HAZARDOUS WASTE SECTION - COMPLIANCE BRANCH
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Suborganization:

County (if not on report): Guilford

MAY 0 6 1993

Environmental Technology of North America Inc.
A HazWaste Company

May 5, 1993

Mr. Joe Deacons
Division of Solid Waste Management
8025 North Point Blvd.
Suite 100
Winston-Salem, NC 27106-3203

RE: Hazardous Soil Excavation, Transportation & Disposal
City of Greensboro

Dear Mr. Deacons:

Enclosed is a comprehensive report regarding excavation, transportation, and disposal of approximately 250 cubic yards of hazardous soil contaminated by toluene and naphtha. You have discussed this problem several times over the last couple of months with Environemtnal Technology of North America, Inc. (ETI), and the former YWC Environmental Company. Fortunately, ETI was able to excavate all of the hazardous soil as indicated by the laboratory analysis.

Please call if there are any questions.

Sincerely,

Michael J. Lamore, PE
Vice President

Eric K. Lintz
Staff Geologist

cc: Kelly Gage
Guilford County Emergency Planning

311-J SOUTH WESTGATE DRIVE • GREENSBORO, N.C. 27407
TELEPHONE 919-299-9998
FAX 919-299-0655

ATLANTA • GREENSBORO • NEW CASTLE • ORLANDO • RICHMOND • SUFFOLK • WOODBRIDGE

Removal and Disposal of Hazardous Soils

To: Jack Roberts
Mechanical Maintenance Supervisor
City of Greensboro
514 Yanceville Street
Greensboro, NC 27405

Client: City of Greensboro
514 Yanceville Street
Greensboro, NC 27405

Site: City of Greensboro
Fleet Maintenance Facility
401 Patton Ave.
Greensboro, NC 27402

By: ENVIRONMENTAL TECHNOLOGY OF NORTH AMERICA, INC.
311-J South Westgate Drive
Greensboro, North Carolina 27407
(919) 299-9998
(919) 299-0655 (FAX)

Date: May 4, 1993

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1.0 EXECUTIVE SUMMARY

On March 30 and 31, 1993, Environmental Technology of North America, Inc. (ETI) excavated approximately 234 cubic yards of hazardous soils at the City of Greensboro Fleet Maintenance Facility located at 401 Patton Avenue, Greensboro, North Carolina - EPA No. NCD981468408 (See Figure 1). The soil was contaminated by the former presence of a 600 gallon virgin toluene underground storage tank (UST) and a 275 gallon V&M petroleum naphtha UST, both of which were removed on June 14, 1991 by Piedmont Environmental. Soil contaminated by virgin toluene is considered a "hazardous waste" (code U220) and is, therefore, regulated under the EPA's Resource Conservation and Recovery Act (RCRA).

The UST closure report indicated elevated levels of both TPH 3550 and 5030. A site assessment performed by YWC Technologies in May, 1992 reported elevated levels of toluene (940 ppm) and V&M petroleum naphtha (1356 ppm) via Method 8240. Because RCRA regulations governing landfilling of hazardous waste are based on TCLP or leachate values instead of totals, A TCLP-toluene analysis was also performed by YWC. Laboratory results indicated 99.0 ppm which is well above the Land Disposal Restriction (LDR) for Toluene (U220) of 0.33 ppm. However, the EPA approved a nationwide variance for several solid wastes including U220 until May 8, 1993. The extension became effective on October 13, 1992. Disposal methods required prior to October 13, 1992 would have been more than triple the cost of landfilling.

ETI was contracted in January, 1993 by the City of Greensboro to excavate, sample, transport, and dispose of all hazardous soils resulting from this confirmed release. ETI initially excavated approximately 100 cubic yards of soil from the former UST locations and collected soil samples from the bottom and walls of the excavation. Samples were submitted to a state-certified laboratory for analysis of BTEX (8020) and V&M petroleum naphtha. The subsequent laboratory analysis indicated below detectable concentrations at the east end of the excavation as well as the north and east walls (See Appendix A). However, the west end of the excavation as well as the south and west walls indicated elevated levels of both target parameters. The City of Greensboro, therefore, directed ETI to continue excavating at these locations until all contaminated soils were removed. An additional 134 cubic yards was excavated and the locations resampled. The subsequent laboratory analysis indicated below detectable concentrations at the south and west walls of the excavation. Minor levels of the target parameters were indicated at the west end of the excavation, however, they are well below the Constituent Concentration in Wastes (CCW) action limits (nonwastewaters) specified in Section 268.43 of the <u>North Carolina Hazardous Waste Management Rules and Solid Waste Management Law</u>. Figure 2 illustrates the final excavation sample locations. Groundwater was not encountered.

The contaminated soil was staged in two separate stockpiles on ten (10) mil polyliner within a hay bale containment cell (see Figure 1). One composite soil sample was collected from each stockpile and submitted to a state-certified laboratory for analysis of V&M petroleum naphtha and TCLP-VOA (see Appendix A). Laboratory analysis indicated 937 ppm V&M petroleum naphtha and 8.6 ppm TCLP-Toluene for Stockpile 1 and 2,856 ppm V&M petroleum naphtha and 21.3 ppm TCLP-Toluene for Stockpile 2.

On April 24, 1993, hazardous waste profile approval was received from the South Carolina Department of Health and Environmental Control (DHEC) for land disposal of the U220 contaminated soils under the current restricted waste variance (See Appendix B). The soils were transported to Laidlaw of South Carolina at Pinewood on April 28 and 29, 1993. DHEC hazardous waste manifests can be found in Appendix C.

ETI believes that all contaminated soil was removed from the former UST locations and that groundwater was not impacted. Therefore, no further action is necessary at this location.

2.0 BACKGROUND

Piedmont Environmental removed a 600 gallon virgin toluene underground storage tank (UST) and a 275 gallon V&M petroleum naphtha UST on June 14, 1991. The UST closure report indicated maximum concentrations of 4,489 ppm and 52,226 ppm for TPH methods 3550 and 5030 respectively.

A site assessment was performed by YWC Technologies in May, 1992 and reported maximum concentrations of 940 ppm of toluene and 1356 ppm of V&M petroleum naphtha via Method 8240. Because RCRA regulations governing landfilling of hazardous waste are based on TCLP or leachate values instead of totals, A TCLP-toluene analysis was also performed. Laboratory results indicated 99.0 ppm which is well above the Land Disposal Restriction (LDR) for Toluene (U220) of 0.33 ppm. However, the EPA approved a nationwide variance for several solid wastes including U220 until May 8, 1993. The extension became effective on October 13, 1992. Disposal methods required prior to October 13, 1992 would have been more than triple the cost of landfilling.

3.0 FIELD INVESTIGATION

On March 30 and 31, 1993, Environmental Technology of North America, Inc. (ETI) excavated approximately 234 cubic yards of virgin toluene contaminated soils at the City of Greensboro Fleet Maintenance Facility located at 401 Patton Avenue, Greensboro, North Carolina - EPA No. NCD981468408 (See Figure 1). Soil

contaminated by virgin toluene is considered a "hazardous waste" (code U220) and is, therefore, regulated under the EPA's Resource Conservation and Recovery Act (RCRA).

3.1 Soil Excavation

ETI initially excavated approximately 100 cubic yards of soil from the former UST locations and collected soil samples from the bottom and walls of the excavation. Samples were submitted to a state-certified laboratory for analysis of BTEX (8020) and V&M petroleum naphtha. The subsequent laboratory analysis indicated below detectable concentrations at the east end of the excavation as well as the north and east walls (See Appendix A). However, the west end of the excavation as well as the south and west walls indicated elevated levels of both target parameters. The City of Greensboro, therefore, directed ETI to continue excavating at these locations until all contaminated soils were removed. An additional 134 cubic yards was excavated and the locations resampled. The subsequent laboratory analysis indicated below detectable concentrations at the south and west walls of the excavation. Minor levels of the target parameters were indicated at the west end of the excavation, however, they are well below the Constituent Concentration in Wastes (CCW) action limits (nonwastewaters) specified in Section 268.43 of the North Carolina Hazardous Waste Management Rules and Solid Waste Management Law. Figure 2 illustrates the final excavation sample locations. Groundwater was not encountered.

3.2 Soil Stockpiles

The contaminated soil was staged in two separate stockpiles on ten (10) mil polyliner within a hay bale containment cell (see Figure 1). One composite soil sample was collected from each stockpile and submitted to a state-certified laboratory for analysis of V&M petroleum naphtha and TCLP-VOA (see Appendix A). Laboratory analysis indicated 937 ppm V&M petroleum naphtha and 8.6 ppm TCLP-Toluene for Stockpile 1 and 2,856 ppm V&M petroleum naphtha and 21.3 ppm TCLP-Toluene for Stockpile 2. Figure 1 illustrated the sample locations.

