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."	TOTAL CHARGES: \$
	Signature	FREIGHT CHARGES: FREIGHT PREPAID <input type="checkbox"/> except when box at right is checked <input type="checkbox"/> Check box if:

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 hereunder 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 regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.
 TRANSPORTER #1 SIGNATURE & DATE: *K. Hill*
 TRANSPORTER #2 SIGNATURE & DATE (if required):
 This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE: *David Dupson* DATE: _____ TSDF SIGNATURE: _____ DATE: 10/6/90

HAZARDOUS WASTE MANIFEST

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIP OR RECEIVED
GENERATOR/SHIPPER		C.P. JAMESON CO. 22495 Mt. Vernon, OH	1/10
TRANSPORTER # 1		Waste Rec. & Distribution	
TRANSPORTER # 2 (if required)			
TSDf TREATMENT STORAGE OR DISPOSAL FACILITY		Waste Rec. & Distribution Co.	
TSDf TREATMENT STORAGE OR DISPOSAL FACILITY		WASTE TREATMENT	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	UNITS WTVOL	TOTAL QUANTITY	RATE	CHAF (For C Use C)
36		out				1980 gal		

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 TENDERED

Yes No

REMIT C.O.D. TO: ADDRESS	COD Amt: \$	C.O.D. FEE: PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> \$
<small>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 shipper to be not exceeding \$ _____ per _____ Signature</small>	<small>"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."</small>	TOTAL CHARGES: \$
<small>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 hereunder 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.</small>		FREIGHT CHARGES FREIGHT PREPAID <input type="checkbox"/> Check box if C right is checked

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 regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE: *[Signature]* TRANSPORTER #2 SIGNATURE & DATE (if required): *[Signature]*

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE

DATE

TSDf SIGNATURE

DATE

HAZARDOUS WASTE MANIFEST

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIP OR RECEI
GENERATOR/SHIPPER		CT Environmental Services, Inc.	6/1
TRANSPORTER # 1		Environmental Waste Services, Inc.	
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHAR (For C: Use C)

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 TENDER

Yes No

REMIT C.O.D. TO: ADDRESS

COD

Amt: \$

C.O.D. FEE: PREPAID COLLECT \$

TOTAL CHARGES: \$

FREIGHT CHARGES

FREIGHT PREPAID except when box at right is checked Check box if charges are C

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 shipper to be not exceeding \$ _____ per _____

"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."

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

CERTIFICATION

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

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE _____ TRANSPORTER #2 SIGNATURE & DATE (if required) _____

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE _____

DATE _____

SHIPPER SIGNATURE _____

DATE _____

10/15/87



CUSTOM DISTILLATIONS FOR INDUSTRY

SHIPPING ORDER

SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC.

LAZY LANE • SOUTHWINGTON, CONN. 06488 PHONE 203-628-8084

FROM: C.F. Jameson 72 South Kimball Bradford, Mass	DATE: 10/15/87	AGES NO.	CUST. NO.	TRACTOR: AVIS	TRAILER: 70549
Customer #					
DRUMS/					

COMPT.	INCHES	GALLONS	PRODUCT	TOTAL WEIGHTS	PLANT ORDER
1	8 1/2	40	Material For Repair	GROSS	# Sp.Gr.
2	8 1/2	20	Material For Reclaim	TARE	# Sp.Gr.
3				NET	# Sp.Gr.

SPECIAL INSTRUCTIONS
 VACUUM TRUCK AT CUSTOMER REQUEST **FLAMMABLE RED LABEL**
 TIME - START FINISH **NON-FLAMMABLE**

DELAY	TIME IN	TIME OUT	HOURS	FREE	EXCESS	RATE	BILL TO CUSTOMER
LOAD	5:00	5:40					
UNLOAD							

REASON FOR DELAY

PUMPING FROM DRUMS

PUMPING INTO DRUMS

OTHER EXPLAIN Verified By: *[Signature]*

Received The Above Described Property in Good Condition Except As Noted

SRS Shipper Or Receiver: *[Signature]*

SRS Driver: *Jean Dicome*

FIRM BY

GENERATOR COMPLETES

TRANSPORTER COMPLETES

H.W.F. COMPLETES

GENERATOR NAME	MAILING ADDRESS	PHONE NUMBER	STATE/E.P.A. I.D. NO.
PRIMARY TRANSPORTER			
CONTINUING TRANSPORTER			
H.W.F.			

IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED: TOTAL NO. OF THIS FORM MANIFEST NO. IS DATE EXPECTED DATE

U.S. D.O.T. SHIPPING NAME	D.O.T. HAZARD CLASS	U.N./N.A. NO.	WT./VOL.	UNIT CODE	CONTAINER		E.P.A. WASTE NO.	DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S.
					NO.	TYPE		
1								
2								
3								
4								
5								
6								

SPECIAL HANDLING INSTRUCTIONS INCLUDING ANY CONTAINER EXCEPTIONS AND EMERGENCY RESPONSE INFORMATION:

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

REQUIRED LABELS: YES NO

PLACARDS REQUIRED:

THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.

SIGNATURE OF TRANSPORTER: _____

INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT.

I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

GENERATOR SIGNATURE: _____

DATE: _____

GENERATOR'S EMERGENCY PHONE: _____ IF DIFFERENT FROM ABOVE

GENERATOR COMPLETES

TRANSPORTER COMPLETES

H.W.F. COMPLETES

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 0004923

GENERATOR	C.F. JAMESON CO INC	72 SO KIMBALLST PO BOX 157, BRADFORD MA	(7) 374-4731	MA
PRIMARY TRANSPORTER	SOLVENTS RECOVERY SERVICE	LAY LAKE, SOUTHINGTON (CONN)	(201) 628-8084	CT
CONTINUING TRANSPORTER	SOLVENTS RECOVERY SERVICE	LAY LAKE, SOUTHINGTON (CONN)	(201) 628-8084	CT
H.W.F.	SOLVENTS RECOVERY SERVICE	LAY LAKE, SOUTHINGTON (CONN)	(201) 628-8084	CT

U.S. DOT SHIPPING NAME	FLAMMABLE LIQUID WASTE	U.N./NA	UN 1993	CLASS	3
DOT HAZARD CLASS	FLAMMABLE LIQUID WASTE	U.N./NA	UN 1993	CLASS	3
DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S.	Mixed Wash Solvents	E.P.A. WASTE NO.	DEQ1	CONTAINER TYPE	DRUM

GENERATOR SIGNATURE	<i>[Signature]</i>	DATE	10/28/81
TRANSPORTER SIGNATURE	<i>[Signature]</i>	DATE	10/22/81
STATE	MA	STATE	CT
COMPANY NO. FOR TRANSPORTER	203325	COMPANY NO. FOR TRANSPORTER	203325

REQUIRED LABELS
 YES
 NO

PLACARDS REQUIRED
flammable

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

GENERATOR SIGNATURE

DATE 10/28/81

GENERATOR'S EMERGENCY PHONE NUMBER DIFFERENT FROM ABOVE

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

SPECIAL HANDLING INSTRUCTIONS INCLUDING ANY CONTAINER EXEMPTION AND EMERGENCY RESPONSE INFORMATION

INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT

CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFORESAID TRANSPORTER AND THAT THE INFORMATION ON THIS MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE

HAZARDOUS WASTE MANIFEST

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC.

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/SHIPPER	MAD00101154	CF Jameson Co. 77 So Kimball St BRADFORD MASS	3-9-8
TRANSPORTER # 1	CTD-009717604	SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. LAZY LANE, SOUTHLINGTON, CONN. 06489 203-628-8084	
TRANSPORTER # 2 (if required)			
TSDf TREATMENT STORAGE OR DISPOSAL FACILITY	CTD-009717604	SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. LAZY LANE, SOUTHLINGTON, CONN. 06489 203-628-8084	
TSDf TREATMENT STORAGE OR DISPOSAL FACILITY	NJD-002182897	SOLVENTS RECOVERY SERVICE OF NEW JERSEY, INC. SYLVAN STREET, LINDEN, N.J. 07036 201-862-2000	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
30 Drums	X	X	HAZARDOUS WASTE FLAMMABLE LIQUID	NA 9199		0°C	1650 GAL	1650		

SPECIAL HANDLING INSTRUCTIONS

If an RC commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

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 TENDERED

Yes No

REMIT C.O.D. TO: ADDRESS

COD Amt: \$

C.O.D. FEE: PREPAID COLLECT \$

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 shipper to be not exceeding \$ _____ per _____

"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."

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

TOTAL CHARGES: \$

FREIGHT CHARGES

FREIGHT PREPAID (except when box at right is checked) Check box if charges are to be collect

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 hereunder 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 regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE

DATE

TSDf SIGNATURE

DATE

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC.

SHIPPER NUMBER

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR SHIPPER	MAAD00101154	CI Jameson Co. 77 So. Kimball St BRADFORD MASS	3-9-8
TRANSPORTER # 1	CTD-009717604	SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. LAZY LANE, SOUTHRINGTON, CONN. 06489 203-623-9034	
TRANSPORTER # 2 (if required)			
TSDf TREATMENT STORAGE OR DISPOSAL FACILITY	CTD-009717604	SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. LAZY LANE, SOUTHRINGTON, CONN. 06489 203-623-9034	
TSDf TREATMENT STORAGE OR DISPOSAL FACILITY	NJB-002182897	SOLVENTS RECOVERY SERVICE OF NEW JERSEY, INC. SYLVAN STREET, LINCOLN, N.J. 07036 201-262-2000	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
30 Drums	X	X	HAZARDOUS WASTE FLAMMABLE LIQUID	NA 9179		0°C	165 GAL	1650		

SPECIAL HANDLING INSTRUCTIONS

If an RC commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

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 TENDERED

Yes No

REMIT C.O.D. TO: ADDRESS

COD

Amt: \$

C.O.D. FEE:

PREPAID

COLLECT \$

TOTAL CHARGES: \$

FREIGHT CHARGES

FREIGHT PREPAID except when box is checked

Check box if charges are to be collect:

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 shipper to be not exceeding \$ _____ per _____

"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."

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature

(Signature of Consignor)

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 hereunder 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 regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

SHIPPER'S SIGNATURE _____ TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE

DATE

TSDf SIGNATURE

DATE

4

HAZARDOUS WASTE MANIFEST

to replace for completed copy

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC.

NAME OF CARRIER (SCAC)

CARRIER NUMBER

IDENTIFICATION

12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIP OR RECEIV
Generator/Shipper: NJD000101154	CTD Inc 77 South Main Street Bradford Mass	3-9-
Transporter # 1: CTD-009717604	SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. LAZY LANE, SOUTHTON, CONN. 06489 203-623-8001	
Transporter # 2 (if required)		
TSDF Treatment Storage or Disposal Facility: CTD-009717604	SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. LAZY LANE, SOUTHTON, CONN. 06489 203-623-8001	
TSDF Treatment Storage or Disposal Facility: NJD-002182697	SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. SYLVAN STREET, LINDEN, N.J. 07036 201-502-2000	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHAR (For C Use O)
30 DRUMS	X	X	Hazardous Waste Flammable Liquid			100 C	1 GAL	30		

SPECIAL HANDLING INSTRUCTIONS

If an RC commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

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 TENDERED

Yes No

REMIT C.O.D. TO ADDRESS	COD Amt: \$	C.O.D. FEE PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> \$
<small>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 shipper to be the amount of \$ _____ per _____</small>	<small>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 the carrier's or shipper's weight. _____ Signature</small>	TOTAL CHARGES: \$
	<small>Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the consignee shall sign the following statement: _____ The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ (Signature of Consignor)</small>	FREIGHT CHARGES FREIGHT PREPAID <input type="checkbox"/> Check box if freight is checked <input type="checkbox"/>

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 hereunder 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 regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

This is to certify acceptance of the hazardous waste shipment.

SHIPPER'S SIGNATURE & DATE: *[Signature]* / 3/9/91

TRANSPORTER #2 SIGNATURE & DATE (if required):

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

5

GENERATOR'S SIGNATURE: *[Signature]* DATE: 3/9/91 TSDF SIGNATURE: *[Signature]* DATE: *[Signature]*

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.*
MAH 001011154
- 4. Installation address: *72 South Kimball St. Box 147*
Bradford, Ala. 01830
- 5. Installation Contact and telephone number: *Benjamin J. Jameson*
374-4781
- 6. Transportation Services used (for Part 1A reports only):
Solvent Recovery Service
CTN 004717004
- 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.

Benjamin J. Jameson
Print or type name

[Signature]
Authorized Signature

3/18/82
Date signed

GENERATOR ANNUAL REPORT - PART 1A

8. Generator's identification number: *MAK 001011154*
9. Facility's identification number: *CTA 009717304*
10. Facility name: *Waste Recovery Service*
11. Facility address (street or P.O. Box, city, state, & zip code):
1700 South Main Street, Southington, Conn
12. Waste identification:

Line Number	A. Description of Waste	B DOT Hazard Class	C Hazardous Waste Number	D Amount of Waste
1	<i>Acetylene gas from</i>	<i>017</i>	<i>2001</i>	<i>14</i>
2				
3				
4				
5				
6				
7				
8				

13. Comments (enter information by line number - see instructions):

FACILITY ANNUAL REPORT - PART 1B

14. Waste identification:

Line Number	A. Description of Waste	B Hazardous Waste Number	C Handling Method	D Amount of Waste
1				
2				
3				
4				
5				
6				
7				
8				

15. Comments (enter information by line number):

16. Cost estimates for facilities:

Closure \$ _____ Post-Closure \$ _____

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 1B 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

GENERATOR NAME C. F. Jameson & Co., Inc.	MAILING ADDRESS P. O. Box 197, Bradford, Ma. 01830	PHONE NUMBER (617) 374 4731	STATE/E.P.A. I.D. NO. MA 0001011154
PRIMARY TRANSPORTER Solvent Recovery Service of N.E. P. O. Box 362, Southington, Ct.	PHONE NUMBER (203) 628 8084		STATE/E.P.A. I.D. NO. CT 00092117013
CONTINUING TRANSPORTER			
H.W.F. Solvent Recovery Service of N.E. P. O. Box 362, Southington, Ct.	PHONE NUMBER (203) 628 8084		

GENERATOR COMPLETES

IF MORE THAN ONE MANIFEST/ SHIPPING PAPER IS USED:	TOTAL NO. OF FORMS ARE 1	THIS FORM NO IS 1	MANIFEST NO. OF FIRST FORM 1	DATE SHIPPED 10/17/84	MONTH 10	DAY 17	YEAR 1984	EXPECTED ARRIVAL DATE 10/17/84	MONTH 10	DAY 17	YEAR 1984
U.S. D.O.T. SHIPPING NAME	D.O.T. HAZARD CLASS	UN./N.A. NO.	WT./VOL.	UNITS	UNIT CODE	CONTAINER		EPA WASTE NO.	DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S.		
						NO.	TYPE				
Waste, Paint related Material	Flammable Liquid	263	9.00.0	lbs	P	1	DRUM	0001	Acetone, Methyl Celuol Mixture		

PIN-4778

SPECIAL HANDLING INSTRUCTIONS INCLUDING ANY CONTAINER EXEMPTION, AND EMERGENCY RESPONSE INFORMATION:

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

TRANSPORTER COMPLETES

REQUIRED LABELS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F. <i>Terrence G. McCallister</i> SIGNATURE OF TRANSPORTER
PLACARDS REQUIRED <i>Flammable</i>	THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F. SIGNATURE OF TRANSPORTER

H.W.F. COMPLETES

INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT

Only 20 drs picked-up not 27

I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Terrence G. McCallister
SIGNATURE

MONTH **10** DAY **17** YEAR **1984**

F.N.E. LABELMASTER CHICAGO IL 60626

3. GENERATOR COMPLETED COPY

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

DATE **10/17/84** GENERATOR SIGNATURE *[Signature]* GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE **same**

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 0071454
MANIFEST NUMBER

NAME	MAILING ADDRESS	PHONE NUMBER	STATE / E.P.A. I.D. NO.
GENERATOR C. F. Jamason & Co., Inc.	P. O. Box 197, Bradford, Ma. 01830	(617) 374 4731	
PRIMARY TRANSPORTER Solvent Recovery Service of N.E. P. O. Box 362, Southington, Ct.		(203) 628 8084	
CONTINUING TRANSPORTER			
H.W.F. Solvent Recovery Service of N.E. P. O. Box 362, Southington, Ct.		(203) 628 8084	

GENERATOR COMPLETES

IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED:	TOTAL NO. OF THIS FORM	MANIFEST NO. OF FIRST FORM	DATE SHIPPED	MONTH	DAY	YEAR	EXPECTED DATE	MONTH	DAY	YEAR
	1	1	12	12	17	87				
U.S. D.O.T. SHIPPING NAME	D.O.T. HAZARD CLASS	U.N. / N.A. NO.	WT. / VOL.	UNITS	UNIT CODE	CONTAINER NO.	TYPE	E.P.A. WASTE NO.	DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S.	
Waste, Paint related Material	Flammable Liquid	1263		lbs					Acetone, Methyl Toluol Mixture	

SPECIAL HANDLING INSTRUCTIONS INCLUDING ANY CONTAINER EXEMPTION, AND EMERGENCY RESPONSE INFORMATION:

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

TRANSPORTER COMPLETES

REQUIRED LABELS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F. SIGNATURE OF TRANSPORTER: <i>[Signature]</i>	DATE SHIPMENT ACCEPTED MONTH: 12 DAY: 18 YEAR: 87	STATE: MA COMPANY NO. FOR TRAILER, MARINE OR RAIL: 62280	DATE OF DELIVERY MONTH: 12 DAY: 18 YEAR: 87
PLACARDS REQUIRED <i>[Signature]</i>	THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F. SIGNATURE OF TRANSPORTER: _____	DATE SHIPMENT ACCEPTED MONTH: 12 DAY: 18 YEAR: 87	STATE: MA COMPANY NO. FOR TRAILER, MARINE OR RAIL: _____	DATE OF DELIVERY MONTH: 12 DAY: 18 YEAR: 87

H.W.F. COMPLETES

INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT

I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ MONTH: _____ DAY: _____ YEAR: _____

HANDLING METHOD	1	2	3	4	5	6

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION, AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

DATE: _____ GENERATOR SIGNATURE: _____ GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE: _____



SHIPPING ORDER

SOLVENTS RECOVERY SERVICE

OF NEW ENGLAND, INC.

LAZY LANE / SOUTHINGTON, CONN. 06488 / PHONE 203-626-8064

FROM: OF JAMESON 72 S. KIMBALL ST. BRADFORD, MA.	DATE: 11/11/85	SRS NO.	CUST. NO.	TRACTOR: 5730	TRAILER: U1
Customer: DAVE SIMSON 617-371-4731					
DRUMS /					

COMPT.	INCHES	GALLONS	PRODUCT	TOTAL WEIGHTS	PLANT ORDER
1		20	solvents for disposal	GROSS	Sp.Gr.
2			P-4778	TARE	Sp.Gr.
3				NET	Sp.Gr.

SPECIAL INSTRUCTIONS

VACUUM TRUCK AT CUSTOMER REQUEST

TIME START: _____ FINISH: _____

FLAMMABLE-RED LABEL

NON-FLAMMABLE

OTHER COMMENTS:

DELAY	TIME IN	TIME OUT	HOURS	FREE	EXCESS	RATE	BILL TO CUSTOMER
LOAD	11:55	11:50					
UNLOAD							

REASON FOR DELAY

PUMPING FROM DRUMS

PUMPING INTO DRUMS

OTHER EXPLAIN Verified By *[Signature]*

Received The Above Described Property in Good Condition Except As Noted

SRS Shipper Or Receiver



April 3 1986

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. Box 187
Bradford, Mass 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

- | | | |
|--|---------------------------------|------------------------------|
| Manifest Numbers: | Item # | Item # |
| CTA 0014027 | (1) () Generator's US EPA ID # | (X) Transp. Phone |
| | (1) () Manifest Document No. | (G) (X) State Facility ID |
| | (B) (X) State Generator ID. | (H) (X) Facility Phone |
| | (C/E) () State Transporter ID. | (I) () Waste No. |
| <i>Cannot read these lines on the manifest</i> | (11) () DOT ID No. | (12) () Containers No./type |
| | (13) (X) Total Quantity | |
| | (14) () Unit Wt/Vol | |

B AND G ARE NOT NUMBERS. THEY ARE ADDRESSES.

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.

Sincerely,
Stephen W. Hitchcock

Stephen W. Hitchcock
Director
Hazardous Materials Management Unit

SWE/jeb
Enclosures

Phone:

165 Capitol Avenue • Hartford, Connecticut 06106

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 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 WASTE MANIFEST		1. Generator's US EPA ID No. MA D.C. 0. 10 11 154	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but may be required by State law.
3. Generator Name and Mailing Address C. F. Lawson Inc., P.O. Box 101, Bradford, MA 01820		6. State Manifest Document Number CT A 0014027		B. State Gen. ID MAD 00101154	
4. Generator's Phone 617-370-4731	5. Transporter 1 Company Name Solvent Recovery Service of N.H.		7. US EPA ID Number CT D.C. 0. 9717604	C. State Tran. ID 36280	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Tran. Phone 203-628-8084	
9. Designated Facility Name and Site Address Solvent Recovery Service of N.H. Southington, Ct		10. US EPA ID Number C.T. D009 7. 1 7 604		G. State Facility's ID CTR 000717604	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit (Lit./Vol)	15. Waste No.
a. Waste, paint related Material Flammable, H1263 Liquid		20	1100	GAL	ND001
J. Additional Description for Materials Listed Above a. ACETONE, -TOLUOL MIXTURE		K. Handling Codes for Waste Listed Above a. T03			
15. Special Handling Instructions and Additional Information PIN-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.					
Printed/Typed Name David B. Slapson		Signature		Date 10 5 84	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Date	
18. Transporter 2 Acknowledgement or Receipt of Materials					
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Date	

COPY 6: DESTINATION STATE - Mailed by Generator

C1 A 0014027

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106

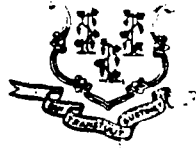


Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. MA D.O. 0010 T1154	Manifest Document No. 09001	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but may be required by State law.
3. Generator's Name and Mailing Address C.F. Jameson Co. Inc., P.O. Box 187, Bradford, Ma 01830		6. US EPA ID Number CT D.O. 09717604		State Manifest Document Number CT 20014027	
4. Generator's Phone (617) 374-4731		7. Transporter 1 Company Name Solvent Recovery Service of N.E.		8. US EPA ID Number CT D.O. 09717604	
5. Transporter 1 Company Name Solvent Recovery Service of N.E.		9. Designated Facility Name and Site Address Solvent Recovery Service of N.E. Southington, Ct		10. US EPA ID Number C.T. D009 7.17604	
7. Transporter 2 Company Name		8. US EPA ID Number		9. State Facility ID Number	
9. Designated Facility Name and Site Address Solvent Recovery Service of N.E. Southington, Ct		10. US EPA ID Number C.T. D009 7.17604		11. Facility's Phone 203-266-8034	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Specific Gravity
a. Waste, paint related Material Flammable Liquid NA1263		20	1100	6N	
b.					
c.					
d.					
16. Additional Description for Materials Listed Above ACETONE TOLUENE MIXTURE		17. Shipping Codes for Materials Listed Above TO3			
15. Special Handling Instructions and Additional Information PIN-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.					
Printed/Typed Name David R. Simpson		Signature <i>David R. Simpson</i>		Date 10 5 84	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Edwards Peacock		Signature <i>Edwards Peacock</i>		Date 10 05 84	
18. Transporter 2 Acknowledgement or Receipt of Materials					
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Jim Gray		Signature <i>Jim Gray</i>		Date 10 05 84	

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD, 1-800-424-8802 FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP - OIL AND CHEMICAL SPILLS AT (203) 566-3338.

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 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 WASTE MANIFEST		1. Generator's US EPA ID No. MA D.G. 0-10111-154	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law, but may be required by State law.
3. Generator's Name and Mailing Address C.F. Jaenson Co. Inc., P.O. Box 157, Bradford, Ma. 01830		6. US EPA ID Number CT D.G. 0-9717604		A. State Manifest Document Number CT-A-0014027	
4. Generator's Phone (617) 374-4731		7. Transporter 1 Company Name Solvent Recovery Service of N.E.		B. State Gen. ID	
5. Transporter 1 Company Name Solvent Recovery Service of N.E.		8. US EPA ID Number		C. State Tran. ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Tran. Phone	
9. Designated Facility Name and Site Address Solvent Recovery Service of N.E. Southington, Ct		10. US EPA ID Number C.F. D009 7 1 7 604		E. Tran. Phone	
				G. State Facility's ID	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste Name
a. Waste, paint related Material Flammable #1263 Liquid		A			
b.					
c.					
d.					
J. Additional Description for Materials Listed Above		K. Handling Codes for Waste Listed Above			
a.		b.			
b.		c.			
c.		d.			
d.					
15. Special Handling Instructions and Additional Information PIE-4773					
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.					
Printed/Typed Name David R. Simpson		Signature		Date 10 5 94	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Date	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Date	

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD, 1 BOULDER BOULEVARD, WASHINGTON, DC 20543-0001, OR CONTACT THE NATIONAL OIL AND CHEMICAL SPILLS AT (202) 566-3338.

COPY 8: GENERATOR: Retained by Generator



SHIPPING ORDER SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC.

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

From/To: C F Jameson Cust. # 4574 Date Oct 5 1984 Pick-up #2 _____
77 South Main St Contact David Simpson Location _____
Bridford MA Phone # 617-374-4731
 P.O. # verbal

Quantity: Drums/Gals	Comp. #	Inches	Description	Rec.	Disp.	PIN #	SRSNE Order #
20	✓		acetone		X	4574-6178 FD	

Special Instruction:
 Vacuum Tank Customer Request Initials _____

Demurrage: Time In 1130 Time Out 1230 Stop #1 _____
 Stop #2 _____
 Vac Start _____ Vac Finish _____
 Verified By David Simpson

Reason for Delay:
 Loading/Unloading Drums
 Pumping From/Into Drums
 Pumping From/Into Tank
 Other as noted

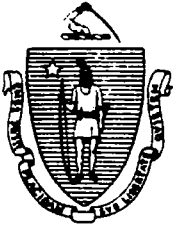
Received The Above Described Property
 In Good Condition Except As Noted:

Verified by Customer Signature

For Office Use Only:
 Tractor # used 24510 Trailer # Used V-1
 Driver Time _____ Expenses _____
 Demurrage _____ Billable _____
 Vac Time _____ Vac Billable _____
 Other Comments: _____

 SRSNE Shipper/Receiver

C. [Signature]
 SRSNE Driver



S. Russell Sylva
Commissioner

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,

A handwritten signature in black ink, appearing to read "William F. Cass".

William F. Cass
Director

WFC/NW/jp

Enclosure: Annual Report for 1984

TRANSMITTAL STATEMENT

to be mailed with the Annual Report

C. F. Jameson & Co., Inc.MA0001011154

Name of Installation

EPA Identification No.

Please check the appropriate response(s):

1. We are submitting the Annual Report as required.
2. We are submitting Part 1 of the Annual Report but do not feel we are required to complete Parts 2 or 3 for the following reasons:

We did not manifest any hazardous waste (in quantities described in Who Must File) but will retain our status as a Generator for possible future use.

We did not manifest hazardous waste in the quantities described in Who Must File and would like to change our status to Small Quantity Generator.*

We did not manifest any hazardous waste, or did not generate as much as 20 kilograms of non-acutely hazardous waste in any one month, at this address and request that our EPA ID Number be withdrawn.*

We moved our operation during 1984 and are now located at:

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; orwho 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

Part 1 of the Annual Report is to be completed by all respondents.

1. Current Status of Installation: check where applicable

() Generator () Treatment, Storage, Disposal Facility () Wastewater Treatment Unit

2. Reporting Year: Year ending 1984

3. EPA Identification Number:

M	A	D	0	0	1	0	1	1	1	5	4
---	---	---	---	---	---	---	---	---	---	---	---

4. Installation's Name: C. F. Jameson & Co. Inc.

5. Installation's Address: 72 So. Kimball St. Box 197
Bradford, Ma. 01830

6. Installation Contact: Benjamin J. Jameson Tel. No.: 617-374-4731

7. Does your installation discharge process wastewater? Yes No

If yes: (a) NPDES Permit Number _____

(b) Municipal sewerage system Haverhill

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?

Yes No (For verification, contact your DEQE Regional office.)

9. Transportation Services Used: (List name and EPA ID Number of each.)

C.M Laboratories MED083179945

Solvent Recovery Service of N.E. CTDD009717604

10. Certification:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. 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 310 CMR 3.00, Regulations Governing Access to and Confidentiality of Department Records and Files under the Hazardous Waste Management Act.

Authorized Signature of Owner/Operator or Designated Official

Date Signed

Print or Type Name

Title of Person Signing

ATTACH MAILING LABEL
IF INCORRECT

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: MA000101154

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: ME042143883

c) Facility Address: Union, Maine, 04862
(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	A Description of Waste	B EPA Waste Number	C Quantity of Waste	D Unit Code (G,P,T,Y)	E Receiving Facility Handling Code
1	waste flammable liq.	0001	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 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's EPA Identification Number: MA000101154

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.

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: MA0001011154

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: CT0009717604

c) Facility Address: Box 362 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	A Description of Waste	B EPA Waste Number	C Quantity of Waste	D Unit Code (G,P,T,Y)	E Receiving Facility Handling Code
1	Waste Paint Related Material Flammable NA1263 Liquid	D001	1,100	G	T50
2	Waste Paint Related Material Flammable NA1263 Liquid	D001	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's EPA Identification Number: MA0001011154

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

Lines one and two were two separate shipments of the same type of waste. Shipped to the same facility. However, handling code were different and this is the reason for separate entries.

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 out tanks + utensils, pumps. Because of color standards which our products must meet, we are unable to reuse these solvents in finished products.