4.0 SAMPLING PROCEDURES

All soils samples were collected according to standard industry procedures. Dedicated, disposable gloves were worn for each sample obtained and were immediately stored in sample coolers and chilled to 4° C for transport to the analytical laboratory. Sample containers and chains-of-custody indicated sample number, location, time, date, and laboratory parameters. Sampling instrumentation was decontaminated with soap and deionized water prior to sample collection.

5.0 LABORATORY ANALYSIS

All soil samples collected were transported to Research & Analytical Laboratories, Inc. (R&A) for analysis of BTEX (8020), TCLP-VOA, and V&M petroleum naphtha in accordance with North Carolina Division of Solid Waste Management guidelines. R&A is a North Carolina state-certified laboratory located at P.O. Box 473, Kernersville, North Carolina, 27284. The R&A Laboratory Analysis Report can be found in Appendix A.

Table 1 below summarizes the sample numbers, sample locations, and analytical results for all soil samples collected from the excavation.

Table 1

Excavation Soil Analytical Summary

Sample No.	Sample Location	Benzene (ppm)	Toluene (ppm)	Ethyl Benzene (ppm)	Total Xylenes (ppm)	V&M-P Naphtha (ppm)	Comments (ppm)
SS-1	Grab, West End Excavation	< 10.0	250.0	< 10.0	27.2	2,410	See SS-5
SS-2	Grab, East End Excavation	< 0.01	< 0.01	< 0.01	< 0.01	< 0.40	
SS-3	Composite, South & West Walls	< 0.01	< 0.01	< 0.01	0.024	1.18	See SS-6 & SS-7
SS-4	Composite, North & East Walls	< 0.01	< 0.01	< 0.01	< 0.01	< 0.40	
SS-5	Grab, West End Excavation	< 0.02	0.155	0.309	0.764	1.00	Resample
SS-6	Grab, West Wall	< 0.01	0.01	<0.01	< 0.01	< 0.40	Resample
SS-7	Grab, South Wall	< 0.01	< 0.01	<0.01	< 0.01	< 0.40	Resample

Table 2 below summarizes the sample numbers, sample locations, and analytical results for all soil samples collected from the stockpiled soils.

Table 2

Stockpiled Soil Analytical Summary

Parameter	*SS-8 (ppm)	**SS-9 (ppm)	Comments
V&M Petroleum Naphtha	937.0	2,856.0	
Toluene, TCLP	8.60	21.30	LDR = 0.33 ppm
Benzene, TCLP	< 0.20	< 0.20	

Table 2

Stockpiled Soil Analytical Summary

Parameter	*SS-8 (ppm)	**SS-9 (ppm)	Comments
Carbon Tetrachloride, TCLP	< 0.20	< 0.20	
Chlorobenzene, TCLP	< 0.20	< 0.20	
Chloroform, TCLP	< 0.20	< 0.20	
1,2-Dichloroethane, TCLP	< 0.20	< 0.20	
1,1-Dichloroethylene, TCLP	< 0.20	< 0.20	
Methyl Ethyl Ketone	< 2.0	< 2.0	
Tetrachloroethylene, TCLP	< 0.20	< 0.20	
Trichloroethylene, TCLP	< 0.20	< 0.20	
Vinyl Chloride, TCLP	< 0.20	< 0.20	

*Composite from Stockpile 1
**Composite from Stockpile 2

6.0 TRANSPORT AND DISPOSAL

On April 24, 1993, hazardous waste profile approval was received from the South Carolina Department of Health and Environmental Control (DHEC) for land disposal of the U220 contaminated soils under the current restricted waste variance (See Appendix B). The soils were transported to Laidlaw of South Carolina at Pinewood on April 28 and 29, 1993. Transportation was provided by EPA certified carriers and was coordinated and dispatched by Laidlaw of South Carolina. The carriers were Merola Enterprises, Inc. (EPA No. NJD986609949), Hillco Transportation (EPA No. NCD986187292), and Jack Gray Transport (EPA No. IND042534875). Cement kiln dust was added to the soil at approximately 10% to absorb incidental water. No off-spec comments or charges were noted by Laidlaw of South Carolina or the South Carolina Department of Health and Environmental Control (DEH). All soil arrived on schedule, on-spec, and stabilized. DHEC hazardous waste manifests can be found in Appendix C.

7.0 HEALTH & SAFETY

All ETI employees utilized hard hats, gloves, steel toed boots, and when necessary air purifying respirators (APR) during the excavation, staging, and transport of the contaminated soils. Level of protection was established at Level D to Modified Level D (w/APR). Continual air monitoring was performed via Foxboro Organic Vapor Analyzer (OVA) to assure ambient conditions were not becoming excessive to workers or bystandards working in the area. Typically, the ambient conditions were less than 2 OVA units, however, during the dumping of contaminated soils in the containment cells, OVA deflections were sometimes greater than 1000 units. All ETI personnel were in APR's during such times and bystandards were kept away from area.

8.0 DISCUSSION

Excavation of the former UST locations was continued and samples were collected for laboratory analysis until all contamination was believed removed. Composite stockpiled soils samples were collected and analyzed for leachate characteristics (TCLP) as required for land disposal evaluation. South Carolina Department of Health and Environmental Control (DHEC) approved the land disposal on April 24, 1993. All contaminated stockpiled soils were moved off-site to Laidlaw of South Carolina at Pinewood on March 28 and 29, 1993.

9.0 RECOMMENDATIONS

No significant concentrations of BTEX or V&M petroleum naphtha were found in the excavation after all assumed contamination was removed. Excavated contaminated soils were transported to Laidlaw of South Carolina for land disposal under the current restricted waste variance. Therefore, ETI believes that no further action is necessary at this location.

Michael J. Lamore

Vice-President

Eric K. Lintz

Staff Geologist

Figure 1

Site Location Map

ENVIRONMENTAL TECHNOLOGY OF NORTH AMERICA, INC.		CITY OF GREENSBORO GREENSBORO, NC
311-J SOUTH WESTGATE DRIVE GREENSBORO, NORTH CAROLINA		FLEET MAINTENANCE 401 PATTON AVE. GREENSBORO, NC 27402
Project Manager EKL	Job Number: C01133	
Technician EKL	Scale: as shown	Figure 1
Reviewer MJL	SITE LOCATION MAP	
By: EKL		

NOTES

- STOCKPILE 1 IS 3' HIGH AND CONTAINS APPROXIMATELY 100 CUBIC YARDS OF TOLUENE CONTAMINATED SOIL.
- STOCKPILE 2 IS 3' HIGH AND CONTAINS APPROXIMATELY 134 CUBIC YARDS OF TOLUENE CONTAMINATED SOIL.
- EXCAVATION AVERAGES APPROXIMATELY 9' DEEP.

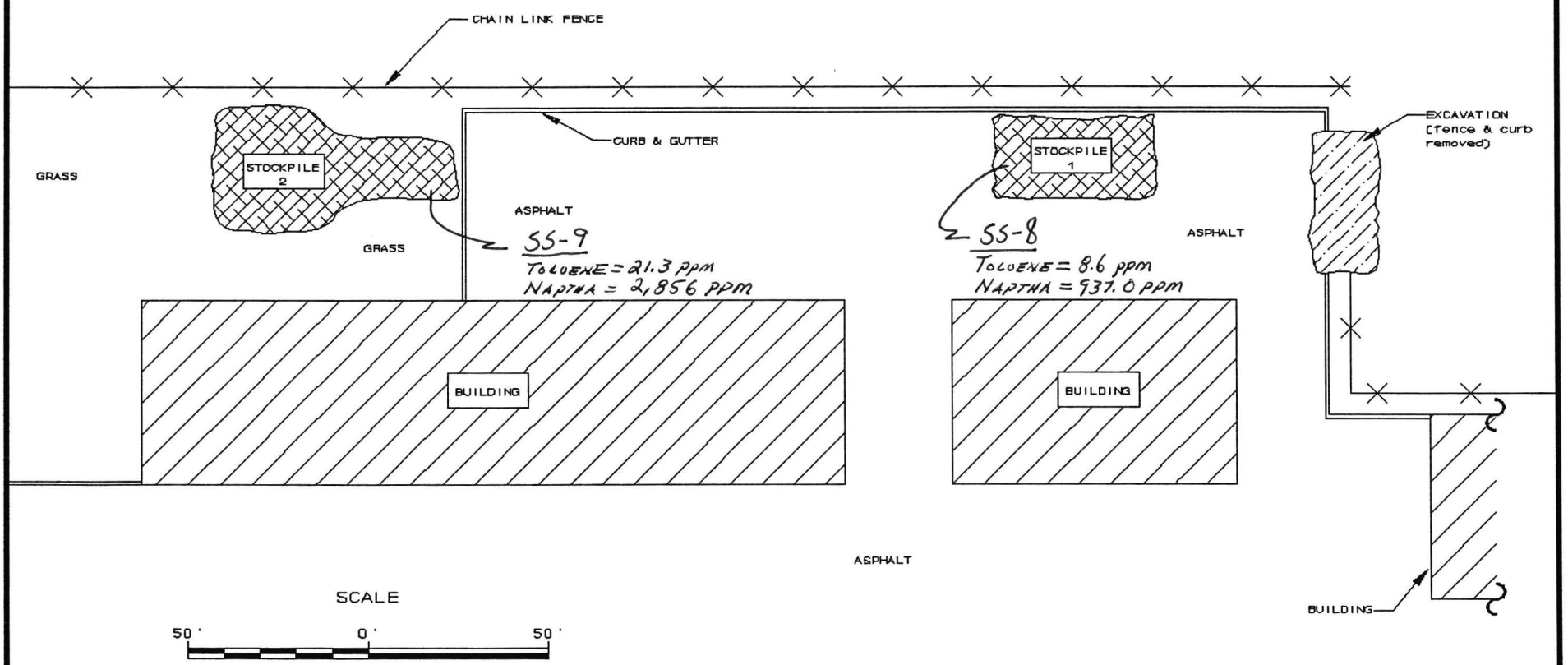
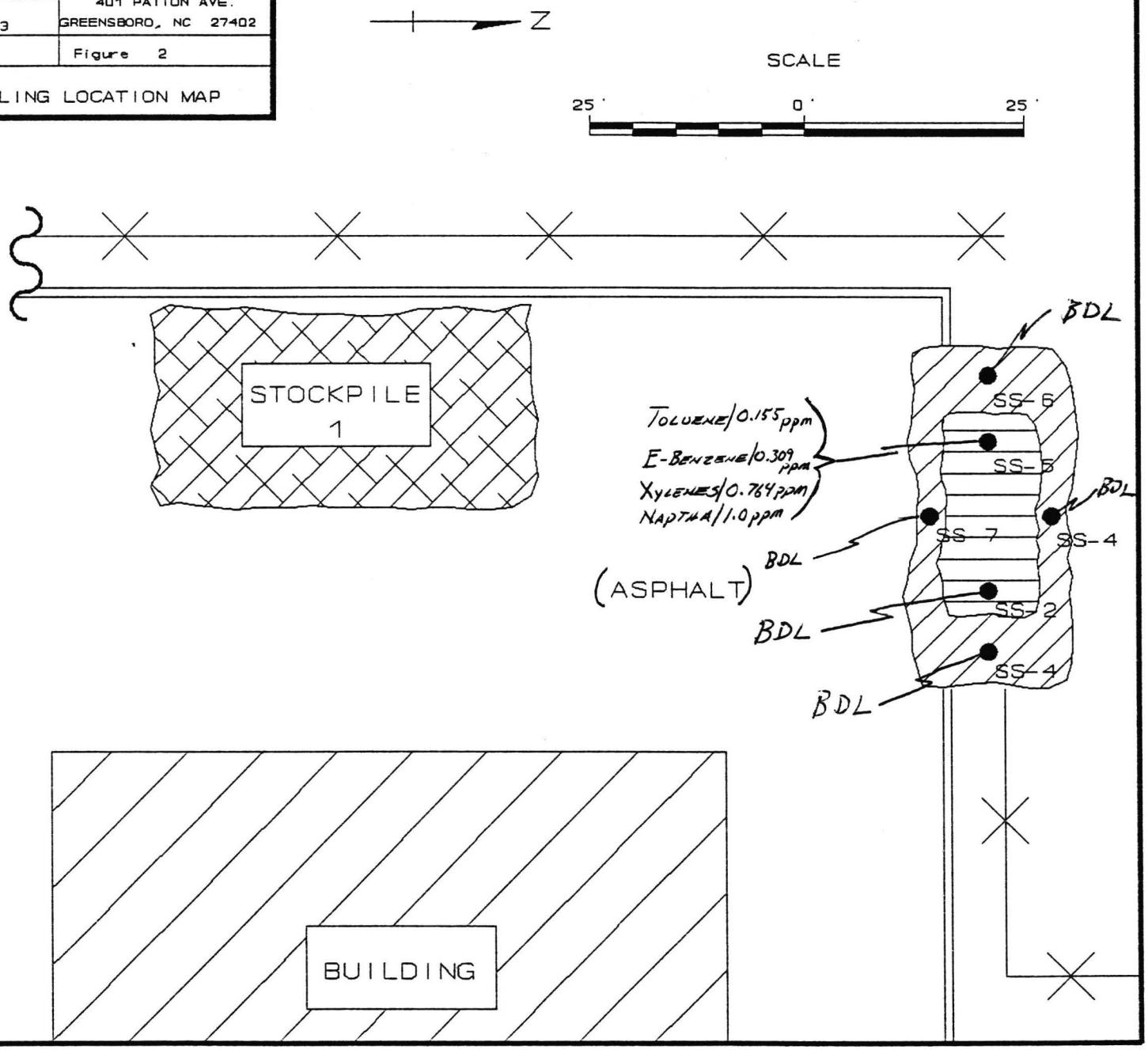


Figure 2

Soil Sampling Location Map

ENVIRONMENTAL TECHNOLOGY OF NORTH AMERICA, INC.	CITY OF GREENSBORO GREENSBORO, NC
311-J SOUTH WESTGATE DRIVE GREENSBORO, NORTH CAROLINA	FLEET MAINTENANCE 401 PATTON AVE. GREENSBORO, NC 27402
Project Manager EKL / Job Number: C01133	
Technician EKL / Scale: as shown	Figure 2
Reviewer MJL	
By: EKL	SOIL SAMPLING LOCATION MAP



Appendix A

R&A Laboratory Analysis Report

RESEARCH & ANALYTICAL LABORATORIES, INC.

Analytical/Process Consultations

Chemical Analysis for Selected Organic Parameters from Soil Samples Collected Under Project Name City of Greensboro on 30 March 1993 (An Environmental Technology Inc. Project No. C01133)

Sample Number	Date Taken	Time (hrs)	RAL Sample#	Station Location	Benzene (ppm)	Toluene (ppm)	Ethyl Benzene (ppm)	Total Xylenes (ppm)	VM + P Naphtha (ppm)
SS-1	3/30/93	1158	163848	West End Excavation	<10.0	250	<10.0	27.2	2,410
SS-2	3/30/93	1203	163849	East End Excavation	<0.010	<0.010	<0.010	<0.010	<0.400
SS-3	3/30/93	1207	163850	Composite - South & West Walls	<0.010	0.402	<0.010	0.024	1.18
SS-4	3/30/93	1215	163851	Composite - North & East Walls	<0.010	<0.010	<0.010	<0.010	<0.400

< = less than or below detection limit

Environmental Technology, Inc.
311-J South Westgate Drive
Greensboro, North Carolina 27407
PHONE: (919) 299-9998
FAX: (919) 299-0655

№ 005401

CHAIN OF CUSTODY RECORD

PROJ. NO.: 601133
PROJECT NAME: City Of Greensboro
SAMPLERS: (Signature)

STA. NO.	DATE	TIME	COMP	GRAB	STATION LOCATION	NO. OF CONTAINERS	BTEX (8020)	VM&P NAPTHA					REMARKS
SS-1	3/30	1158		✓	West End Excavation	2	✓	✓					Toluene & Naptha Ugts
SS-2	"	1203		✓	East End Excavation	2	✓	✓					" " "
SS-3	"	1207	✓		Composite South & West Walls	2	✓	✓					" " "
SS-4	"	1215	✓		Composite North & East Walls	2	✓	✓					" " "
					163848 1								
					163849 2								
					163850 3								
					163851 4								

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
[signature]	3/30/93 1303	Sharia G. Spears	Sharia G. Spears	3/30/93 1:31	Mary Hoodfield
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	
		Mary Hoodfield	3-30 93 1:31	Turn Around ASAP!! Attn: Jim Cheshire	

RESEARCH & ANALYTICAL LABORATORIES, INC.

Analytical/Process Consultations

Chemical Analysis for Selected Organic Parameters from Soil Samples Collected Under Project Name City of Greensboro on 31 March 1993 (An Environmental Technology, Inc. Project No. 1133)

Sample Number	Date Taken	Time (hrs)	RAL Sample#	Station Location	Benzene (ppm)	Toluene (ppm)	Ethyl Benzene (ppm)	Total Xylenes (ppm)	VM + P Naptha (ppm)
SS-5	3/31/93	1230	164060	West End Excavation	<0.020	0.155	0.309	0.764	1.00
SS-6	3/31/93	1235	164061	West Wall	<0.010	0.010	<0.010	<0.010	<0.40
SS-7	3/31/93	1240	164062	South Wall	<0.010	<0.010	<0.010	<0.010	<0.40

< = less than or below detection limit

RESEARCH & ANALYTICAL LABORATORIES, INC.