We do reuse off spec. or discontinued 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

S01 Container (barrel, drum, etc.)
S02 Tank
S03 Waste pile
S04 Surface impoundment
S05 Other (specify)

DISPOSAL

D79 Injection well
D80 Landfill
D81 Land application
D82 Ocean disposal
D83 Surface impoundment

TREATMENT

T01 Tank
T02 Surface impoundment
T03 Incinerator
T04 Other:

Thermal Treatment

T06 Liquid injection incinerator
T07 Rotary kiln incinerator
T08 Fluidized bed incinerator
T09 Multiple hearth incinerator
T10 Infrared furnace incinerator
T11 Molten salt destructor
T12 Pyrolysis
T13 Wet air oxidation
T14 Calcination
T15 Microwave discharge
T16 Cement kiln
T17 Lime kiln
T18 Other (specify)

Chemical Treatment

T19 Absorption mound
T20 Absorption field
T21 Chemical fixation
T22 Chemical oxidation
T23 Chemical precipitation
T24 Chemical reduction
T25 Chlorination
T26 Chloranalysis
T27 Cyanide destruction
T28 Degradation
T29 Detoxification
T30 Ion exchange
T31 Neutralization
T32 Ozonation
T33 Photolysis
T34 Other (specify)

Physical Treatment

a) Separation of Components

T35 Centrifugation
T36 Clarification
T37 Coagulation
T38 Decanting
T39 Encapsulation
T40 Filtration
T41 Flocculation
T42 Flotation
T43 Foaming
T44 Sedimentation
T45 Thickening
T46 Ultrafiltration
T47 Other (specify)

b) Removal of Components

T48 Absorption-molecular sieve
T49 Activated carbon
T50 Blending
T51 Catalysis
T52 Crystallization
T53 Dialysis
T54 Distillation
T55 Electrodialysis
T56 Electrolysis
T57 Evaporation
T58 High gradient magnetic separation
T59 Leaching
T60 Liquid ion exchange
T61 Liquid-liquid extraction
T62 Reverse osmosis
T63 Solvent recovery
T64 Stripping
T65 Sand filter
T66 Other (specify)

Biological Treatment

T67 Activated sludge
T68 Aerobic lagoon
T69 Aerobic tank
T70 Anaerobic lagoon
T71 Composting
T72 Septic tank
T73 Spray irrigation
T74 Thickening filter
T75 Trickling filter
T76 Waste stabilization
T77 Other (specify)

U01 Any manner of use (specify)

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 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 WASTE MANIFEST		1. Generator's US EPA ID No. MA D 00 10 11 154	Manifest Document No.	2. Page 1 1 of 1	Information in the shaded areas is not required by Federal law, but may be required by State law.
3. Generator's Name and Mailing Address C.F. Jameson & Co. Inc. P.O. Box 197, Bradford, Ma 01830		6. US EPA ID Number MA D 00 10 11 154		State Manifest Document Number CT A 100 299 400	
4. Generator's Phone () 617 374 4731		7. Transporter 1 Company Name Solvent Recovery Service of N.E. CT D 00 9717504		State Trace ID 203-428-8954	
5. Transporter 2 Company Name		8. US EPA ID Number			
9. Designated Facility Name and Site Address Solvent Recovery Service of N.E. Southington, Ct		10. US EPA ID Number CT D009 717 604			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Waste, paint related Material Flammable Liquid NA 1263		27	DM	1485	Gal
b.					
c.					
d.					
15. Special Handling Instructions and Additional Information PIN 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.			
Printed/Typed Name David R. Simpson		Signature <i>David R. Simpson</i>		Date Month Day Year 5 7 85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name <i>Michael J. Simpson</i>		Signature <i>Michael J. Simpson</i>	
18. Transporter 2 Acknowledgement or Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name		Signature	
				Date Month Day Year 5 7 85	

GENERATOR

TRANSPORTER

FACILITY

ITY

IN THE EVENT OF A SPILL, CONSULT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1 800 424 8802 FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP - OIL AND CHEMICAL SPILLS AT (203) 566 3338.



SHIPPING ORDER

SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC.

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

From/To C.F. Jameson Cust. # 4574 Date May 7 1985 Pick-up # 2
72 South Kimball Rd Contact Dave Simpson Location _____
Bradford MA Phone # 617-374-4731
 P.O. # Verbal

Quantity: Drums/Coils	Comp. #	Inches	Description	Rec.	Disp.	PIN #	SRSNE Order #
27			waste mixed acetone		X	4574-97781-D	

Special Instruction:
 Vacuum Tank Customer Request Initials _____

Demurrage: Time In 10:15 Time Out 12:05 Stop #1 _____
 Stop #1 Vac Start _____ Vac Finish _____
 Verified By Dave Simpson Verified By _____

- Reason for Delay:**
- Loading/Unloading Drums
 - Pumping From/Into Drums
 - Pumping From/Into Tank
 - Other as noted

Received The Above Described Property
 In Good Condition Except As Noted:

Verified by Customer Signature

For Office Use Only:

Tractor # used _____ Trailer # Used 96532

Driver Time _____ Expenses _____

Demurrage _____ Billable _____

Vac Time _____ Vac Billable _____

Other Comments:

 SRSNE Driver



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



HAZARDOUS WASTE MANIFEST SECTION

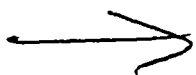
DATE: 6-79-85

SUBJECT: HAZARDOUS WASTE 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:



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

Manifest Numbers:

CTA 0029945
copy 1

- Specify () Manifest Document NO.
- (X) State Generator Id. () Waste No.
- () State Transporter Id. () DOT Id. No.
- (X) State Facility Id.
- () Transp. Phone
- (X) 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,
Stephen W. Hitchcock
Stephen W. Hitchcock
Director
Hazardous Materials Management Unit

SWH:EF:kls

Enclosures



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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HAZARDOUS WASTE MANIFEST SECTION
WARNING LETTER

Sept. 20, 1985

Subject: Hazardous Waste Manifest

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

*Rec 9/26
Returned
9/26*

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: | Item # | Item # |
| <i>CTA 0029945</i> | (1) <input checked="" type="checkbox"/> Manifest Document No. | (I) () Waste No. |
| <i>copy 6</i> | (B) () State Generator ID. | (11) () DOT ID No. |
| | (C) () State Transporter ID. | (E) <input checked="" type="checkbox"/> Facility Phone |
| | (G) <input checked="" type="checkbox"/> State Facility ID
<i>MAILING ADDRESS</i> | (13) () Total Quantity |
| | (D/F) () Transp. Phone | <u>B AND G ARE NOT NUMBERS. THEY ARE ADDRESSES.</u> |

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

Stephen W. Hitchcock
Director
Hazardous Materials Management Unit

SWE/lyb

Phone:

165 Capitol Avenue • Hartford, Connecticut 06106

An Equal Opportunity Employer

SEP 20 1985

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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



D

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.
MA.D.00.10.11.154

Manifest Document No.
0002

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but may be required by State law.

3. Generator's Name and Mailing Address
C.F. Jameson & Co. Inc. P.O. Box 197, Bradford, Ma 01830

A. State Manifest Document Number
CT A 0029945

4. Generator's Phone (617) 374 4731

B. State Gen. ID
MAD 001 01154

5. Transporter 1 Company Name
Solvent Recovery Service of N.E., CT D.00 9717604

C. State Tran. ID CT ~~5222~~ 96532

D. Tran. Phone 203-628-8084

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

E. State Tran. ID

F. Tran. Phone

9. Designated Facility Name and Site Address
Solvent Recovery Service of N.E. Southington, Ct

G. State Facility's ID S.R.S.
Po. box 302
Southington - Ct 06488

10. US EPA ID Number
C T D009 717. 604

H. Facility Phone 203-628-8084

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

12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. 27	DM 1485	Gal	D001
b.			
c.			
d.			

J. Additional Description for Materials Listed Above

K. Handling Codes for Waste Listed Above

a. Acetone, Toluol Mixture

a. T03

15. Special Handling Instructions and Additional Information

PIN 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.

Printed/Typed Name: David R. Simpson
Signature: [Signature]
Date: 5 7 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MERVIN L MONSON
Signature: [Signature]
Date: 5 7 85

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name: [Name]
Signature: [Signature]
Date: 5 7 85

19. Discrepancy Indication Space
RECEIVED

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed Typed Name: [Name]
Signature: [Signature]
Date: 5 7 85

STATE OF CONNECTICUT

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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



D

6-19-85
JB

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MA. D. QO. 10. 11. 154.	Manifest Document No.	2. Page 1 1 of 1	Information in the shaded areas is not required by Federal law, but may be required by State law.
3. Generator's Name and Mailing Address C.F. Jameson & Co. Inc. P.O. Box 197, Bradford, Ma 01830			A. State Manifest Document Number CT A 0029945		
4. Generator's Phone (301) 374-4731			B. State Gen. ID (4) South Kimball Bradford, MA 01830		
5. Transporter 1 Company Name Solvent Recovery Service of N.E.		6. US EPA ID Number CT D. 00 9717604		C. State Tran. ID CT 96532	
7. Transporter 2 Company Name		B. US EPA ID Number		E. State Tran. ID	
9. Designated Facility Name and Site Address Solvent Recovery Service of N.E. Southington, Ct		10. US EPA ID Number C.T. D009.717.604		G. State Facility's ID P.O. Box 362 Lazy Lane Southington, CN 06489	
				H. Facility's Phone: 203-628-8084	

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
	No.	Type			
a. Waste, paint related Material Flammable Liquid NA 1263 <i>R9</i>	27	DM	1485	Gal	D001
b.					
c.					
d.					

CONFIDENTIAL

J. Additional Description for Materials Listed Above Acetone, Toluol Mixture	K. Handling Codes for Waste Listed Above T04 Blending
---	---

15. Special Handling instructions and Additional Information
PIN-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.

Printed/Typed Name David R. Simpson	Signature <i>David Simpson</i>	Date Month 5 Day 7 Year 85
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name MERLON L. MONSON	Signature <i>Merlon L. Monson</i>	Date Month 5 Day 7 Year 85
18. Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name	Signature	Date Month 5 Day 7 Year 85

CONFIDENTIAL

19. Discrepancy Indication Space

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

Printed/Typed Name William H. Greider, Jr.	Signature <i>William H. Greider, Jr.</i>	Date Month 5 Day 7 Year 85
---	---	-------------------------------

GENERATOR OR FACILITY
EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER AT 1-800-424-9300
CALLS WITHIN CONNECTICUT CONTACT CT DEP AT 203-426-6700



S. Russell Sylva
Commissioner

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,

A handwritten signature in cursive script, appearing to read "William F. Cass".

William F. Cass
Director

WFC/nw

Enclosure: Annual Report for 1985

TRANSMITTAL STATEMENT

to be mailed with the Annual Report

C. F. Jameson + Co. Inc

Name of Installation

MA1001011154

EPA Identification No.

Please check the appropriate response(s):

1. We are submitting the Annual Report as required.
2. We are submitting Part 1 of the Annual Report but do not feel we are required to complete Parts 2 or 3 for the following reasons:

We did not manifest any hazardous waste (in quantities described in Who Must File) but will retain our status as a Large Quantity Generator for possible future use, or

We did not manifest hazardous waste in the quantities described in Who Must File and would like to change our status to Small Quantity Generator,* or

We did not manifest any hazardous waste, or did not generate as much as 20 kilograms of non-acutely hazardous waste in any one month, at this address and request that our EPA ID Number be withdrawn.*

We moved our operation during 1985 and are now located at:

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 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; orwho 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.
- o 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.)
- o 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.

- 1. Current Status of Installation: (check where applicable) () Generator
 () Treatment, Storage, Disposal Facility () Wastewater Treatment Unit () Recycling Permittee

2. Reporting Year: Year ending 1985

3. EPA Identification Number: MA 0001011154

4. Installation's Name: C. F. Jameson & Co. Inc.

5. Installation's Address: 72 So. Kimball St. Box 197
Bradford, Ma 01830

6. Installation Contact: Benjamin J. Jameson Tel. No.: 617-374-4731

7. Does your installation discharge process wastewater? Yes No

If yes: (a) NPDES Permit Number _____ or

(b) Groundwater discharge permit _____ or

(c) Name of municipal sewerage system Haverhill, Ma.

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?

Yes No (For verification, contact your DEQE Regional office.)

9. Transportation Services Used: (list name and EPA ID number of each)

Solvent Recovery Service of N.E. CT 0009717604

ATTACH MAILING LABEL
IF INCORRECT

10. Certification:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. 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 310 CMR 3.00, Regulations Governing Access to and Confidentiality of Department Records and Files under the Hazardous Waste Management Act.

Authorized Signature of Owner/Operator or Designated Official

Date Signed

Print or Type Name

Title of Person Signing

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: MA0001011154

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: Box 362 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	A Description of Waste	B EPA Waste Number	C Quantity of Waste	D Unit Code (G,P,T,Y)	E Receiving Facility Handling Code
1	Waste Paint Related Material Flammable NA-1263 Liquid	10001	1,485	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 .
- 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's EPA Identification Number: 11.42001011154

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

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)

- 1) Treatment as an integral part of the manufacturing process (as defined in Mass. regulations, 310 CMR 30.010)
- 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.)

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 processing of our waste, on site, ~~on remote~~ ^{October} ~~December~~.

However, prior to installation we were disposing of our waste through Solvent Recovery service of N.E.

Now that we have ^{the} still running, we have also applied for and received status as a small generator. Thus, this will be our last

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

annual report.

PART 3

ANNUAL REPORT FOR WASTEWATER TREATMENT UNITS

15. Facility's EPA Identification Number: _____
16. Wastewater Treatment (see 310 CMR 30.605):
(Repeat 16. A, B, and C for each waste processed: attach additional sheets as needed.)
- A. Description of waste treated: _____ EPA Waste No: _____
- B. Amount of waste entering the treatment process: _____ gallons
(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.)

PART 3

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					

* G - gallons P - pounds T - tons Y - cubic yards

The following three questions are to be completed by all companies reporting on line 16 and/or line 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):

PART 3

ANNUAL REPORT FOR WASTEWATER TREATMENT UNITS

AND FOR AUTHORIZED TREATMENT, STORAGE AND DISPOSAL FACILITIES

15. Facility's EPA Identification Number:

9	9	0	0	0	/	0	/	1	/	1	5	4
---	---	---	---	---	---	---	---	---	---	---	---	---

16. Wastewater Treatment:

A. Description of waste: _____ EPA Waste No: _____

B. Amount of waste entered for processing: _____ gallons
(Estimated annual quantity can be determined by multiplying gallons per day by number of work days in the calendar year.)

C. Description of processing: _____ Handling Code: _____
(Handling Codes can be found on the last page of the report.)

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

Instructions for completing columns A - E below are found 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. 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): .