Analytical/Process Consultations

Chemical Analysis for Selected Organic Parameters from Stockpile Soil Samples Collected Under Project Name City of Greensboro on 31 March 1993 (An Environmental Technology, Inc. Project No. 1133)

Parameter	SS-8* (ppm)	SS-9** (ppm)
VM + P Naptha	937	2,856
Toluene, TCLP	8.60	21.3
Benzene, TCLP	<0.20	<0.20
Carbon Tetrachloride, TCLP	<0.20	<0.20
Chlorobenzene, TCLP	<0.20	<0.20
Chloroform, TCLP	<0.20	<0.20
1,2-Dichloroethane, TCLP	<0.20	<0.20
1,1-Dichloroethylene, TCLP	<0.20	<0.20
Methyl Ethyl Ketone	<2.0	<2.0
Tetrachloroethylene, TCLP	<0.20	<0.20
Trichloroethylene, TCLP	<0.20	<0.20
Vinyl Chloride, TCLP	<0.20	<0.20
SAMPLE NUMBER:	164063	164064
SAMPLE DATE:	3/31/93	3/31/93
SAMPLE TIME:	1300	1310

* = Stockpile #1
** = Stockpile #2
ppm = parts per million
< = less than or below detection limits

Environmental Technology, Inc.
311-J South Westgate Drive
Greensboro, North Carolina 27407
PHONE: (919) 299-9998
FAX: (919) 299-0655

№ 005402

CHAIN OF CUSTODY RECORD

PROJ. NO. 1133
PROJECT NAME: CITY OF GREENSBORO
SAMPLERS: (Signature)

STA. NO.	DATE	TIME	COMP	GRAB	STATION LOCATION	NO. OF CONTAINERS	BTEX (8020)	VMAP NAPTHA	TCLP TOLUENE + VOA				REMARKS
SS-5	3/31	1230		X	WEST END EXCAVATION	2	X	X					TOLUENE & NAPTHA UST's
SS-6	"	1235		X	WEST WALL	2	X	X					" " "
SS-7	"	1240		X	SOUTH WALL	2	X	X					" " "
SS-8	"	1300	X		STOCKPILE 1	2		X	X				" " "
SS-9	"	1310	X		STOCKPILE 2	2		X	X				" " "
					1640600 5								
					1640601 6								
					1640602 7								
					1640603 8								
					1640604 9								

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
	3/31/93 1355				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
	3/31/93 15:35				
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	
	3/31/93 4:15		3/31/93 4:15		

nice

Appendix B

Laidlaw/DHEC Hazardous Waste Profile Approvals

APPROVED APR 24 1993

AUTHORIZATION REQUEST FORM

___ Amendment X New

X Landfill ___ Reclaim
___ Recycle ___ Incinerate
___ Landfarm ___ Energy Recovery
___ Other 4-6-93 897763

ENVIRONMENTAL TECH.
OF NORTH AMERICA
311-J S. WESTGATE DR.
GREENSBORO, NC 27407
MIKE LAMORE
(919)299-9998

South Carolina Department of Health and Environmental Control
Bureau of Solid and Hazardous Waste (803) 734-5200

Authorization Number: PW - 05655 - 6101 ← To be entered by TSD Facility

David Crawley / Susan Hill

Generator Information:

Generator ID # NCD981468408 Name CITY OF GREENSBORO FLEET MAINTAINENCE

Address 401 PATTON AVE. City GREENSBORO State NC Zip Code 27402

Official Contact JACK ROBERTS Title MECHANICAL MAINTAINENCE SUPERVISOR Telephone (919) 373 — 2664 GUILFORD County

Treatment, Storage, or Disposal Facility Information:

Facility EPA ID # SCD070375985 Name GSX SERVICES OF S.C. INC.

2 ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.
ORIGINAL DOCUMENT
DO NOT USE WHITEOUT

001 Line # (This line # will always represent this specific waste stream.)

VIRGIN TOLUENE CONTAMINATED SOILS

Description of Hazardous Waste

This waste has ~~a two year~~ national capacity variance. Final effective date May 8, 1993

U220 | | | | | 17

EPA/DHEC Waste Codes DOT Hazard Class

Process Producing Waste: TOLUENE CONTAMINATED SOILS PRODUCED BY LEAKING VIRGIN TOLUENE UNDERGROUND STORAGE TANK.

ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

Enter Quarter for One-Time Disposal: 2 / 93 Qtr/yr. Handling Method: D81

If Multiple Shipments Enter Frequency Here: ___ times/yr. Volume: (lbs/yr. only) 000645000

Physical State of Waste @ 70°F
1. X solid 2. ___ liquid 3. ___ N/A

Flash Point (cc)
1. X N/A 2. ___ <60°F 3. ___ 60-140°F 4. ___ >140°F

For DHEC Use Only:

Date Received ___ ___ ___

Notes: 5655-6101 4-7-93 (m)

DHEC 1969 Rev. (8/86)

AUTHORIZATION REQUEST FORM (con't)

Facility Use Only:

Packaging for Shipment: [ ] In Drums (size) [ ] [X] In Bulk [ ] Other

Method of Transportation : [ ] Railroad tanker [X] truck [ ] Other [ ] Specific Gravity: [ ]

Viscosity @ 70°F: [ ] Low [ ] Medium [ ] High Layering: [X] None [ ] Bilayered [ ] Multilayered

Suspended Solids: % by weight or volume, Specify exact % [ ] Dissolved Solids: by % weight, Specify exact % [ ]

Thousands of Btu's/lb, Specify : [ ] Organically Bound Sulfur (wt %): [ ] Organically Bound Chloride: [ ]

Organically Bound Nitrogen (Wt %) [ ] Toxicity: [ ] High [ ] Medium [ ] Low [ ] Unknown Ash %: [ ]

Affinity for Water: [X] Hydrophilic [ ] Lipophilic pH (if hydrophilic): [5.0 - 7.0]

Visual Description of waste: [DARK GREENISH GRAY (DISCOLORED) WITH SOME SAPROLITIC FEATURES.]

Constituents: List specific constituents by name and corresponding percentage in waste stream

This waste has a ~~two-year~~ national capacity variance. Final effective date May 8, 1993

Volatile Organics	%
TOLUENE	1

Non Volatile Organics	%

Acid or Alkalis	%

Salts & Inorganics	%
SOIL	69
POLYLINER (10 mil)	0.5
CONCRETE DEBRIS	0.5
KILN DUST	10

Water: 19 % (KILN DUST ADDED TO SOLIDIFY INCIDENTAL WATER)

7 ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

5655-6101
4-7-93 MC

DHEC, 1969 Rev. (8/86)

AUTHORIZATION REQUEST FORM (con't)

Metallic: (total metals not EP Toxicity Test)

As	0 ppm	Cr^{+3}	0 ppm	Ag	0 ppm	Fe	0 ppm
Ba	0 ppm	Cr^{+6}	0 ppm	Ni	0 ppm	Sb	0 ppm
Cd	0 ppm	Hg	0 ppm	Cu	0 ppm	Mn	0 ppm
Pb	0 ppm	Se	0 ppm	Ti	0 ppm	Co	0 ppm
Zn	0 ppm		ppm		ppm		ppm

Toxics:

Cyanide	0	ppm
Pesticides	0	ppm
Carcinogens	0	ppm
Other Toxics	0	ppm

Other Information : _____

Certification :

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature : Michael J. LaMore Date Submitted : 4/5/93

Print Name : Michael J. LaMore Title : Division Manager

This waste has a ~~two year~~ national capacity variance. Final effective date May 8, 1993.

7 ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

TSDF NOTICE OF ACCEPTANCE:

As required by South Carolina Regulation R.61-79.264.12(b) and R.61-79.265.12(c), based on the information presented in this document, this facility has the appropriate permit(s) for and will accept the waste as described on this form.