HANDLING CODES FOR TREATMENT, STORAGE AND DISPOSAL METHODS

STORAGE

S01 Container (barrel, drum, etc.)
S02 Tank
S03 Waste pile
S04 Surface impoundment
S05 Other (specify)

DISPOSAL

D79 Injection well
D80 Landfill
D81 Land application
D82 Ocean disposal
D83 Surface impoundment

TREATMENT

T01 Tank
T02 Surface impoundment
T03 Incinerator
T04 Other:

Thermal Treatment

T06 Liquid injection incinerator
T07 Rotary kiln incinerator
T08 Fluidized bed incinerator
T09 Multiple hearth incinerator
T10 Infrared furnace incinerator
T11 Molten salt destructor
T12 Pyrolysis
T13 Wet air oxidation
T14 Calcination
T15 Microwave discharge
T16 Cement kiln
T17 Lime kiln
T18 Other (specify)

Chemical Treatment

T19 Absorption mound
T20 Absorption field
T21 Chemical fixation
T22 Chemical oxidation
T23 Chemical precipitation
T24 Chemical reduction
T25 Chlorination
T26 Chlorinalysis
T27 Cyanide destruction
T28 Degradation
T29 Detoxification
T30 Ion exchange
T31 Neutralization
T32 Ozonation
T33 Photolysis
T34 Other (specify)

Physical Treatment

a) Separation of Components

T35 Centrifugation
T36 Clarification
T37 Coagulation
T38 Decanting
T39 Encapsulation
T40 Filtration
T41 Flocculation
T42 Flotation
T43 Foaming
T44 Sedimentation
T45 Thickening
T46 Ultrafiltration
T47 Other (specify)

b) Removal of Components

T48 Absorption-molecular sieve
T49 Activated carbon
T50 Blending
T51 Catalysis
T52 Crystallization
T53 Dialysis
T54 Distillation
T55 Electrodialysis
T56 Electrolysis
T57 Evaporation
T58 High gradient magnetic separation
T59 Leaching
T60 Liquid ion exchange
T61 Liquid-liquid extraction
T62 Reverse osmosis
T63 Solvent recovery
T64 Stripping
T65 Sand filter
T66 Other (specify)

Biological Treatment

T67 Activated sludge
T68 Aerobic lagoon
T69 Aerobic tank
T70 Anaerobic lagoon
T71 Composting
T72 Septic tank
T73 Spray irrigation
T74 Thickening filter
T75 Trickling filter
T76 Waste stabilization
T77 Other (specify)

U01 Any manner of use (specify)

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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 WASTE MANIFEST		1. Generator's US EPA ID No. MA D 00 10 15 154	2. Manifest Document No. 0002	3. Page ID R of 1	Information in the shaded areas is not required by Federal law, but may be required by State law.
3. GENERATOR'S Name and Mailing Address C.F. JAMESON & CO., INC., P.O. BOX 197 BRADFORD, MA 01830		A. State Manifest Document Number CT B 0003191		B. State Gen. ID MA D 001 01154	
4. GENERATOR'S Phone ()	5. TRANSPORTER 1 Company Name SOLVENT RECOVERY SERVICE OF N.E. CT 6 00 9717604	6. US EPA ID Number	C. State Tran. ID 61-26532	D. Tran. Phone 203-628-8084	
7. TRANSPORTER 2 Company Name	8. US EPA ID Number	E. State Tran. ID	F. Tran. Phone ()		
9. DESIGNATED FACILITY Name and Site Address SOLVENT RECOVERY SERVICE OF N.E. SOUTHINGTON, CT		10. US EPA ID Number CT D009 717.604	G. State Facility's ID P.O. BOX 362 SOUTHINGTON, CT		H. Facility's Phone (203) 628-1000
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	15. Waste No.
a. WASTE, PAINT RELATED MATERIAL FLAMMABLE LIQUID NA 1263		No. 15 Type DR	225	GAL	D001
b.					
c.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
a. ACETOSE, TOLUOL MIXTURE		b. TOP BLENDING			
b.		c.			
c.		d.			
15. SPECIAL HANDLING Instructions and Additional Information PIH-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 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 DAVID R. SIMPSON		Signature <i>[Signature]</i>		Date 01 30 86	
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name MARIC PAPARELLO		Signature <i>[Signature]</i>		Date 01-30-86	
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Date 10 1 30 86	
19. DISCREPANCY Indication Space					
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19					
Printed/Typed Name		Signature		Date 01 3 0 86	

COPY 8: GENERATOR: Retained by Generator

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 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 WASTE MANIFEST		1. Generator's US EPA ID No. MAD 001011154	Manifest Document No. 003	12. Page ID 1 of 1	Information in the shaded areas is not required by Federal law, but may be required by State law.	
3. GENERATOR'S Name and Mailing Address C F JAMESON & CO, INC, P O BOX 197 BRADFORD, MA 01830			A. State Manifest Document Number CT B 0002895		B. State Gen ID 72 S. KIMBALL ST BRADFORD, MA	
4. GENERATOR'S Phone (617) 374-4731		6. US EPA ID Number W.E. ct. d. 009737604		C. State Tran. ID CT-96532		D. Tran. Phone (203) 628-8084
5. TRANSPORTER 1 Company Name SOLVENT RECOVERY SERVICE OF		8. US EPA ID Number		E. State Tran. ID		F. Tran. Phone
7. TRANSPORTER 2 Company Name		10. US EPA ID Number		G. State Facility's ID P O BOX 362 SOUTHINGTON, CT 06489		H. Facility's Phone (203) 628-8084
9. DESIGNATED FACILITY Name and Site Address SOLVENT RECOVERY SERVICE OF N.E. SOUTHINGTON, CT - LAZY LANE 06489		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. WASTE, FLAMMABLE LIQUID NOS UN 1993				34	DM	1370
b. WASTE, FLAMMABLE SOLID NOS UN 1325				2	DM	500
c.						
d.						
J. Additional Descriptions for Materials Listed Above a. ACETONE 43% TOLUOL 57%				K. Handling Codes for Wastes Listed Above TOX Blending SC1		
15. SPECIAL HANDLING Instructions and Additional Information PIN-4778-FD PIN-011823-0D						
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. 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 DAVID R. SIMPSON				Signature <i>David Simpson</i>		Date 09 17 86
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials Printed/Typed Name Mark Peperello				Signature <i>Mark Peperello</i>		Date 09 17 86
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature		Date 09 17 86
19. DISCREPANCY Indication Space						
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						Date
Printed/Typed Name DALE A BLISS				Signature <i>Dale Bliss</i>		Date 09 18 86

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 FOR SPILLS WITHIN CONNEC. OR CONTACT CT DEPT. OF ENVIRONMENTAL PROTECTION 1-800-368-3337

**STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION**

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



PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter. RMO:TOUR 7/81)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MA9 001011154		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but may be required by State law									
3. GENERATOR'S Name and Mailing Address C P JAMESON & CO, INC, P O BOX 197 BRADFORD, MA 01830				A. State Manifest Document Number CT B 0002895											
4. GENERATOR'S Phone (617) 374-4731				B. State Gen. ID: 72 S. KIMBALL ST BRADFORD, MA											
5. TRANSPORTER 1 Company Name SOLVENT RECOVERY SERVICE OF N.E. CT. C. 009717604		6. US EPA ID Number		C. State Tran. ID CT-96532		D. Tran. Phone (203) 628-8084									
7. TRANSPORTER 2 Company Name		8. US EPA ID Number		E. State Tran. ID		F. Tran. Phone ()									
9. DESIGNATED FACILITY Name and Site Address SOLVENT RECOVERY SERVICE OF N.E. SOUTHINGTON, CT				10. US EPA ID Number CT 0009717 604		G. State Facility's ID P O BOX 362 SOUTHINGTON, CT									
				H. Facility's Phone (203) 628-8084											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vo		15. Waste No.			
						No.		Type							
a. WASTE, FLAMMABLE LIQUID NOS UN 1993						34		DM		1370		GAL		8001	
b. WASTE, FLAMMABLE SOLID NOS UN 1325						2		DM		600		LBS		8001	
c.															
d.															
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above									
a. ACRYONE 43%						a.									
b. TOLUOL 57%						b.									
15. SPECIAL HANDLING Instructions and Additional Information															
PIR-4778-FD PIR-011823-09															
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.															
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										Signature		Date			
DEVID R. SIMPSON										<i>David R. Simpson</i>		09 17 86			
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials															
Printed/Typed Name						Signature			Date						
<i>Mark Pazzullo</i>						<i>Mark Pazzullo</i>			09 17 86						
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials															
Printed/Typed Name						Signature			Date						
									09 17 86						
19. DISCREPANCY Indication Space															
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19															
Printed/Typed Name						Signature			Date						
									09 17 86						

COPY 8: GENERATOR: Retained by Generator

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 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 WASTE MANIFEST		Generator's US EPA ID No.: .MAD.0010.11154		Manifest Document No.: 0.04		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but may be required by State law					
3. GENERATOR'S Name and Mailing Address C.F. JAMESON & CO, INC, P O BOX 197 BRADFORD, MA 01830				A. State Manifest Document Number CT B-0002997									
4. GENERATOR'S Phone (517) 374-1203				B. State Gen. ID: 72-3 KIMBALL ST BRADFORD, MA									
5. TRANSPORTER 1 Company Name SOLVENTS RECOVERY SERVICE OF N.E.				6. US EPA ID Number .ct.d.009717604		C. State Tran. ID: CT-56280		D. Tran. Phone (203) 628-8084					
7. TRANSPORTER 2 Company Name				8. US EPA ID Number		E. State Tran. ID		F. Tran. Phone					
9. DESIGNATED FACILITY Name and Site Address SOLVENT RECOVERY SERVICE OF N.E. LAZY LANE SOUTHINGTON, CT 06484				10. US EPA ID Number .CT.D009717604		G. State Facility's ID: P O BOX 362 SOUTHINGTON, CT 06489							
						H. Facility's Phone: (203) 628-8084							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
						No.		Type					
a. WASTE, FLAMMABLE LIQUID NOS UN 1993						034 DM		1750		G		D001	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
a. ACETONE 43% TOLUOL 57%						b. bleeding							
b.						c.							
c.						d.							
15. SPECIAL HANDLING Instructions and Additional Information						PIN-4778-FD <p align="center">I HAVE SIGNED THE WASTE MINIMIZATION STATEMENT.</p>							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.										If shipping applicable			
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										If shipping applicable under free I have			
										Date			
Printed/Typed Name DAVID R. SIMPSON				Signature <i>David Simpson</i>				Month Day Year 10 04 1987					
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials										Date			
Printed/Typed Name <i>Jeff Washburn</i>				Signature <i>Jeff Washburn</i>				Month Day Year 10 04 1987					
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials										Date			
Printed/Typed Name				Signature				Month Day Year					
19. DISCREPANCY Indication Space													
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18										Date			
Printed/Typed Name <i>Dale A Bliss</i>				Signature <i>Dale A Bliss</i>				Month Day Year 10 04 1987					

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER AT 1-800-424-9300. FOR SPILLS WITHIN CONNECTICUT, CONTACT STATE DEPT. OF ENVIRONMENTAL PROTECTION AT 1-800-392-6262.

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 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 WASTE MANIFEST		Generator's US EPA ID No. HAD 001011154	Manifest Document No. 1 of 1	Information in the shaded areas is not required by Federal law, but may be required by State law.	
3. GENERATOR'S Name and Mailing Address C.F. JAMESON & CO, INC, P O BOX 197 BRADFORD, MA 01830		A. State Manifest Document Number CT B 0002997		B. State Gen. ID 72 S KIMBALL ST BRADFORD, MA	
4. GENERATOR'S Phone 617 374-1203		6. US EPA ID Number 009717604		C. State Tran. ID CT-0002997	
5. TRANSPORTER 1 Company Name SOLVENTS RECOVERY SERVICE OF N.E.		8. US EPA ID Number		D. Tran. Phone (603) 628-8084	
7. TRANSPORTER 2 Company Name		10. US EPA ID Number		E. State Tran. ID	
9. DESIGNATED FACILITY Name and Site Address SOLVENT RECOVERY SERVICE OF N.E. LAZY LAKE SOUTHINGTON, CT 06484		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) WASTE, FLAMMABLE LIQUID NOS UN 1993		F. Tran. Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt./Vol.	Waste No.
J. Additional Descriptions for Materials Listed Above a. ACETONE 43% b. TOLUOL 57%		K. Handling Codes for Wastes Listed Above a. b. c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t. u. v. w. x. y. z.			
15. SPECIAL HANDLING Instructions and Additional Information PIR-4776-PD I HAVE SIGNED THE WASTE MINIRIZATION STATEMENT.					
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. 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 DAVID R. SIMPSON		Signature <i>David Simpson</i>		Date 04 09 87	
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name <i>Jeff Voloshin</i>		Signature <i>Jeff Voloshin</i>		Date 04 09 87	
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Date	
19. DISCREPANCY Indication: Space					
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19					
Printed/Typed Name		Signature		Date	

COPY 8: GENERATOR: Retained by Generator

INVOICE



CUSTOM DISTILLATIONS
FOR INDUSTRY

S R S, INC.
1200 SYLVAN STREET
LINDEN, NEW JERSEY 07036
(201) 862-2000

DATE	NO.
4/14/87	302428

REMIT TO

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

SOLD TO

CF JAMESON COMPANY

SOUTH KIMBALL STREET
BRADFORD
MA 01830

SHIP TO

CF JAMESON COMPANY

SOUTH KIMBALL STREET
BRADFORD
MA 01830

BATCH NO.	SALES NO.	CUST. CODE	CUST. ORDER NO.	TERMS
054125	022	004574	5246	NET 15 DAYS
DATE SHIPPED	BY	THROUGH	SHIPPED VIA	F.O.B.
4/09/87		SRSNE		

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
34	(ACETONE SLUDGE)	50.00	1700.00
1.00	TRAVEL EXPENSE	385.0000	385.00
1700.00	MASS. TRANSPORTER'S TAX	.0920	156.40

*** PLEASE PAY THIS AMOUNT ***

2241.40

\$65.91/d

Handwritten notes:
Bal pd 1141.40
1100.00
pd 6/16
ch # 19037
7/29 ch # 18967
Fact Expense

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

4/24



SHIPPING ORDER

SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC.