Signature : Micky Gardner Date Submitted : 4-6-93

Print Name : Micky Gardner Title : Approvals Coordinator

5655-6101
4-7-93

PLEASE COMPLETE THIS FORM AND RETURN TO GSX, PINEWOOD, SC

GENERATOR NAME: CITY OF GREENSBORO FLEET MAINTAINENCE

WASTE DESCRIPTION: VIRGIN TOLUENE CONTAMINATED SOILS

PROCESS PRODUCING WASTE AT POINT OF GENERATION: LEAKING UNDERGROUND STORAGE TANK

EPA/DHEC CODE(S): (U 2 2 0) (_ _ _ _) GSX CODE # PW- _____ (if one has been assigned)

NO	YES	
X		Does this waste contain more than 49 ppm PCB?
X		Does this waste contain dioxin?
X		Does this waste contain over 1000 ppm of the Halogenated Organics listed in Appendix III of 268, regulated under 268.32?
X		Could this waste be properly classified as ignitable (D001) as defined in 40 CFR 261.21?
X		Does this waste contain free liquid, with a flashpoint less than 140°F.?
X		Could this waste be properly classified as reactive (D003) as defined in 40 CFR 261.23?
X		Is this waste an oxidizer as defined by 49 CFR 173.151?
X		Does this waste contain cyanide greater than 250 ppm as detected by EPA Method 9010?
X		Does this waste contain sulfide greater than 500 ppm as detected by EPA Method 9030?
X		Could this waste be properly classified as F020, F021, F022, F023, F026, F027 as defined in 40 CFR 261.31? (See attachment #1)
X		Is this waste restricted from land disposal per the Hazardous and Solid Waste Amendments of 1984, effective November 8, 1986, and expanded November 8, 1988? These wastes include F001, F002, F003, F004, F005, as defined in Attachment #2.
	X	Has anything been added to solidify this waste? (KILN DUST FOR INCIDENTAL WATER)
X		If yes, has the waste been stabilized in such a way to pass the unconfined compressive strength as detemined by the test given in the statutory Interpretive Guidance of June 11, 1986.
X		If yes, did the solidification agent used contain greater than one percent total organic carbon?
X		Has anything been added to this waste to reduce the level of F001 thru F005 listed solvents or Halogenated Organic compound listed in Appendix III of 268, regulated under 268.32.?
X		Has this waste been treated to reduce the level of F001 thru F005 listed solvents or Halogenated Organic compounds listed in Appendix III of 268, regulated under 268.32?
	X	I have studied the "First Third" waste listings given in 268.10 (see attachment 3) and certify that none of these descriptions apply to this waste, except those declared on page one of the ARF.
X		Is this waste derived from or mixed with any waste listed in the "First Third" 268.10?
X		Is this waste derived from or mixed with any RCRA hazardous waste other than those listed on page one of this ARF?

If so, state the hazardous waste codes from which this waste is derived or mixed with.

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

GENERATOR SIGNATURE: Michael J. Lamere

PRINT NAME: Michael J. Lamere

DATE: 4/5/93

This waste has [illegible] Effective date May 8, 1993

5655-1010
4-7-93

Environmental Technology
of North America Inc.
A HazWaste Company

April 5, 1993

Ms. Rose L. James
Customer Service Chemist
Laidlaw of South Carolina, Inc.
Route #1, Box 255
Pinewood, SC 29125

Re: Authorization Request Forms
Solid and Liquid
City of Greensboro Maintenance Facility
Generator ID Number NCD981468408

Dear Ms. James:

Please find attached the solid and liquid authorization request forms (ARF), TCLP laboratory transcripts, toluene MSDS sheets, and the TC rule certifications for the above referenced generator location. Also attached is a letter from the City of Greensboro's official contact, Jack Roberts, authorizing Mr. Michael J. Lamore of Environmental Technology of North America, Inc. (ETI) to sign all disposal documentation on behalf of the City of Greensboro.

Please call us if there are any questions.

Sincerely,

Eric Lintz
Staff Geologist

cc: Jack Roberts
City of Greensboro

Sincerely,

Michael J. Lamore, PE
Division Manager

This waste has a ~~two year~~ national capacity variance. Final effective date May 8, 1993

5655-6101

311-J SOUTH WESTGATE DRIVE • GREENSBORO, N.C. 27407
TELEPHONE 919-299-9998
FAX 919-299-0655

ATLANTA • GREENSBORO • NEW CASTLE • ORLANDO • RICHMOND • SUFFOLK • WOODBRIDGE

RESEARCH & ANALYTICAL LABORATORIES, INC.

Analytical/Process Consultations

Chemical Analysis for Selected Organic Parameters from Stockpile Soil Samples Collected Under Project Name City of Greensboro on 31 March 1993 (An Environmental Technology, Inc. Project No. 1133)

Parameter	SS-8* (ppm)	SS-9** (ppm)
VM + P Naptha	937	2,856
Toluene, TCLP	8.60	21.3
Benzene, TCLP	<0.20	<0.20
Carbon Tetrachloride, TCLP	<0.20	<0.20
Chlorobenzene, TCLP	<0.20	<0.20
Chloroform, TCLP	<0.20	<0.20
1,2-Dichloroethane, TCLP	<0.20	<0.20
1,1-Dichloroethylene, TCLP	<0.20	<0.20
Methyl Ethyl Ketone	<2.0	<2.0
Tetrachloroethylene, TCLP	<0.20	<0.20
Trichloroethylene, TCLP	<0.20	<0.20
Vinyl Chloride, TCLP	<0.20	<0.20
SAMPLE NUMBER:	164063	164064
SAMPLE DATE:	3/31/93	3/31/93
SAMPLE TIME:	1300	1310

This waste has ~~a two-year~~ national capacity variance. Final effective date May 8, 1993

8 of 7 ATTACHMENTS ARE OMITTED, NUMBERED, CONTINUOUS ATTACH

* = Stockpile #1
** = Stockpile #2
ppm = parts per million
< = less than or below detection limits

5655-6101
4-7-93

Environmental Technology, Inc.
311-J South Westgate Drive
Greensboro, North Carolina 27407
PHONE: (919) 299-9998
FAX: (919) 299-0655

№ 005402

CHAIN OF CUSTODY RECORD

PROJ. NO. 1133 PROJECT NAME: City of Greensboro

SAMPLERS: (Signature)

STA. NO.	DATE	TIME	COMP	GRAB	STATION LOCATION	NO. OF CONTAINERS	BTEX (8020)	VM&P Naptha	TCLP Toluene + VOAs				REMARKS
SS-5	3/31	1230		X	West End Excavation	2	X	X					Toluene & Naptha (Jars)
SS-6	"	1235		X	West Wall	2	X	X					" " "
SS-7	"	1240		X	South Wall	2	X	X					" " "
SS-8	"	1300	X		Stockpile 1	2		X	X				" " "
SS-9	"	1310	X		Stockpile 2	2		X	X				" " "
					164060 5								
					164061 6								
					164062 7								
					164063 8								
					164064 9								

This waste has a two-year national capacity variance. Final effective date May 8, 1993

3 of 7 ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
	3/31/93 1355				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
	3/31/93 15:35	Sharon W. Spear			
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	
	3/31/93		4/1/93 1:15		

5655-6101
4-1-93

MATERIAL SAFETY DATA SHEET

Toluene

Substance Name: Toluene

Synonyms: Methacide, methylbenzene, methylbenzol, NCI-C07272, phenylmethane, toluol, toluene, antisal, RCRA waste number U220

CAS Number: 108-88-3

Description: Toluene is a flammable, refractive, colorless liquid with a typical aromatic hydrocarbon odor.

I. PHYSICAL/CHEMICAL CHARACTERISTICS

Property	Value
Normal physical state	liquid
Molecular weight	92.13
Specific gravity	0.866 @ 20°C
Solubility (water)	insoluble
Solubility (other)	soluble in acetone; miscible in absolute alcohol, ether, and chloroform
Boiling point	110°C
Melting point	- 95 to - 94.5°C
Vapor density	3.14
Vapor pressure	28 torr @ 40°C
Flashpoint	40°F (closed)
Autoignition temperature	996°F

Hgn ATTACHMENTS ARE OPTIONAL, NUMBERED, COLLATED AND DATED

Bill Washington — Director of Local Security Guards. Final effective date: May 8, 1993

II. HAZARDOUS CHARACTERISTICS

A. Toxicological Hazard	Concentrations
Inhalation	TLV-TWA - 100 ppm
	TLV-STEL - 150 ppm
	OSHA PEL - 200 ppm
	OSHA Ceiling limit - 300 ppm
	NIOSH REL - 100 ppm
	NIOSH Ceiling limit - 200 ppm
Ingestion	LD_{50} - 5000 mg/kg - rat
Skin contact	Toxic dose - 435 mg - rabbit
	Toxic dose - 500 mg - rabbit
	LD_{50} - 12,124 mg/kg - rabbit

5655-6101
4-7-93

Eye contact/absorption — Toxic dose - 0.87 mg - rabbit
Toxic dose - 2 mg/24 hours - rabbit
Toxic dose - 100 mg/30 seconds - rabbit

Teratogen
Mutagen

B. Fire Hazard

No toxic byproducts
Flammable
Explosive.
LEL - 1.27% by volume in air
UEL - 7.1% by volume in air

C. Reactivity Hazard

Reactive with oxidizing materials; 1,3-dichloro-5,5-dimethyl-2,4-imidazolidione; dinitrogen tetraoxide; concentrated nitric acid, N_2O_4; Ag ClO_4; BrF_3; and UF_4.

D. Corrosivity Hazard

None

E. Radioactive Hazard

None

Data concerning human exposure to toluene via inhalation is numerous and reports a variety of effects. These include headache, lassitude, and nausea (< 200 ppm); incoordination, temporary memory loss, and anorexia (200 - 500 ppm); and palpitation, extreme weakness, and impairment of reactions (> 500 ppm). Hematological changes have also been observed. Dermal and ocular exposure results in severe irritation. In animals, inhalation exposure has resulted in teratogenic effects.