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

(203) 628-8084

Bring manifest

From CT Jameson
70 South Kimball Rd
Bradford MA
P.O. # 5246

Cust. # 4574 Date April 9 1987
Contact David Simpson
Phone # 617 374 4731

Pick-up #2 _____
Location _____

Quantity: Drums/	Comps #	Inches	Description	Rec.	Disp.	PIN #	SRSNE Order #
34			Waste flammable liquid nos UN1993 D001		X	004778 FD	
			list nos description & etc				
			On manifest				

Special Instruction:
Vacuum Tank Customer Request Initials _____

Demurrage: Time In 12:00 Time Out 1:10
Stop #1 Vac Start _____ Vac Finish _____

Demurrage: Time In _____ Time Out _____
Stop #2 Vac Start _____ Vac Finish _____

Verified By [Signature]

Verified By _____

- Reason for Delay:
- Loading/Unloading Drums
 - Pumping From/Into Drums
 - Pumping From/Into Tank
 - Other as noted

Received The Above Described Property
In Good Condition Except As Noted:

Verified by Customer Signature

For Office Use Only:

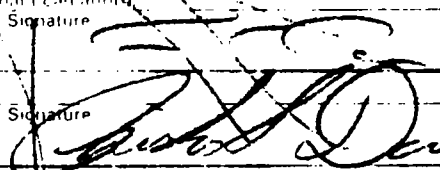
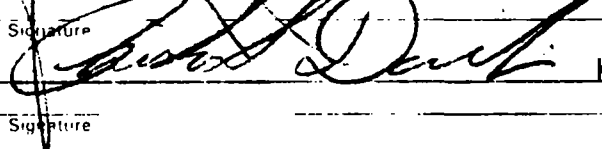
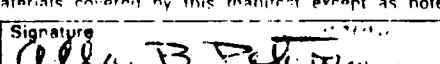
Tractor # used 804 Trailer # Used U-1
 Driver Time _____ Expenses _____
 Demurrage _____ Billable _____
 Vac Time _____ Vac Billable _____
 Other Comments: _____

SRSNE Shipper/Receiver

SRSNE Driver

**STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST PROGRAM, State Office Building, Hartford, CT 06106**

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

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No. GA D 00 10 1 1 1 54 0001		2 Page 1 of 1		Information in the shaded areas is not required by Federal law, but may be required by State law.	
3 Generator's Name and Mailing Address C.F. JAMESON & CO., INC. BOX 197, BRADFORD, VA 08830				A State Manifest Document Number CT C 0161323			
4 Generator's Phone (617) 374-4731				B State Facility ID 2-80-Kerrall St. Bradford-M XXXXXXXXXXXXXXXXXXXX			
5 Transporter 1 Company Name SOLVENT RECOVERY SERVICE OF NE		6 US EPA ID Number CT D 0 0 9 7 1 7 6 0 4		C State Tran ID CT 56280		D Tran Phone (203) 621-8383	
7 Transporter 2 Company Name		8 US EPA ID Number		E State Tran ID		F Tran Phone ()	
9 Designated Facility Name and Site Address SOLVENT RECOVERY SERVICE OF N.E. LAZY LANE SOUTHINGTON, CT 06489				10 US EPA ID Number CT D 0 0 9 7 1 7 6 0 4		G State Facility ID P.O. BOX 962 SOUTHINGTON, CT 06489	
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) RQ WASTE FLAMMABLE LIQUID NOS (F003, F005) FLAMMABLE LIQUID UN-1993				12 Containers No. Type 26 DM		13 Total Quantity 1430	
				14 Unit Wt./Vol G		Waste No. F003, F005	
J Additional Descriptions for Materials Listed Above ACETONE - 20-25% MEK 20-25%				K Handling Codes for Wastes Listed Above 150 Blending		L Special Handling Instructions and Additional Information PIR 004778-PD	
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable State laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name: BENJAMIN J. JAMESON				Signature: 		Month Day Year: 06/16/88	
17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: Richard Domschine				Signature: 		Month Day Year: 06/16/88	
18 Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name:				Signature:		Month Day Year:	
19 Discrepancy Indication Space							
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name: ALLAN B. PETERSON							
				Signature: 		Month Day Year: 06/16/88	

DO NOT PLACE THIS MANIFEST IN A RECYCLING BIN OR IN A CONTAINER WITH OTHER WASTE. THIS MANIFEST IS THE PROPERTY OF THE STATE OF CONNECTICUT AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.

COPY 3: GENERATOR COMPLETED COPY

**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.)

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No SA 00 00 10 1 1 1 33 0001	Manifest Document No	2 Page 1 of 1	Information in the shaded areas is not required by Federal law, but may be required by State law.	
3 Generator's Name and Mailing Address C.F. JAMES & CO., INC. 400 1ST, BRADFORD, CT 06408 4 Generator's Phone (817) 394-8737				A State Manifest Document Number CT C 0161323		
5 Transporter 1 Company Name SOLVENT RECOVERY SERVICE OF N.J.		6 US EPA ID Number CT 00 09 7 1 7 6 0 1		C State Tran ID S 1 6 2 5 0		
7 Transporter 2 Company Name		8 US EPA ID Number		D Tran Phone (703) 621-6383		
9 Designated Facility Name and Site Address SOLVENT RECOVERY SERVICE OF N.J. 1227 LAKE SOUTHINGTON, CT 06489				E State Tran ID		
				F Tran Phone ()		
				G State Facility ID P.O. BOX 362 SOUTHINGTON, CT 06489		
				H Facility's Phone 303-621-6383		
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers	13 Total Quantity	14 Unit Wt/Vol	Waste No.	
R & WASTE FLAMMABLE LIQUID NOS (7003, 7005) FLAMMABLE LIQUID UN-1993		No 26	Type DM	Quantity 11430	Unit Wt/Vol G	Waste No. 7003, 7005
J Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above				
a ACETOENE - 20-25X		c TOLUENE - 20-25X				
b MEK 20-25X		d PAINT SOLIDS 3-15X				
15 Special Handling Instructions and Additional Information PTN 00477A-PA						
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable State laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name BENJAMIN J. JAMESON		Signature			Month Day Year 10/6/16/89	
17 Transporter 1 Acknowledgement of Receipt of Materials		Signature			Month Day Year 12/1/16/89	
Printed/Typed Name		Signature			Month Day Year	
18 Transporter 2 Acknowledgement of Receipt of Materials		Signature			Month Day Year	
Printed/Typed Name		Signature			Month Day Year	
19 Discrepancy Indication Space						
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19:						
Printed/Typed Name		Signature			Month Day Year	

COPY 8: GENERATOR: Retained by Generator

U I C U I D O L C C O

FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP - OIL AND CHEMICAL SPILLS AT 203-768-3234
IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD - 400-424-AR02

NOTIFICATION OF SHIPMENT OF A HAZARDOUS WASTE RESTRICTED FROM LAND DISPOSAL



GENERATOR: _____

ADDRESS: _____

MANIFEST #: CT 0-111323

PI# #: 004775-FLD

EPA Waste # (F003, F005)

I. Table ECHE - Constituent in Waste Extract 40 CFR 268.41

Concentration (in mg/l)	Wastewaters Containing Spent Solvents	All Other Spent Solvent Wastes
F001 F005 Spent Solvents		
Acetone	0.05	0.59
n-Butyl alcohol	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzene	.15	.05
Cresols (and cresylic acid)	2.82	.75
Cyclohexanone	.125	.75
1,2-dichlorobenzene	.65	.125
Ethyl acetate	.05	.75
Ethyl benzene	.05	.053
Ethyl ether	.05	.75
Isobutanol	5.0	5.0
Methanol	.25	.75
Methylene chloride	.20	.96
Methylene chloride (from the pharmaceutical industry)	12.7	.96
Methyl ethyl ketone	0.05	0.75
Methyl isobutyl ketone	0.05	0.33
Nitrobenzene	0.66	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Toluene	1.12	0.33
1,1,1-Trichloroethane	1.05	0.41
1,2,2-Trichloro-1,2,2-trifluoroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15

F020-F023 and F026-F028 Wastes

	Concentration
HxCDD-All Hexachlorodibenzo-p-dioxins	<1 ppb
HxCDF-All Hexachlorodibenzofurans	<1 ppb
PeCDD-All Pentachlorodibenzo-p-dioxins	<1 ppb
PeCDF-All Pentachlorodibenzofurans	<1 ppb
TCDD-All Tetrachlorodibenzo-p-dioxins	<1 ppb
TCDF-All Tetrachlorodibenzofurans	<1 ppb
2,4,5-Trichlorophenol	<0.05 ppm
2,4,6-Trichlorophenol	<0.05 ppm
2,3,4,6-Tetrachlorophenol	<0.10 ppm
Pentachlorophenol	<0.01 ppm

II. "California List" 40 CFR 288.32

- (1) Liquid hazardous wastes have a pH less than or equal to two (2.0).
- (2) Liquid hazardous wastes containing polychlorinated biphenyls (PCBs) at concentrations greater than or equal to 50 ppm.
- (3) Liquid hazardous wastes that are primarily water and contain halogenated organic compounds (HOCs) in total concentration greater than or equal to 1,000 mg/l and less than 10,000 mg/l HOCs.

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.
- (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:

- (i) arsenic 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;
- (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.

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)

- Attached analysis
- Knowledge of the waste and the generating process

Authorized representative signature _____

Print or type name J. V. S. ...

Title _____

Date _____

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Hazardous Waste MANIFEST PROGRAM, State Office Building, Hartford, CT 06106



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

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No M1A D 01 01 1 01 1 1 1 5 1 1 0 0 5 1	Manifest Document No 1	2 Page 1 of 1	Information in the shaded areas is not required by Federal law, but may be required by State law.	
3 Generator's Name and Mailing Address C.F. JAMFSON & CO., INC. 72 SOUTH KIMBALL STREET, BRADFORD, MA 01835				A State Manifest Document Number CT C 0105459		
4 Generator's Phone (508) 374-4731				B State Gen ID 72 S. KIMBALL ST. BRADFORD, MA 01835		
5 Transporter 1 Company Name ASHLAND CHEMICAL CO.				C State Tran ID 31344 MA		
6 US EPA ID Number				D Tran Phone (508) 851-0778		
7 Transporter 2 Company Name				E State Tran ID		
8 US EPA ID Number				F Tran Phone ()		
9 Designated Facility Name and Site Address SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. LAZY LANE SOUTHINGTON, CONN. 06489				G State Facility's ID P O BOX 362 SOUTHINGTON, CONN. 06489		
10 US EPA ID Number 0009717604				H Facility's Phone (508) 521-8383		
11 US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers	13 Total Quantity	14 Unit Wt/Vol	15 Waste No	
a R O HAZARDOUS WASTE SOLID, N.O.S. ORM-E, NA9189 (F003, F005)		0 0 5 D M	2 7 5 G		F003 F005	
b						
c						
d						
16 Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
a XYLENE, ACETONE TOLUENE, MEK				a. 301		
b				b.		
c.				c.		
d.				d.		
17 Special Handling Instructions and Additional Information PIN #109-ACC-0062 SRS PIN #790062-ID						
18 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 I am a large quantity generator. I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name: <u>JOSEPH RAYMOND</u> Signature: <u>Joseph Raymond</u> Month Day Year: <u>10 1 588</u>						
19 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: <u>Dennis MacCallum</u> Signature: <u>Dennis MacCallum</u> Month Day Year: <u>11 0 5 88</u>				20 Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name				Signature		
Printed/Typed Name				Signature		
Printed/Typed Name				Signature		
19 Discrepancy Indication Space						
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name: <u>ALLAN B. PETERSON</u> Signature: <u>Allan B Peterson</u> Month Day Year: <u>11 0 6 88</u>						

COPY 3: GENERATOR COMPLETED COPY

C I C C C C C C

IN THE SPILL CONTAINING THE NATIONAL RESPONSE TEAM (NRT) TO THE SPILL, CONTACT THE NATIONAL RESPONSE TEAM (NRT) AT 1-800-424-8802. IF YOU ARE A SPILLER, CONTACT THE NATIONAL RESPONSE TEAM (NRT) AT 1-800-424-8802.

**STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION**
Hazardous Waste MANIFEST PROGRAM, State Office Building, Hartford, CT 06106



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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No KADFC0101115410051		Manifest Document No 10051		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but may be required by State law										
3. Generator's Name and Mailing Address C.F. JAMESON & CO., INC. 72 SOUTH ZIMBALL STREET, BRADFORD, MA 01835						A. State Manifest Document Number CT C 0105459												
4. Generator's Phone (508) 374-4731						B. State Gen. ID 72 S. ZIMBALL ST. BRADFORD, MA 01835												
5. Transporter 1 Company Name ASHLAND CHEMICAL CO.				6. US EPA ID Number MA D 9 8 1 2 0 7 5 6 6		C. State Tran. ID 01344MA												
7. Transporter 2 Company Name				8. US EPA ID Number		D. Tran. Phone 508 851-0778												
9. Designated Facility Name and Site Address SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. LAZY LANE SOUTHINGTON, CONN. 06489						10. US EPA ID Number 01 0 0 9 7 1 7 6 0 4												
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.						
a. R C HAZARDOUS WASTE SOLID, N.O.S. OFF-E, RA9189 (F003, F005)						No. 005 DM		Type 275 G		Wt/Vol		Waste No. F003 F005						
b.																		
c.																		
d.																		
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above												
a. XYLENE, ACETONE TOLUENE, MEK						a.												
b.						b.												
c.						c.												
d.						d.												
15. Special Handling Instructions and Additional Information																		
PIR #104-ACC-0062																		
SAS PIR #790062-ID																		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable State laws and regulations																		
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford																		
Printed/Typed Name					Signature					Month Day Year								
JOSEPH RAYMONT																		
17. Transporter 1 Acknowledgement of Receipt of Materials					Printed/Typed Name					Signature					Month Day Year			
															1/12/81			
18. Transporter 2 Acknowledgement of Receipt of Materials					Printed/Typed Name					Signature					Month Day Year			
19. Discrepancy Indication Space																		
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.																		
Printed/Typed Name					Signature					Month Day Year								

FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP. OIL AND CHEMICAL SPILLS AT (203) 566-7178
FOR A SPILL, CONTACT THE NATIONAL RESPONSE CENTER U.S. COAST GUARD 1-800-424-1802
IN THE EVENT

COPY 8: GENERATOR: Retained by Generator



DRIVER'S CHECKLIST FOR WASTE AND RECYCLING PICK UP



99945

Customer's Name

C.F. Jamison & Co.

DRUMS	COMMENTS
No Leaking Drums	OK
No Bulged Head or Bottom	OK
No Dents in Drum Chimes	OK
No Large Dents on Sides	OK
General Appearance, Good Clean & Dry	OK
Tap or Probe Rusty Areas, if Very Rusty	OK
Bungs Tight	OK
Must Have Bungs in Top	OK
Open Head Drum, Gaskets Installed with 5/8" Bolt Rings with Bolt Down and Tight	OK
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)	OK
Drum Weight (Not Over 700 lbs.)	OK
WASTE LABEL	COMMENTS
Proper D.O.T. Shipping Description	OK
UN or NA Number	OK
Generator's Name & Address	OK
Generator's USEPA I.D. Number	OK
EPA Waste Number	OK
Accumulation Date	OK
Manifest Document Numbers (Must match customer assigned number on manifest and also put preprinted manifest number below it.)	OK
Restricted Waste Forms (Has customer signed and attached form for F001 - F005 Wastes?)	OK

NOTE: Sales/Order personnel will attach this to Waste/Recycling 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 <i>Joseph Raymond</i>	DATE <i>10/15/88</i>
DRIVER SIGNATURE <i>D. [Signature]</i>	DATE <i>10/15/88</i>

SALES ORDER - 9221C REGULAR ORDER

10064

TIME 10:46	DATE OF ORDER 10/05/88	00191											
CO NO 1	DIV 01	ORG 09	ACCOUNT NO 058970	DEST. 04	SLSM 04	SHIPPED VIA ASHLAND TRUCK	SHIP FROM (CITY AND STATE) BOSTON, MA	SHIP TO DEST-2	FREIGHT PPD-1, COLL-2	SHIP CODE TC-1, LTL-2	TERMS 31	OCO N	REQUESTED SHIP DATE 10/05/88
DATE SHIPPED 10/5/88							CUSTOMER ORDER AND REG. NO. ERRAN REF			TRUCK NO. 14814	TANK NO.	DELIVERED BY D	

SHIP TO
C.T. JAMESON & CO. INC.
70 SO. KIMBALL ST.
BRADFORD, MA 01835

ATTENTION DIRECTOR OF PURCHASING: All shipments shall be governed by the Terms and Conditions on the reverse side. Acceptance of delivery shall be deemed acceptance of such provisions. No other terms shall have effect unless in writing signed by the seller.

THIS IS TO CERTIFY THAT THE HEREIN NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

HM	DESCRIPTION	QUANTITY ORD		QTY / CTR	DRUM CODE	TEMP.	NET QUANTITY SHIPPED	BILLING QUANTITY
		QUANTITY	UM					
	HAZ WASTE SOLID SRSE 790062-1D	5	E				5	
<p>In the event of any emergency concerning the product in this shipment, call toll free 1-800-424-9200.</p>								

RETURNED CONTAINER-DESCRIPTION	SIZE CONT.	MISSING PARTS	QUANTITY PICKED-UP	DEPOSIT AMOUNT	SUBJECT TO CORRECTION OF CLERICAL ERRORS
					Receiver: I have identified the product(s) we are receiving, assume responsibility for the delivery hose connecting to the proper line and that we have space for the amount of product being delivered.

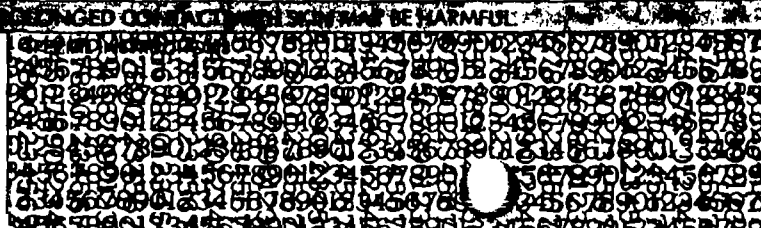
WARNING: EXCESSIVE INHALING OF SOLVENT OR PROLONGED CONTACT WITH SKIN MAY BE HARMFUL.

UM - UNIT OF MEASURE
E - EACH
G - GALLON
P - POUND

DRUM CODE
0 - NO DRUM DEPOSIT
1 - AUTOMATIC DRUM DEPOSIT
2 - MANUAL DRUM DEPOSIT
3 - ASHLAND DRUM INCL

HOW BILLED
E - EACH H - CWT
G - GALLON T - TON
P - POUND

ORDER NUMBER



FOR INFORMATION REGARDING THIS ORDER CALL:
1-800-424-9200

RECEIVED BY *Frank Raymond* 10-5-88

CUSTOMER COPY

NOTIFICATION OF SHIPMENT OF A HAZARDOUS WASTE RESTRICTED FROM LAND DISPOSAL



GENERATOR: C.F. JAMESON & CO., INC.

ADDRESS: 72 SOUTH KIMBALL STREET, BRADFORD, MA 01835

MANIFEST #: CT C 0105459

PI #: 790062-ID

I. Table CCWE - Constituent in Waste Extract 40 CFR 268.41

Concentration (in mg/l)	Wastewater Containing Spent Solvents	All Other Spent Solvent Wastes
<u>F001-F005 Spent Solvents</u>		
<input checked="" type="checkbox"/> Acetone	0.05	0.59
<input type="checkbox"/> n-Butyl alcohol	5.0	5.0
<input type="checkbox"/> Carbon disulfide	1.05	4.81
<input type="checkbox"/> Carbon tetrachloride	.05	.96
<input type="checkbox"/> Chlorobenzene	.15	.05
<input type="checkbox"/> Cresols (and cresylic acid)	2.82	.75
<input type="checkbox"/> Cyclohexanone	.125	.75
<input type="checkbox"/> 1,2-dichlorobenzene	.65	.125
<input type="checkbox"/> Ethyl acetate	.05	.75
<input type="checkbox"/> Ethyle benzene	.05	.053
<input type="checkbox"/> Ethyl ether	.05	.75
<input type="checkbox"/> Isobutanol	5.0	5.0
<input type="checkbox"/> Methanol	.25	.75
<input type="checkbox"/> Methylene chloride	.20	.96
<input type="checkbox"/> Methylene chloride (from the pharmaceutical industry)	12.7	.96
<input checked="" type="checkbox"/> Methyl ethyl ketone	0.05	0.75
<input type="checkbox"/> Methyl isobutyl ketone	0.05	0.33
<input type="checkbox"/> Nitrobenzene	0.66	0.125
<input type="checkbox"/> Pyridine	1.12	0.33
<input type="checkbox"/> Tetrachloroethylene	0.079	0.05
<input checked="" type="checkbox"/> Toluene	1.12	0.33
<input type="checkbox"/> 1,1,1-Trichloroethane	1.05	0.41
<input type="checkbox"/> 1,2,2-Trichloro-1,2,2-trifluoroethane	1.05	0.96
<input type="checkbox"/> Trichloroethylene	0.062	0.091
<input type="checkbox"/> Trichlorofluoromethane	0.05	0.96
<input checked="" type="checkbox"/> Xylene	0.05	0.15

F020-F023 and F026-F028 Wastes

Concentration

<input type="checkbox"/> HxCDD-All Hexachlorodibenzo-p-dioxins	<1 ppb
<input type="checkbox"/> HxCDF-All Hexachlorodibenzofurans	<1 ppb
<input type="checkbox"/> PeCDD-All Pentachlorodibenzo-p-dioxins	<1 ppb
<input type="checkbox"/> PeCDF-All Pentachlorodibenzofurans	<1 ppb
<input type="checkbox"/> TCDD-All Tetrachlorodibenzo-p-dioxins	<1 ppb
<input type="checkbox"/> TCDF-All Tetrachlorodibenzofurans	<1 ppb
<input type="checkbox"/> 2,4,5-Trichlorophenol	<0.05 ppm
<input type="checkbox"/> 2,4,6-Trichlorophenol	<0.05 ppm
<input type="checkbox"/> 2,3,4,6-Tetrachlorophenol	<0.10 ppm
<input type="checkbox"/> Pentachlorophenol	<0.01 ppm

II. "California List" 40 CFR 288.32

- (1) Liquid hazardous wastes have a pH less than or equal to two (2.0).
- (2) Liquid hazardous wastes containing polychlorinated biphenyls (PCBs) at concentrations greater than or equal to 50 ppm.
- (3) Liquid hazardous wastes that are primarily water and contain halogenated organic compounds (HOCs) in total concentration greater than or equal to 1,000 mg/l and less than 10,000 mg/l HOCs.

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.
- (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:

- (i) arsenic 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;
- (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.

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)

- Attached analysis.
- Knowledge of the waste and the generating process

Authorized representative signature _____

Print or type name JOSEPH RAYMOND

Title PRODUCTION MANAGER

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Hazardous Waste MANIFEST PROGRAM, State Office Building
 Hartford, CT 06106

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

FOR STATE USE ONLY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No M A R Q Q I Q L L L 5 4		Manifest Document No 8 8 4 8 3		2 Page 1 of		Information in the shaded areas is not required by Federal law, but may be required by State law			
		Generator's Name and Mailing Address C.F. JAMESON & COMPANY 72 S. KIMBALL STREET BRADFORD, MA 01830						A State Manifest Document Number CT C 0288483		B State Gen ID (Site Address) SEE SAME AS #3	
4 Generator's Phone 508 374-4731		6 US EPA ID Number N Y D 0 4 9 2 5 3 7 1 9		C State Tran ID 70867Z		D Tran Phone (800) 637-7922		E State Tran ID		F Tran Phone ()	
5 Transporter 1 Company Name ASHLAND CHEMICAL INC		8 US EPA ID Number		E State Tran ID		F Tran Phone ()		G State Facility's ID SEE SAME AS #9		H Facility's Phone 203-621-8383	
7 Transporter 2 Company Name		10 US EPA ID Number		G State Facility's ID		H Facility's Phone		11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers	
9 Designated Facility Name and Site Address SOLVENTS RECOVERY SERVICE OF NEW ENGLAND LAZY LANE PO BOX 362 SOUTHINGTON, CT 06489		10 US EPA ID Number 1 C T D 0 0 9 7 1 7 6 0 4		12 Containers		13 Total Quantity		14 Unit Wt./Vol		1. Waste No	
				No		Type					
a		b		c		d		e		f	
a RQ, HAZARDOUS WASTE SOLID N.O.S. (F003,F005) ORM-E NA 9189		b PIN # 790062-ID		c 0.04		d DM002.20		e G		f F003,F005	
b		c		d		e		f		g	
c		d		e		f		g		h	
d		e		f		g		h		i	
e		f		g		h		i		j	
f		g		h		i		j		k	
g		h		i		j		k		l	
h		i		j		k		l		m	
i		j		k		l		m		n	
j		k		l		m		n		o	
k		l		m		n		o		p	
l		m		n		o		p		q	
m		n		o		p		q		r	
n		o		p		q		r		s	
o		p		q		r		s		t	
p		q		r		s		t		u	
q		r		s		t		u		v	
r		s		t		u		v		w	
s		t		u		v		w		x	
t		u		v		w		x		y	
u		v		w		x		y		z	
v		w		x		y		z		aa	
w		x		y		z		aa		ab	
x		y		z		aa		ab		ac	
y		z		aa		ab		ac		ad	
z		aa		ab		ac		ad		ae	
aa		ab		ac		ad		ae		af	
ab		ac		ad		ae		af		ag	
ac		ad		ae		af		ag		ah	
ad		ae		af		ag		ah		ai	
ae		af		ag		ah		ai		aj	
af		ag		ah		ai		aj		ak	
ag		ah		ai		aj		ak		al	
ah		ai		aj		ak		al		am	
ai		aj		ak		al		am		an	
aj		ak		al		am		an		ao	
ak		al		am		an		ao		ap	
al		am		an		ao		ap		aq	
am		an		ao		ap		aq		ar	
an		ao		ap		aq		ar		as	
ao		ap		aq		ar		as		at	
ap		aq		ar		as		at		au	
aq		ar		as		at		au		av	
ar		as		at		au		av		aw	
as		at		au		av		aw		ax	
at		au		av		aw		ax		ay	
au		av		aw		ax		ay		az	
av		aw		ax		ay		az		ba	
aw		ax		ay		az		ba		bb	
ax		ay		az		ba		bb		bc	
ay		az		ba		bb		bc		bd	
az		ba		bb		bc		bd		be	
ba		bb		bc		bd		be		bf	
bb		bc		bd		be		bf		bg	
bc		bd		be		bf		bg		bh	
bd		be		bf		bg		bh		bi	
be		bf		bg		bh		bi		bj	
bf		bg		bh		bi		bj		bk	
bg		bh		bi		bj		bk		bl	
bh		bi		bj		bk		bl		bm	
bi		bj		bk		bl		bm		bn	
bj		bk		bl		bm		bn		bo	
bk		bl		bm		bn		bo		bp	
bl		bm		bn		bo		bp		bq	
bm		bn		bo		bp		bq		br	
bn		bo		bp		bq		br		bs	
bo		bp		bq		br		bs		bt	
bp		bq		br		bs		bt		bu	
bq		br		bs		bt		bu		bv	
br		bs		bt		bu		bv		bw	
bs		bt		bu		bv		bw		bx	
bt		bu		bv		bw		bx		by	
bu		bv		bw		bx		by		bz	
bv		bw		bx		by		bz		ca	
bw		bx		by		bz		ca		cb	
bx		by		bz		ca		cb		cc	
by		bz		ca		cb		cc		cd	
bz		ca		cb		cc		cd		ce	
ca		cb		cc		cd		ce		cf	
cb		cc		cd		ce		cf		cg	
cc		cd		ce		cf		cg		ch	
cd		ce		cf		cg		ch		ci	
ce		cf		cg		ch		ci		cj	
cf		cg		ch		ci		cj		ck	
cg		ch		ci		cj		ck		cl	
ch		ci		cj		ck		cl		cm	
ci		cj		ck		cl		cm		cn	
cj		ck		cl		cm		cn		co	
ck		cl		cm		cn		co		cp	
cl		cm		cn		co		cp		cq	
cm		cn		co		cp		cq		cr	
cn		co		cp		cq		cr		cs	
co		cp		cq		cr		cs		ct	
cp		cq		cr		cs		ct		cu	
cq		cr		cs		ct		cu		cv	
cr		cs		ct		cu		cv		cw	
cs		ct		cu		cv		cw		cx	
ct		cu		cv		cw		cx		cy	
cu		cv		cw		cx		cy		cz	
cv		cw		cx		cy		cz		da	
cw		cx		cy		cz		da		db	
cx		cy		cz		da		db		dc	
cy		cz		da		db		dc		dd	
cz		da		db		dc		dd		de	
da		db		dc		dd		de		df	
db		dc		dd		de		df		dg	
dc		dd		de		df		dg		dh	
dd		de		df		dg		dh		di	
de		df		dg		dh		di		dj	
df		dg		dh		di		dj		dk	
dg		dh		di		dj		dk		dl	
dh		di		dj		dk		dl		dm	
di		dj		dk		dl		dm		dn	
dj		dk		dl		dm		dn		do	
dk		dl		dm		dn		do		dp	
dl		dm		dn		do		dp		dq	
dm		dn		do		dp		dq		dr	
dn		do		dp		dq		dr		ds	
do		dp		dq		dr		ds		dt	
dp		dq		dr		ds		dt		du	
dq		dr		ds		dt		du		dv	
dr		ds		dt		du		dv		dw	
ds		dt		du		dv		dw		dx	
dt		du		dv		dw		dx		dy	
du		dv		dw		dx		dy		dz	
dv		dw		dx		dy		dz		ea	
dw		dx		dy		dz		ea		eb	
dx		dy		dz		ea		eb		ec	
dy		dz		ea		eb		ec		ed	
dz		ea		eb		ec		ed		ee	
ea		eb		ec		ed		ee		ef	
eb		ec		ed		ee		ef		eg	
ec		ed		ee		ef		eg		eh	
ed		ee		ef		eg		eh		ei	
ee		ef		eg		eh		ei		ej	
ef		eg		eh		ei		ej		ek	
eg		eh		ei		ej		ek		el	
eh		ei		ej		ek		el		em	
ei		ej		ek		el		em		en	
ej		ek		el		em		en		eo	
ek		el		em		en		eo		ep	
el		em		en		eo		ep		eq	
em		en		eo		ep		eq		er	
en		eo		ep		eq		er		es	
eo		ep		eq		er		es		et	
ep		eq		er		es		et		eu	
eq		er		es		et		eu		ev	
er		es		et		eu		ev		ew	
es		et		eu		ev		ew		ex	
et		eu		ev		ew		ex		ey	
eu		ev		ew		ex		ey		ez	
ev		ew		ex		ey		ez		fa	
ew		ex		ey		ez		fa		fb	
ex		ey		ez		fa		fb		fc	
ey		ez		fa		fb		fc		fd	
ez		fa		fb		fc		fd		fe	
fa		fb		fc		fd		fe		ff	
fb		fc		fd		fe		ff		fg	
fc		fd		fe		ff		fg		fh	
fd		fe		ff		fg		fh		fi	
fe		ff		fg		fh		fi		fj	
ff		fg		fh		fi		fj		fk	
fg		fh		fi		fj		fk		fl	
fh		fi		fj		fk		fl		fm	
fi		fj		fk		fl		fm		fn	
fj											

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Hazardous Waste MANIFEST PROGRAM, State Office Building
 Hartford, CT 06106

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

FOR STATE USE ONLY

UNIFORM HAZARDOUS WASTE MANIFEST Generator's Name and Mailing Address C. P. JAMESON & COMPANY 77 S. KIMBALL STREET BRADFORD, MA 01830		1 Generator's US EPA ID No. MA P D O (0 1) 1 5 4		Manifest Document No. 2003		2 Page 1 of _____ Information in the shaded areas is not required by Federal law, but may be required by State law.	
		4 Generator's Phone 508 374-4731		6 US EPA ID Number N. Y. D. O. 4 9 2 5 3 7 1 9		A. State Manifest Document Number CT C 0288483	
5 Transporter 1 Company Name ASHLAND CHEMICAL, INC.		7 Transporter 2 Company Name _____		8 US EPA ID Number _____		B. State Gen. ID (Site Address) HERE SAME AS #3	
9 Transporter 1 US EPA ID Number N. Y. D. O. 4 9 2 5 3 7 1 9		10 US EPA ID Number _____		C. State Tran ID 708672		D. Tran Phone (800) 637-7922	
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) EX. HAZARDOUS WASTE SOLID H.O.S. (FOO3,FOO5) OP4-F NA 9189		12 Containers No. Type 200 D. M. 200.220 G		13 Total Quantity _____		14 Unit Wt/Vol _____	
15 Special Handling Instructions and Additional Information A. PROFILE 199-ACC-0062		16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable State laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name _____ Signature _____ Month Day Year _____		K. Handling Codes for Wastes Listed Above a. _____ c. _____ b. _____ d. _____			
17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name _____ Signature _____ Month Day Year _____		18 Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name _____ Signature _____ Month Day Year _____		19 Discrepancy Indication Space _____		20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name _____ Signature _____ Month Day Year _____	

COPY 8:

C 1 C 000403

FOR SPILLS WITHIN CONNECTICUT CONTACT CT DEP. OIL AND CHEMICAL SPILL-CAT (203) 566-1038
 IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER U.S. COAST GUARD (800) 421-9802



DRIVER'S CHECKLIST FOR WASTE AND RECYCLING PICK UP



99945

Customer's Name Johnson Fred D No

DRUMS	COMMENTS
No Leaking Drums ✓	1045
No Bulged Head or Bottom ✓	11 PM
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 3/8" 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 Waste Forms ✓ (Has customer signed and attached form for F001 - F005 Wastes?)	