This waste has a [illegible] national capacity variance. Final effective date May 8, 1993

5 of 7 ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

5655-6101
4-7-93 (W)

CITY OF GREENSBORO

NORTH CAROLINA

P.O. BOX 3136
GREENSBORO, NC 27402-3136

April 5, 1993

Laidlaw of South Carolina, Inc.
Route 1, Box 255
Pinewood, SC 29125
(803) 452-5003

Re: City of Greensboro
Traffic Sign Shop
Municipal Service Center
401 Patton Ave.
Greensboro, NC 27406
(EPA ID No. NCD981468408)

To Whom It May Concern:

I hereby authorize Michael J. Lamore of Environmental Technology of North America, Inc. (ETI) to sign disposal documentation on behalf of the City of Greensboro, North Carolina which is the generator of hazardous wastes (approximately 260 cubic yards contaminated soil) from the above referenced facility location. This disposal documentation includes authorization request forms, hazardous waste manifests, TC rule certifications, and customer certifications and notifications.

If you have any questions, please call me at (919) 373-2664.

Sincerely,

Jack Roberts

Jack Roberts
Mechanical Maintenance Supervisor

6 pg 2 ATTACHMENTS ARE NOT NUMBERED, CODED, AND DATED.

This waste has a proper national capacity variance. Final effective date May 9, 1993

640

TC RULE CERTIFICATION / RECERTIFICATION FORM

GENERATOR NAME: CITY OF GREENSBORO FLEET MAINTAINENCE EPA ID# NCD981468408

LOCATION: 401 PATTON AVE., GREENSBORO, NORTH CAROLINA, 27402

PROFILE #:

CHARACTERISTICS OF HAZARDOUS WASTE: Indicate if this waste contains any of the following characteristics based on criteria mandated by 40 CFR 261.21, 261.22, 261.23, and 261.24.

		Regulatory Threshold Level	(Check One) Yes	No	Scientific Data	Generator's Knowledge	Actual Value
D001	Characteristic of Ignitability	140 F		X		X	
D002	Characteristic of Corrosivity	2 or 12.5		X		X	
D003	Characteristic of Reactivity			X		X	

	Constituents	*Regulatory Threshold Level, ppm	(Check One) Yes	No	Scientific Data	Generator's Knowledge	Actual Value
D004	(Arsenic)	5.0		X		X	
D005	(Barium)	100.0		X		X	
D006	(Cadmium)	1.0		X		X	
D007	(Chromium)	5.0		X		X	
D008	(Lead)	5.0		X		X	
D009	(Mercury)	0.2		X		X	
D010	(Selenium)	1.0		X		X	
D011	(Silver)	5.0		X		X	
D012	Endrin	0.02		X		X	
D013	Lindane	0.4		X		X	
D014	Methoxychlor	10.0		X		X	
D015	Toxaphene	0.5		X		X	
D016	2,4-D (2,4-dichloro-phenoxyacetic acid)	10.0		X		X	
D017	2,4,5-TP Silvex	1.0		X		X	
D018	Benzene	0.5		X	X		< 0.20ppm
D019	Carbon Tetrachloride	0.5		X	X		< 0.20ppm
D020	Chlordane	0.03		X		X	
D021	Chlorobenzene	100.0		X	X		< 0.20ppm
D022	Chloroform	6.0		X	X		< 0.20ppm
D023	o-Cresol	200.0		X		X	
D024	m-Cresol	200.0		X		X	
D025	p-Cresol	200.0		X		X	
D026	Cresol	200.0		X		X	
D027	1,4-Dichlorobenzene	7.5		X		X	
D028	1,2 Dichloroethane	0.5		X	X	X EKL	< 0.20 ppm

This waste has a ~~two-year~~ national capacity variance. Final effective date: May 8, 1993

7 ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

5655-C101

7-93

	Constituents	*Regulatory Threshold Level, ppm	(Check One) Yes	No	Scientific Data	Generator's Knowledge	Actual Value
D029	1,1 Dichloroethylene	0.7		X	X		< 0.20ppm
D030	2,4-Dinitrotoluene	0.13		X		X	
D031	Heptachlor (and its hydroxide)	0.008		X		X	
D032	Hexachlorobenzene	0.13		X		X	
D033	Hexachlorobutadiene	0.5		X		X	
D034	Hexachloroethane	3.0		X		X	
D035	Methyl ethyl ketone	200.0		X	X		< 2.0ppm
D036	Nitrobenzene	2.0		X		X	
D037	Pentachlorophenol	100.0		X		X	
D038	Pyridine	5.0		X		X	
D039	Tetrachlorethylene	0.7		X	X		< 0.20ppm
D040	Trichloroethylene	0.5		X	X		< 0.20ppm
D041	2,4,5-Trichlorophenol	400.0		X		X	
D042	2,4,6-Trichlorophenol	2.0		X		X	
D043	Vinyl Chloride	0.2		X	X		< 0.20ppm

* As defined by the TCLP (Method 1311), EP Toxicity is no longer acceptable.

Use of Generator's Knowledge is based upon the following (check one):

1) X MSDS's (Please Attach)

2) X Analysis (Please Attach)

3) _____ Other (Explain how determined, example: Not Present in Process Producing)

"LISTED" Hazardous Wastes: Indicate if this waste also contains any listed hazardous wastes coded in 40 CFR 261.31, 261.32, and 261.33 by including the appropriate EPA Hazardous Waste Code(s)

GENERATOR CERTIFICATION:

I hereby certify that all information on this form and all attached documents are true and accurate. In the event that this form is not fully completed, I authorize Laidlaw Environmental Services to conduct necessary testing at my expense to properly complete this form.

SIGNATURE: Michael J. LaMore DATE: 4/5/93

PRINT NAME: Michael J. LaMore TITLE: Division Manager

APR 2 4 1993

APPROVED

AUTHORIZATION REQUEST FORM

___ Amendment X New

ENVIRONMENTAL TECH.
OF NORTH AMERICA
311-J S. WESTGATE DR.
GREENSBORO, NC 27407
MIKE LAMORE
(919)299-9998

South Carolina Department of Health and Environmental Control
Bureau of Solid and Hazardous Waste (803) 734-5200

X Landfill ___ Reclaim
___ Recycle ___ Incinerate
___ Landfarm ___ Energy Recovery
___ Other Ju 4-6-93 897762

Authorization Number: PW - 05655 - 7101 ← To be entered by TSD Facility

David Crowley / Susan Hill

Generator Information:

Generator ID # NCD981468408 Name CITY OF GREENSBORO FLEET MAINTAINENCE

Address 401 PATTON AVE. City GREENSBORO State NC Zip Code 27402

Official Contact JACK ROBERTS Title MECHANICAL MAINTAINENCE SUPERVISOR Telephone (919) 373-2664 GUILFORD County

Treatment, Storage, or Disposal Facility Information:

Facility EPA ID # SCD070375985 Name GSX SERVICES OF S.C. INC.

This waste must be treated by the approved regulatory treatment standard or in a manner which renders it non-liquid by chemical fixation or solidification prior to land disposal.

001 Line # (This line # will always represent this specific waste stream.)

ORIGINAL DOCUMENT
DO NOT USE WHITEOUT

VIRGIN TOLUENE CONTAMINATED SOILS

Description of Hazardous Waste

This waste has a ~~two year~~ national capacity variance. Final effective date May 8, 1993.

U220 | | | | | | /7/

EPA/DHEC Waste Codes DOT Hazard Class

Process Producing Waste:
TOLUENE CONTAMINATED SOILS PRODUCED BY LEAKING VIRGIN TOLUENE UNDERGROUND STORAGE TANK.

ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

Enter Quarter for One-Time Disposal: 2 / 93 Qtr/yr. Handling Method: D81

If Multiple Shipments Enter Frequency Here: ___ times/yr. Volume: (lbs/yr. only) 000645000

Physical State of Waste @ 70°F
1. ___ solid, 2. X liquid 3. ___ N/A

Flash Point (cc)
1. ___ N/A 2. ___ <60°F 3. ___ 60-140°F 4. X >140°F

For DHEC Use Only:

Date Received ___ ___ ___

Notes: 5655-7101 4-7-93 (mg)

DHEC 1969 Rev. (8/86)

AUTHORIZATION REQUEST FORM (con't)

Facility Use Only:

Packaging for Shipment: [ ] In Drums (size) [ ] [X] In Bulk [ ] Other

Method of Transportation: [ ] Railroad tanker [ ] truck [X] Other [ ] Specific Gravity: [ ]

Viscosity @ 70°F: [ ] Low [ ] Medium [ ] High Layering: [ ] None [X] Bilayered [ ] Multilayered

Suspended Solids: % by weight or volume, Specify exact % [ ] Dissolved Solids: by % weight, Specify exact % [ ]

Thousands of Btu's/lb, Specify: [ ] Organically Bound Sulfur (wt %): [ ] Organically Bound Chloride: [ ]

Organically Bound Nitrogen (Wt %) [ ] Toxicity: [ ] High [ ] Medium [ ] Low [ ] Unknown Ash %: [ ]

Affinity for Water: [X] Hydrophilic [ ] Lipophilic pH (if hydrophilic): 5.0-7.0

Visual Description of waste: DARK GREENISH GRAY (DISCOLORED) WITH SOME SAPROLITIC FEATURES SHOWING LAYERING OF INCIDENTAL WATER FROM TRANSPORT.