NOTE: Sales/Order personnel will attach this to Waste/Recycling 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 <u>[Signature]</u>	DATE <u>12-17-89</u>
DRIVER SIGNATURE <u>[Signature]</u>	DATE <u>12-19-89</u>

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Hazardous Waste MANIFEST PROGRAM, State Office Building, Hartford, CT 06106

Please print or type (Form designed for use on 8 1/2" x 11" (216 mm) paper)

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No MA D 0 0 1 0 1 1 1 5 4 1 0 0 5 2		Manifest Page 1 of 1	Information on this sheet is not required by Federal law, but may be required by State law.
Generator's Name and Mailing Address C. F. JAMESON & CO, INC. 72 SOUTH KIMBALL STREET, BRADFORD, MA 01835				A State Manifest Document Number CT C 0161324	
Generator's Phone (508) 374-4731				B State Gen ID 72 S. KIMBALL STREET BRADFORD, MA 01835	
Transporter 1 Company Name ASHLAND CHEMICAL CO.				C State Tran ID 31344 MA	
Transporter 1 US EPA ID Number MA D 0 0 1 3 0 7 3 9 6				D Tran Phone (508) 851-0778	
Transporter 2 Company Name				E State Tran ID	
Transporter 2 US EPA ID Number				F Tran Phone	
Designated Facility Name and Site Address SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. LAZY LANE SOUTHINGTON, CT 06489				G State Facility's ID P O BOX 362 SOUTHINGTON, CT 06489	
Designated Facility US EPA ID Number CT D 0 0 9 7 1 7 6 0 4				H Facility's Phone 203-621-8383	
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers No	13 Total Quantity	14 Unit Wt./Vol	Waste No
a R Q HAZARDOUS WASTE SOLID, N.O.S.		0 0 6	0 0 3 3 0 0		F003
b ORM-E, NA9189 (F003,F005)					F005
c					
d					
Additional Descriptions for Materials Listed Above XYLENE, ACETONE TOLUENE, MEK				K. Handling Codes for Wastes Listed Above a. 501	
Special Handling Instructions and Additional Information PIN #109-ACC-0062 SRS PIN #790062-ID					
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable State laws and regulations. (If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and selected the best waste management method that is available to me and that I can afford.) Printed, Typed Name: JOSEPH RAYMOND Signature: <i>Joseph Raymond</i> Month Day Year: 04 26 89					
17 Transporter 1 Acknowledgment of Receipt of Materials Printed, Typed Name: ALLEN EWES Signature: <i>Allen Ewes</i> Month Day Year: 04 26 89					
18 Transporter 2 Acknowledgment of Receipt of Materials Printed, Typed Name: Signature: Month Day Year:					
19 Discrepancy Indication Space					
20 Facility Owner or Operator Certification of receipt of Hazardous materials covered by this manifest except as noted in Item 19 Printed, Typed Name: ALLAN B. PETERSON Signature: <i>Allen B Peterson</i> Month Day Year: 04 27 89					

FOR PILES WITHIN CONNECTICUT GOVERNMENT OFFICE USE ONLY

COPY 3: GENERATOR COMPLETED COPY

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Hazardous Waste MANIFEST PROGRAM, State Office Building, Hartford, CT 06106



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

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No HA D G G 1 0 1 1 1 5 4 P O W 5 2		2 Page 1 of 1		Information in the shaded areas is not required by Federal law but may be required by State law			
3 Generator's Name and Mailing Address C. F. JAMESON & CO, INC. 72 SOUTH KIMBALL STREET, BRADFORD, MA 01835				A State Manifest Document Number CT C 0161324					
4 Generator's Phone (508) 374-4731				B. State Gen. ID 72 S. KIMBALL STREET BRADFORD, MA 01835					
5 Transporter 1 Company Name ASHLAND CHEMICAL CO.				6 US EPA ID Number 0 0 6 R M		C. State Tran ID 31244 HA			
7 Transporter 2 Company Name				8 US EPA ID Number		D. Tran. Phone (508) 851-0778			
9 Designated Facility Name and Site Address SOLVENTS RECOVERY SERVICE OF NEW ENGLAND, INC. LAZY LANE SOUTHINGTON, CT 06489				10 US EPA ID Number C T R 0 0 9 7 1 7 6 0 4		E State Tran ID			
						F. Tran Phone ()			
						G. State Facility's ID P O BOX 362 SOUTHINGTON, CT 06489			
						H. Facility's Phone 203-621-5303			
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12 Containers	13 Total Quantity	14 Unit Wt/Vol	I. Waste No
a R O HAZARDOUS WASTE SOLID, R.O.S. ORM-E, NA9189 (P003, P005)						0 0 6 R M	3 3 0 G		P003 P005
b									
c									
d									
J Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above			
a XYLENE, ACETONE						a.			
b TOLUENE, HEX						b.			
c.						c.			
d.						d.			
15 Special Handling Instructions and Additional Information PIR #105-ACC-0062 SRS PIR #790062-ID									
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable State laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name JOSEPH BATHORD				Signature		Month Day Year 11 11 11			
17 Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature		Month Day Year 11 11 11			
18 Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature		Month Day Year			
19 Discrepancy Indication Space									
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name				Signature		Month Day Year			

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD (800) 424-8802
 IF A SPILL WITHIN CONNECTICUT CONTACT CT DEP OIL AND CHEMICAL SPILLS AT (203) 366-7198

COPY 8: GENERATOR: Retained by Generator

U I C U I O L O F S



DRIVER'S CHECKLIST FOR WASTE AND RECYCLING PICK UP



39945

Customer's Name *C.F. JAMESON*

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 5/8" Bolt Rings with Bolt Down and Tight	✓
3 Rolling Hoops on Open Head Drums if Hazardous Material	NA
All Old Markings Removed	✓
WPS Number Stenciled on Top of Drums	✓
D.O.T. Label if Hazardous Material	NA
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 Waste Forms (Has customer signed and attached form for F001 - F005 Wastes?)	✓

NOTE: Sales/Order personnel will attach this to Waste/Recycling 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 <i>Joseph Raymond</i>	DATE X 4-26-89
DRIVER SIGNATURE <i>[Signature]</i>	DATE 4-26-89



ASHLAND CHEMICAL COMPANY

DIVISION OF ASHLAND OIL

SALES ORDER - 9221C

TIME	DATE OF ORDER	ORDER NUMBER
------	---------------	---------------------

CO. NO	DIV	ORG	ACCOUNT NO	DEST	SLSM	SHIPPED VIA	SHIP FROM (CITY AND STATE)	SHIP 1, DEST 2	FREIGHT PPD 1, COLL 2	SHIP CODE TC 1, LTL 2	TERMS	OCO	REQUESTED SHIP DATE
DATE SHIPPED							CUSTOMER ORDER AND REQ. NO.			TRUCK NO.	TANK NO.	DELIVERED BY	

SHIP TO
 TO SO. MARSHALL ST.
 BRADFORD, ALA 36408

ATTENTION DIRECTOR OF PURCHASING: All shipments shall be governed by the Terms and Conditions on the reverse side. Acceptance of delivery shall be deemed acceptance of such provisions. No other terms shall have effect unless in writing signed by the seller.

THIS IS TO CERTIFY THAT THE HEREIN MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

HM	DESCRIPTION	QUANTITY ORD		QTY / CTR	DRUM CODE	TEMP.	NET QUANTITY SHIPPED	BILLING QUANTITY
		QUANTITY	UM					
	RD HAZ. WASTE SOLID UN-IDENTIFIED F003 - F005 1004790000-10	5	E					

In the event of any emergency concerning the product in this shipment, call toll free 1-800-421-7500.

RETURNED CONTAINER-DESCRIPTION	SIZE CONT.	MISSING PARTS	QUANTITY PICKED-UP	DEPOSIT AMOUNT	SUBJECT TO CORRECTION OF CLERICAL ERRORS
					Receiver: I have identified the product(s) we are receiving, assume responsibility for the delivery hose connecting to the proper line and that I have space for the amount of product being delivered.

WARNING: EXCESSIVE INHALING OF SOLVENT VAPOR OR PROLONGED CONTACT WITH SKIN MAY BE HARMFUL.

UM - UNIT OF MEASURE	DRUM CODE
E - EACH	0 - NO DRUM DEPOSIT
G - GALLON	1 - AUTOMATIC DRUM DEPOSIT
P - POUND	2 - MANUAL DRUM DEPOSIT
	3 - ASHLAND DRUM INCL
	HOW BILLED
	E - EACH H - CWT
	G - GALLON T - TON

ORDER NUMBER

Signed: _____
 FOR INFORMATION REGARDING THIS ORDER CALL: _____
 RECEIVED BY: *X. Raymond Keymond*

SHIPMENT OF A RESTRICTED WASTE MEETING TREATMENT STANDARDS



GENERATOR: C.F. JAMESON & CO., INC.
ADDRESS: 72 SOUTH KIMBALL STREET, BRADFORD, MA 01835
MANIFEST #: CT C 0161324
PI #: 790062-ID

EPA WASTE # F003, F005

I. Table GCWE - Constituent in Waste Extract 40 CFR 268.41

Concentration (in mg/l)	Wastewaters Containing Spent Solvents	All Other Spent Solvent Wastes	
F001-F005 Spent Solvents			
<input checked="" type="checkbox"/>	Acetone	0.05	0.59
<input type="checkbox"/>	n-Butyl alcohol	5.0	5.0
<input type="checkbox"/>	Carbon disulfide	1.05	4.81
<input type="checkbox"/>	Carbon tetrachloride	.05	.96
<input type="checkbox"/>	Chlorobenzene	.15	.05
<input type="checkbox"/>	Cresols (and cresylic acid)	2.82	.75
<input type="checkbox"/>	Cyclohexanone	.125	.75
<input type="checkbox"/>	1,2-dichlorobenzene	.65	.125
<input type="checkbox"/>	Ethyl acetate	.05	.75
<input type="checkbox"/>	Ethyl benzene	.05	.053
<input type="checkbox"/>	Ethyl ether	.05	.75
<input type="checkbox"/>	Isobutanol	5.0	5.0
<input type="checkbox"/>	Methanol	.25	.75
<input type="checkbox"/>	Methylene chloride	.20	.96
<input type="checkbox"/>	Methylene chloride (from the pharmaceutical industry)	12.7	.96
<input checked="" type="checkbox"/>	Methyl ethyl ketone	0.05	0.75
<input type="checkbox"/>	Methyl isobutyl ketone	0.05	0.33
<input type="checkbox"/>	Nitrobenzene	0.66	0.125
<input type="checkbox"/>	Pyridine	1.12	0.33
<input type="checkbox"/>	Tetrachloroethylene	0.079	0.05
<input checked="" type="checkbox"/>	Toluene	1.12	0.33
<input type="checkbox"/>	1,1,1-Trichloroethane	1.05	0.41
<input type="checkbox"/>	1,1,2-Trichloro-1,1,2-trifluoroethane	1.05	0.96
<input type="checkbox"/>	Trichloroethylene	0.062	0.091
<input type="checkbox"/>	Trichlorofluoroethane	0.05	0.96
<input checked="" type="checkbox"/>	Xylene	0.05	0.15

F020-F023 and F026-F028 Wastes

	Concentration
<input type="checkbox"/> HxCDD-All Hexachlorodibenzo-p-dioxins	<1 ppb
<input type="checkbox"/> HxCDF-All Hexachlorodibenzofurans	<1 ppb
<input type="checkbox"/> PeCDD-All Pentachlorodibenzo-p-dioxins	<1 ppb
<input type="checkbox"/> PeCDF-All Pentachlorodibenzofurans	<1 ppb
<input type="checkbox"/> TCDD-All Tetrachlorodibenzo-p-dioxins	<1 ppb
<input type="checkbox"/> TCDF-All Tetrachlorodibenzofurans	<1 ppb
<input type="checkbox"/> 2,4,5-Trichlorophenol	<0.05 ppm
<input type="checkbox"/> 2,4,6-Trichlorophenol	<0.05 ppm
<input type="checkbox"/> 2,3,4,6-Tetrachlorophenol	<0.10 ppm
<input type="checkbox"/> Pentachlorophenol	<0.01 ppm

II. "California List" 40 CFR 268.32

- (1) Liquid hazardous wastes have a pH less than or equal to two (2.0).
- (2) Liquid hazardous wastes containing polychlorinated biphenyls (PCBs) at concentrations greater than or equal to 50 ppm.
- (3) Liquid hazardous wastes that are primarily water and contain halogenated organic compounds (HOCs) in total concentration greater than or equal to 1,000 mg/l and less than 10,000 mg/l HOCs.

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.
- (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:

- (i) arsenic 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;
- (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.

The attached analysis shows that this waste meets or has been treated to the standard listed above.

CERTIFICATION

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Authorized representative signature _____

Print or type name BENJAMIN J. JAMESON

Title PRESIDENT

Date 4/26/89

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Hazardous Waste MANIFEST PROGRAM, State Office Building
 Hartford, CT 06106

Please type (or print)

FOR STATE USE ONLY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. EA000191115A		Manifest Document No. 29853		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but may be required by State law	
3. Generator's Name and Mailing Address C. F. JAMESON & COMPANY 72 S. KIMBALL STREET BRADFORD, MA 01830				A. State Manifest Document Number CT F 0020853					
1. Generator's Phone No. 508 374-4731				B. G.S.I. (Gen. Site Address) SAME AS #3					
5. Transporter 1 Company Name ASHLAND CHEMICAL INC		6. US EPA ID Number NYD049253719		7. Transporter 2 Company Name		8. US EPA ID Number		C. S.T.I. (Trans. Lic. Plate #) 108672N3	
9. Designated Facility Name and Site Address SOLVENTS RECOVERY SERVICE OF NEW ENGLAND LAZY LAKE PO BOX 362 BRISTOL, CT 06489		10. US EPA ID Number CTD009717606		D. Tran. Phone ()		E. S.T.I. (Trans. Lic. Plate #)		F. Tran. Phone ()	
				G. State Facility's ID (Not Required)		H. Facility's Phone 203-621-8383			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit Wt./Vol	
a. REG. HAZARDOUS WASTE SOLID, N.O.S. (P005) ORM-E NA 9189 169-ACC-0062				No. Type 003 D.M. 001.65		G		I. Waste No. EPA P005 STATE	
b.								EPA STATE	
c.								EPA STATE	
d.								EPA STATE	
Additional Descriptions for Materials Listed Above UNITSANE RESIN 402 ACRYLIC RESIN 35X S.G. 1.1-1.4 P005, P007, P008, P035				K. Handling Codes for Wastes Listed Above		Interim Final		Interim Final	
a.				b.		c.		d.	
15. Special Handling Instructions and Additional Information IN CASE OF SPILL, CONTAIN, CONTACT GENERATOR THEN 1-800-ASHLAND. IN CASE OF SPILL IN N.Y. STATE CONTACT LOCAL HAZ-KAT UNIT.				Point of Departure:					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable State laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name				Signature				Month Day Year	
Transporter 1 Acknowledgement of Receipt of Materials				Signature				Month Day Year	
Printed/Typed Name J. L. BUSKIEK				Signature				Month Day Year 10/01/00	
Transporter 2 Acknowledgement of Receipt of Materials				Signature				Month Day Year	
Printed/Typed Name				Signature				Month Day Year	
Discrepancy Indication Space									
Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19									
Printed/Typed Name				Signature				Month Day Year	

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Hazardous Waste MANIFEST PROGRAM, State Office Building
 Hartford, CT 06106

FOR STATE USE ONLY

Case type (or print) (Form 3800-10-90) (2000-03-31) (2000-03-31)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NA D O O 1 0 1 1 1 5 4	Manifest Document No. 2 0 8 5 3	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but may be required by State law.
3. Generator's Name and Mailing Address C. F. JAMESON & COMPANY 72 S. KINBALL STREET BRADFORD, MA 01830				A. State Manifest Document Number CT F 0020853	
4. Generator's Phone () 508 374-4731				B. G.S.I. (Gen. Site Address) SAME AS #3	
5. Transporter 1 Company Name ASHLAND CHEMICAL INC		6. US EPA ID Number NY D O 4 9 2 5 3 7 1 9		C. S.T.I. (Trans. Lic. Plate #) 708672N3	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Tran. Phone () 800 637-7922	
9. Designated Facility Name and Site Address SOLVENTS RECOVERY SERVICE OF NEW ENGLAND LAZY LANE PO BOX 362 MIDDLETOWN, CT 06489				10. US EPA ID Number CT D O 0 9 7 1 7 6 0 4	
				E. S.T.I. (Trans. Lic. Plate #)	
				F. Tran. Phone ()	
				G. State Facility's ID (Not Required)	
				H. Facility's Phone 203-621-8383	

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
	No.	Type			
a. RQ, HAZARDOUS WASTE SOLID, N.O.S. (F003, F005) ORM-E NA 9189 109-ACC-0062	003	D.M.	001.65	G	EPA F003, F005 STATE
b.					EPA STATE
c.					EPA STATE
d.					EPA STATE

J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
URETHANE RESIN 40Z ACRYLIC RESIN 35Z S.G. 1.1-1.4 D005 - D007 - D008 - D035		Interim	Final	Interim	Final
c.		TSU			
d.		Blending			

15. Special Handling Instructions and Additional Information
A. PIN# 790062-ID
HANDLING CODE NY - B
IN CASE OF SPILL, CONTAIN, CONTACT GENERATOR THEN 1-800-ASHLAND. IN CASE OF SPILL IN N.Y.STATE CONTACT LOCAL HAZ-MAT UNIT.
 Point of Departure.

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

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

Printed/Typed Name JOSEPH RAYMOND	Signature <i>Joseph Raymond</i>	Month Day Year 1 00 19 0
Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name Joel Buskirk	Signature <i>Joel Buskirk</i>	Month Day Year 1 00 19 0
Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Month Day Year

Discrepancy Indication Space

Property Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		
Printed/Typed Name ALAN B PETERSON	Signature <i>Alan B Peterson</i>	Month Day Year 1 00 19 0



DRIVER'S CHECKLIST FOR WASTE AND RECYCLING PICK UP



99945 (01/89)

Customer's Name *Jameson Company*

DRUMS	COMMENTS
No Leaking Drums	<i>[Large handwritten checkmark]</i>
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 5/8" Bolt Rings with Bolt Down and Tight	
All Old Markings Removed	
WPS Number Stenciled on Top and Side 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	<i>[Large handwritten checkmark]</i>
JN or NA Number	
Generator's Name & Address	
Generator's USEPA I.D. Number	
A Waste Number	
Accumulation Date	
Manifest Number (Must match customer assigned number on manifest.)	
Signature of Driver (Has customer signed and attached any required restricted waste forms?)	

Sales/Order personnel will attach this to Waste/Recycling Sales Order Pick Up by Driver. Generator is responsible for correctly filling out manifest, labels and using D.O.T. approved drums for transportation.

SIGNATURE <i>[Signature]</i>	DATE 10-1-90
DRIVER <i>[Signature]</i>	DATE 10-1-90

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Hazardous Waste MANIFEST PROGRAM, State Office Building
 Hartford, CT 06106

Type (or print) (Form designed for use on elite (12 pitch) typewriter)

FOR STATE USE ONLY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No N. Y. D. C. 9. 2. 5. 3. 7. 1. 9		Manifest Document No 47		2 Page 1 of 1		Information in the shaded areas is not required by Federal law but may be required by State law.			
Generator's Name and Mailing Address G. F. JABLONSON 72 SOUTH KIMBALL STREET READFORD, MA 01830					A State Manifest Document Number CT C 0288447						
Generator's Phone (508) 374-4731					B State Gen. ID (Site Address) SAME AS #3						
Transporter 1 Company Name CHLAND CHEMICAL INC			6 US EPA ID Number N. Y. D. C. 9. 2. 5. 3. 7. 1. 9		C State Tran ID 70Y67Z						
Transporter 2 Company Name			8 US EPA ID Number		D Tran Phone (800) 637-7922						
Designated Facility Name and Site Address WASTES RECOVERY SERVICE OF NEW ENGLAND 227 FAX PO BOX 362 MIDDLETOWN, CT 06449					10 US EPA ID Number C. T. D. C. 9. 2. 1. 7. 6. 0. 4						
					E State Tran ID						
					F Tran Phone ()						
					G State Facility's ID SAME AS #9						
					H Facility's Phone 203-621-8383						
11 US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)				12 Containers		13 Total Quantity		14 Unit Wt./Vol		15 Waste No.	
a RT, HAZARDOUS WASTE SOLID N.O.C. (P003,P005)				No		Type					
b CHL-F NA 9199				3		DM		1.50		G P003,P005	
c				
d				
Additional Descriptions for Materials Listed Above YLINX, ACETONE, TOLUENE, XER				K. Handling Codes for Wastes Listed Above							
c.				a.				c.			
d.				b.				d.			
Special Handling Instructions and Additional Information PLIN# 79062-ID IN CASE OF SPILL, CONTAIN, CONTACT GENERATOR THEN CENTREC 800-424-9300. IN CASE OF SPILL IN N.Y. STATE CONTACT LOCAL HAZ-WAT UNIT.											
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.											
I am a large quantity generator. I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and selected the best waste management method that is available to me and that I can afford.											
Typed Name						Signature			Month Day Year		
Transporter 1 Acknowledgement of Receipt of Materials						Signature			Month Day Year		
Typed Name DOCL BUSHKIN						Signature <i>[Signature]</i>			Month Day Year 14/10/91		
Transporter 2 Acknowledgement of Receipt of Materials						Signature			Month Day Year		
Typed Name						Signature			Month Day Year		
Agency Indication Space											
Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19											
Typed Name						Signature			Month Day Year		

COPY 8:

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Hazardous Waste MANIFEST PROGRAM, State Office Building
 Hartford, CT 06106

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

FOR STATE USE ONLY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No MA D 0 0 1 0 1 1 1 5 4 8 8 4 4 7	Manifest Document No 7	2 Page 1 of 1	Information in the shaded areas is not required by Federal law but may be required by State law
Generator's Name and Mailing Address C.F. JAMEISON 72 SOUTH KIMBALL STREET BRADFORD, MA 01830			A State Manifest Document Number CT C 0288447		
Generator's Phone () 508 374-4731			B State Gen ID (Site Address) SAME AS #3		
Transporter 1 Company Name HLAND CHEMICAL INC		6 US EPA ID Number NY D 04 9 2 5 3 7 1 9	C State Tran ID 70867Z		
Transporter 2 Company Name		4 US EPA ID Number	D Tran Phone () 800 637-7922		
Designated Facility Name and Site Address HEAVY METALS RECOVERY SERVICE OF NEW ENGLAND ZY LANE PO BOX 362 MIDDLETOWN, CT 06489			E State Tran ID		
10 US EPA ID Number CT D 0 0 9 7 1 7 6 0 4			F Tran Phone ()		
			G State Facility's ID SAME AS #9		
			H Facility's Phone 203-621-8383		

COPY 3

US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12 Containers		13 Total Quantity	14 Unit Wt. Vol	1 Waste No
	No	Type			
RQ, HAZARDOUS WASTE SOLID N.O.S. (F003, F005) ORM-F NA 9189	3	DR	150	G	F003, F005

Additional Exemptions for Materials Listed Above BENZENE, ACETONE, TOLUENE, MEK	K Handling Codes for Wastes Listed Above a. 501
c.	c.
d.	d.

Special Handling Instructions and Additional Information
IM# 790062-ID **IN CASE OF SPILL, CONTAIN, CONTACT GENERATOR THEN CHEMTREC 800-424-9300. IN CASE OF SPILL IN N.Y. STATE CONTACT LOCAL 800-424-9300.**

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

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

Typed Name Walter J. Kaymond	Signature <i>Walter J. Kaymond</i>	Month Day Year 01/03/90
Generator 1 Acknowledgement of Receipt of Materials		
Typed Name JOEL BUSKIRK	Signature <i>Joel Buskirk</i>	Month Day Year 01/03/90
Generator 2 Acknowledgement of Receipt of Materials		
Typed Name	Signature	Month Day Year

Indication Space

Carrier or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19		
Name ALAN B. PETERSON	Signature <i>Alan B. Peterson</i>	Month Day Year 10/10/90



DRIVER'S CHECKLIST FOR WASTE AND RECYCLING PICK UP



99945

Customer's Name Johnson

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 5/8" 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 Waste Forms	✓ (Has customer signed and attached form for F001 - F005 Wastes?)	

NOTE: Sales/Order personnel will attach this to Waste/Recycling 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 <u>Joseph Raymond</u>	DATE <u>4-3-90</u>
DRIVER SIGNATURE <u>John Smith</u>	DATE <u>4-3-90</u>



NOTIFICATION OF SHIPMENT OF A HAZARDOUS WASTE RESTRICTED FROM LAND DISPOSAL

GENERATOR: CF Lamson & Co. Inc.
 ADDRESS: 72 North Kimball Street, Framingham, MA 01830
 MANIFEST #: CTC 0288447
 PI #: 790063 - FD
 EPA WASTE #: F003, F005

I. Table GCWE - Constituent in Waste Extract 40 CFR 268.41

Concentration (in mg/l)	Wastewaters Containing Spent Solvents	All Other Spent Solvent Wastes	
<u>F001-F005 Spent Solvents</u>			
<input checked="" type="checkbox"/>	Acetone	0.05	0.59
<input type="checkbox"/>	n-Butyl alcohol	5.0	5.0
<input type="checkbox"/>	Carbon disulfide	1.05	4.81
<input type="checkbox"/>	Carbon tetrachloride	.05	.96
<input type="checkbox"/>	Chlorobenzene	.15	.05
<input type="checkbox"/>	Cresols (and cresylic acid)	2.82	.75
<input type="checkbox"/>	Cyclohexanone	.125	.75
<input type="checkbox"/>	1,2-dichlorobenzene	.65	.125
<input type="checkbox"/>	Ethyl acetate	.05	.75
<input type="checkbox"/>	Ethyl benzene	.05	.053
<input type="checkbox"/>	Ethyl ether	.05	.75
<input type="checkbox"/>	Isobutanol	5.0	5.0
<input type="checkbox"/>	Methanol	.25	.75
<input type="checkbox"/>	Methylene chloride	.20	.96
<input type="checkbox"/>	Methylene chloride (from the pharmaceutical industry)	12.7	.96
<input checked="" type="checkbox"/>	Methyl ethyl ketone	0.05	0.75
<input type="checkbox"/>	Methyl isobutyl ketone	0.05	0.33
<input type="checkbox"/>	Nitrobenzene	0.66	0.125
<input type="checkbox"/>	Pyridine	1.12	0.33
<input type="checkbox"/>	Tetrachloroethylene	0.079	0.05
<input checked="" type="checkbox"/>	Toluene	1.12	0.33
<input type="checkbox"/>	1,1,1-Trichloroethane	1.05	0.41
<input type="checkbox"/>	1,2,2-Trichloro-1,2,2-trifluoroethane	1.05	0.96
<input type="checkbox"/>	Trichloroethylene	0.062	0.091
<input type="checkbox"/>	Trichlorofluoromethane	0.05	0.96
<input checked="" type="checkbox"/>	Xylene	0.05	0.15

F020-F023 and F024-F028 Wastes

	Concentration	
<input type="checkbox"/>	HxCDD-All Hexachlorodibenzo-p-dioxins	<1 ppb
<input type="checkbox"/>	HxCDF-All Hexachlorodibenzofurans	<1 ppb
<input type="checkbox"/>	PeCDD-All Pentachlorodibenzo-p-dioxins	<1 ppb
<input type="checkbox"/>	PeCDF-All Pentachlorodibenzofurans	<1 ppb
<input type="checkbox"/>	TCDD-All Tetrachlorodibenzo-p-dioxins	<1 ppb
<input type="checkbox"/>	TCDF-All Tetrachlorodibenzofurans	<1 ppb
<input type="checkbox"/>	2,4,5-Trichlorophenol	<0.05 ppm
<input type="checkbox"/>	2,4,6-Trichlorophenol	<0.05 ppm
<input type="checkbox"/>	2,3,4,6-Tetrachlorophenol	<0.10 ppm
<input type="checkbox"/>	2,3,4,5-Tetrachlorophenol	<0.01 ppm

II. "California List" 40 CFR 268.32

- (1) Liquid hazardous wastes have a pH less than or equal to 2.0.
- (2) Liquid hazardous wastes containing polychlorinated biphenyls (PCBs) at concentrations greater than or equal to 50 ppm.
- (3) Liquid hazardous wastes that are primarily water and contain halogenated organic compounds (HOCs) in total concentration greater than or equal to 1,000 mg/l and less than 10,000 mg/HOCs.

III. "California List" RCRA Section 3004(d)

- (A) Liquid hazardous wastes, including free liquids associated with any solid or sludge, containing free cyanides at concentration greater than or equal to 1,000 mg/l.
- (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:

- (i) arsenic 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;
- (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.

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]

Attached analysis

Knowledge of the waste and the generating process

Authorized representative signature: Joseph Raymond

Print or type name: JOSEPH RAYMOND

Title: Plant Manager

Date: 4-3-90