7 ATTACHMENTS ARE INITIALED, ENTERED, CODED, AND FILED

Constituents: List specific constituents by name and corresponding percentage in waste stream

Volatile Organics	%	Non Volatile Organics	%	Acid or Alkalis	%	Salts & Inorganics	%
TOLUENE	1					SOIL	69
						POLYLINER (10 mil)	0.5
						CONCRETE DEBRIS	0.5
						KILN DUST	10

This waste has a ~~two year~~ national capacity variance. Final effective date May 8, 1993.

This waste must be treated by the approved regulatory treatment standard or in a manner which renders it non-liquid by chemical fixation or solidification prior to land disposal.

Water: 19 % (KILN DUST ADDED TO SOLIDIFY INCIDENTAL WATER)

5655-7101
4-7-93 (mg)

AUTHORIZATION REQUEST FORM (con't)

Metallic: (total metals not EP Toxicity Test)

As	0 ppm	Cr^{+3}	0 ppm	Ag	0 ppm	Fe	0 ppm
Ba	0 ppm	Cr^{+6}	0 ppm	Ni	0 ppm	Sb	0 ppm
Cd	0 ppm	Hg	0 ppm	Cu	0 ppm	Mn	0 ppm
Pb	0 ppm	Se	0 ppm	Ti	0 ppm	Co	0 ppm
Zn	0 ppm		ppm		ppm		ppm

Toxics:

Cyanide	0	ppm
Pesticides	0	ppm
Carcinogens	0	ppm
Other Toxics	0	ppm

Other Information : LIQUID FORM OF SOLID ARF. ANY LIQUID IS INCIDENTAL WATER.

Certification :

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature : Michael J. LaMore

Date Submitted : 4/5/93

Print Name : Michael J. LaMore

Title : Nursery Manager

This waste must be treated by the approved regulatory treatment standard or in a manner which renders it non-liquid by chemical fixation or solidification prior to land disposal.

This waste has a ~~two year~~ national capacity variance. Final effective date May 8, 1993.

TSDF NOTICE OF ACCEPTANCE:

As required by South Carolina Regulation R.61-79.264.12(b) and R.61-79.265.12(c), based on the information presented in this document, this facility has the appropriate permit(s) for and will accept the waste as described on this form.

Signature : Micky Gardner

Date Submitted : 4-9-93

Print Name : Micky Gardner

Title : Approvals Coordinator

ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

5655-7101
4-Page 3

DHEC 1969 Rev. (8/86)

PLEASE COMPLETE THIS FORM AND RETURN TO GSX, PINEWOOD, SC

GENERATOR NAME: CITY OF GREENSBORO FLEET MAINTAINENCE

WASTE DESCRIPTION: VIRGIN TOLUENE CONTAMINATED SOILS

PROCESS PRODUCING WASTE AT POINT OF GENERATION: LEAKING UNDERGROUND STORAGE TANK

EPA/DHEC CODE(S): (U 2 2 0) (_ _ _ _) GSX CODE # PW- _ _ _ _ _ _ _ _ (if one has been assigned)

7 ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

NO	YES	
X		Does this waste contain more than 49 ppm PCB?
X		Does this waste contain dioxin?
X		Does this waste contain over 1000 ppm of the Halogenated Organics listed in Appendix III of 268, regulated under 268.32?
X		Could this waste be properly classified as ignitable (D001) as defined in 40 CFR 261.21?
X		Does this waste contain free liquid, with a flashpoint less than 140°F.?
X		Could this waste be properly classified as reactive (D003) as defined in 40 CFR 261.23?
X		Is this waste an oxidizer as defined by 49 CFR 173.151?
X		Does this waste contain cyanide greater than 250 ppm as detected by EPA Method 9010?
X		Does this waste contain sulfide greater than 500 ppm as detected by EPA Method 9030?
X		Could this waste be properly classified as F020, F021, F022, F023, F026, F027 as defined in 40 CFR 261.31? (See attachment #1)
X		Is this waste restricted from land disposal per the Hazardous and Solid Waste Amendments of 1984, effective November 8, 1986, and expanded November 8, 1988? These wastes include F001, F002, F003, F004, F005, as defined in Attachment #2.
	X	Has anything been added to solidify this waste?(KILN DUST FOR INCIDENTAL WATER)
X		If yes, has the waste been stabilized in such a way to pass the unconfined compressive strength as detemined by the test given in the statutory Interpretive Guidance of June 11, 1986.
X		If yes, did the solidification agent used contain greater than one percent total organic carbon?
X		Has anything been added to this waste to reduce the level of F001 thru F005 listed solvents or Halogenated Organic compound listed in Appendix III of 268, regulated under 268.32.?
X		Has this waste been treated to reduce the level of F001 thru F005 listed solvents or Halogenated Organic compounds listed in Appendix III of 268, regulated under 268.32?
	X	I have studied the "First Third" waste listings given in 268.10 (see attachment 3) and certify that none of these descriptions apply to this waste, except those declared on page one of the ARF.
X		Is this waste derived from or mixed with any waste listed in the "First Third" 268.10?
X		Is this waste derived from or mixed with any RCRA hazardous waste other than those listed on page one of this ARF?

If so, state the hazardous waste codes from which this waste is derived or mixed with.

This waste must be treated by the approved regulatory treatment standard or in a manner which renders it non-liquid by chemical fixation or solidification prior to land disposal.

This waste has [illegible] effective date May 8, 1993

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

GENERATOR SIGNATURE: Michael J. LaMore

PRINT NAME: Michael J. LaMore

DATE: 4/5/93

5655.7101
4-7-93

Environmental Technology
of North America Inc.
A HazWaste Company

April 5, 1993

Ms. Rose L. James
Customer Service Chemist
Laidlaw of South Carolina, Inc.
Route #1, Box 255
Pinewood, SC 29125

Re: Authorization Request Forms
Solid and Liquid
City of Greensboro Maintenance Facility
Generator ID Number NCD981468408

Dear Ms. James:

Please find attached the solid and liquid authorization request forms (ARF), TCLP laboratory transcripts, toluene MSDS sheets, and the TC rule certifications for the above referenced generator location. Also attached is a letter from the City of Greensboro's official contact, Jack Roberts, authorizing Mr. Michael J. Lamore of Environmental Technology of North America, Inc. (ETI) to sign all disposal documentation on behalf of the City of Greensboro.

Please call us if there are any questions.

Sincerely,

Eric Lintz
Staff Geologist

cc: Jack Roberts
City of Greensboro

Sincerely,

Michael J. Lamore, PE
Division Manager

This waste must be treated by the approved generator treatment system or shipped to a facility by a licensed transporter by chemical treatment or solidification prior to land disposal.

This waste has a treatment national capacity variance. Final effective date May 8, 1993.

LDR-7
ARF ENTERED
CODED, AND FILED

5655.7101
4-7-93

311-J SOUTH WESTGATE DRIVE • GREENSBORO, N.C. 27407
TELEPHONE 919-299-9998
FAX 919-299-0655

ATLANTA • GREENSBORO • NEW CASTLE • ORLANDO • RICHMOND • SUFFOLK • WOODBRIDGE

RESEARCH & ANALYTICAL LABORATORIES, INC.

Analytical/Process Consultations

Chemical Analysis for Selected Organic Parameters from Stockpile Soil Samples Collected Under Project Name City of Greensboro on 31 March 1993 (An Environmental Technology, Inc. Project No. 1133)

Parameter	SS-8* (ppm)	SS-9** (ppm)
VM + P Naptha	937	2,856
Toluene, TCLP	8.60	21.3
Benzene, TCLP	<0.20	<0.20
Carbon Tetrachloride, TCLP	<0.20	<0.20
Chlorobenzene, TCLP	<0.20	<0.20
Chloroform, TCLP	<0.20	<0.20
1,2-Dichloroethane, TCLP	<0.20	<0.20
1,1-Dichloroethylene, TCLP	<0.20	<0.20
Methyl Ethyl Ketone	<2.0	<2.0
Tetrachloroethylene, TCLP	<0.20	<0.20
Trichloroethylene, TCLP	<0.20	<0.20
Vinyl Chloride, TCLP	<0.20	<0.20
SAMPLE NUMBER:	164063	164064
SAMPLE DATE:	3/31/93	3/31/93
SAMPLE TIME:	1300	1310

This waste must be treated by the approved regulatory treatment standard or in a manner which renders it non-liquid by chemical fixation or solidification prior to land disposal.

This waste has a [illegible] national capacity variance. Final effective date May 8, 1993

8/7 ATTACHMENTS ARE [illegible] UNBLEACHED, CODED, AND [illegible].

* = Stockpile #1
** = Stockpile #2
ppm = parts per million
< = less than or below detection limits

5655-7/01
4-7-93

Environmental Technology, Inc.
311-J South Westgate Drive
Greensboro, North Carolina 27407
PHONE: (919) 299-9998
FAX: (919) 299-0655

№ 005402

CHAIN OF CUSTODY RECORD

PROJ. NO. 1133 | PROJECT NAME: City of Greensboro

SAMPLERS: (Signature)

STA. NO.	DATE	TIME	COMP	GRAB	STATION LOCATION	NO. OF CONTAINERS	BTEX (8020)	VOAP Naptha	TCLP Toluene + VOA's				REMARKS
SS-5	3/31	1230		X	West End Excavation	2	X	X					Toluene & Naptha (VOA's)
SS-6	"	1235		X	West Wall	2	X	X					" " "
SS-7	"	1240		X	South Wall	2	X	X					" " "
SS-8	"	1300	X		Stockpile 1	2		X	X				" " "
SS-9	"	1310	X		Stockpile 2	2		X	X				" " "
					164060 5								
					164061 6	3 of 7							
					164062 7								
					164063 8								
					164064 9								
					This waste must be treated to the treatment standard or in a manner approved by chemical fixation or solidification prior to disposal.	Non liquid land							

Effective as May 8, 1993

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
	3/31/93 1355				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
	3/31/93 15:35				
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	
	3/31/93 4:15		3/31/93 4:15		

5655-7101
4-2-93

MATERIAL SAFETY DATA SHEET

Toluene

Substance Name: Toluene

Synonyms: Methacide, methylbenzene, methylbenzol, NCI-C07272, phenylmethane, toluol, toluene, antisal, RCRA waste number U220

CAS Number: 108-88-3

Description: Toluene is a flammable, refractive, colorless liquid with a typical aromatic hydrocarbon odor.

PHYSICAL/CHEMICAL CHARACTERISTICS

Property	Value
Normal physical state	liquid
Molecular weight	92.13
Specific gravity	0.866 @ 20°C
Solubility (water)	insoluble
Solubility (other)	soluble in acetone; miscible in absolute alcohol, ether, and chloroform
Boiling point	110°C
Melting point	- 95 to - 94.5°C
Vapor density	3.14
Vapor pressure	28 torr @ 40°C
Flashpoint	40°F (closed)
Autoignition temperature	996°F

II. HAZARDOUS CHARACTERISTICS

A. Toxicological Hazard	Concentrations
Inhalation	TLV-TWA - 100 ppm
	TLV-STEL - 150 ppm
	OSHA PEL - 200 ppm
	OSHA Ceiling limit - 300 ppm
	NIOSH REL - 100 ppm
	NIOSH Ceiling limit - 200 ppm
Ingestion	LD_{50} - 5000 mg/kg - rat
Skin contact	Toxic dose - 435 mg - rabbit
	Toxic dose - 500 mg - rabbit
	LD_{50} - 12,124 mg/kg - rabbit

This waste must be properly treated prior to land disposal. The only proper treatment standard is the [illegible] by chemical fraction or solidification [illegible] disposal.

Aug 8, 1993

H-97 ATTACHMENTS ARE INTEGRAL PART OF THE CODED, AND MUST BE ATTACHED.

5655-7101

H-7-93

(3)

Eye contact/absorption — Toxic dose - 0.87 mg - rabbit
Toxic dose - 2 mg/24 hours - rabbit
Toxic dose - 100 mg/30 seconds - rabbit

Teratogen
Mutagen

B. Fire Hazard

No toxic byproducts
Flammable
Explosive.
LEL - 1.27% by volume in air
UEL - 7.1% by volume in air

C. Reactivity Hazard

Reactive with oxidizing materials; 1,3-dichloro-5,5-dimethyl-2,4-imidazolidione; dinitrogen tetraoxide; concentrated nitric acid, N_2O_4; Ag ClO_4; BrF_3; and UF_6.

D. Corrosivity Hazard

None

E. Radioactive Hazard

None

Data concerning human exposure to toluene via inhalation is numerous and reports a variety of effects. These include headache, lassitude, and nausea (< 200 ppm); incoordination, temporary memory loss, and anorexia (200 - 500 ppm); and palpitation, extreme weakness, and impairment of reactions (> 500 ppm). Hematological changes have also been observed. Dermal and ocular exposure results in severe irritation. In animals, inhalation exposure has resulted in teratogenic effects.

This waste must be treated by the approved regulatory treatment standards in non-liquid by chemical treatment or other means in order to find disposal.

This waste [illegible] effective date May 8, 1993

ARE ERRONEOUS, INCOMPLETE, CODED, AND DATED.

5655-7101
4-9-93

CITY OF GREENSBORO

NORTH CAROLINA

P.O. BOX 3136
GREENSBORO, NC 27402-3136

April 5, 1993

Laidlaw of South Carolina, Inc.
Route 1, Box 255
Pinewood, SC 29125
(803) 452-5003

Re: City of Greensboro
Traffic Sign Shop
Municipal Service Center
401 Patton Ave.
Greensboro, NC 27406
(EPA ID No. NCD981468408)

To Whom It May Concern:

I hereby authorize Michael J. Lamore of Environmental Technology of North America, Inc. (ETI) to sign disposal documentation on behalf of the City of Greensboro, North Carolina which is the generator of hazardous wastes (approximately 260 cubic yards contaminated soil) from the above referenced facility location. This disposal documentation includes authorization request forms, hazardous waste manifests, TC rule certifications, and customer certifications and notifications.

If you have any questions, please call me at (919) 373-2664.

Sincerely,

Jack Roberts

Jack Roberts
Mechanical Maintenance Supervisor

This waste meets the proposed land ban treatment standards or is a characteristic waste which prior to its non-liquid by chemical fixation prior to land disposal.

This waste has a proper national capacity variance. Final effective date May 8, 1993

CODED, AND DATED.

5655-7101
4-7-93

640

TC RULE CERTIFICATION / RECERTIFICATION FORM

GENERATOR NAME: CITY OF GREENSBORO FLEET MAINTAINENCE EPA ID# NCD981468408

LOCATION: 401 PATTON AVE. , GREENSBORO, NORTH CAROLINA 27402

PROFILE #:

CHARACTERISTICS OF HAZARDOUS WASTE: Indicate if this waste contains any of the following characteristics based on criteria mandated by 40 CFR 261.21, 261.22, 261.23, and 261.24.

		Regulatory Threshold Level	(Check One) Yes	No	Scientific Data	Generator's Knowledge	Actual Value
D001	Characteristic of Ignitability	140 F		X		X	
D002	Characteristic of Corrosivity	2 or 12.5		X		X	
D003	Characteristic of Reactivity			X		X	

	Constituents	*Regulatory Threshold Level, ppm	(Check One) Yes	No	Scientific Data	Generator's Knowledge	Actual Value
D004	(Arsenic)	5.0		X		X	
D005	(Barium)	100.0		X		X	
D006	(Cadmium)	1.0		X		X	
D007	(Chromium)	5.0		X		X	
D008	(Lead)	5.0		X		X	
D009	(Mercury)	0.2		X		X	
D010	(Selenium)	1.0		X		X	
D011	(Silver)	5.0		X		X	
D012	Endrin	0.02		X		X	
D013	Lindane	0.4		X		X	
D014	Methoxychlor	10.0		X		X	
D015	Toxaphene	0.5		X		X	
D016	2,4-D (2,4-dichloro-phenoxyacetic acid)	10.0		X		X	
D017	2,4,5-TP Silvex	1.0		X		X	
D018	Benzene	0.5		X	X		< 0.20ppm
D019	Carbon Tetrachloride	0.5		X	X		< 0.20ppm
D020	Chlordane	0.03		X		X	
D021	Chlorobenzene	100.0		X	X		< 0.20ppm
D022	Chloroform	6.0		X	X		< 0.20ppm
D023	o-Cresol	200.0		X		X	
D024	m-Resol	200.0		X		X	
D025	p-Cresol	200.0		X		X	
D026	Cresol	200.0		X		X	
D027	1,4-Dichlorobenzene	7.5		X		X	
D028	1,2 Dichloroethane	0.5		X	X		< 0.20ppm

This waste must be treated by the approved regulatory treatment standard or in a manner which renders it non-liquid by chemical fixation or solidification prior to land disposal.

This waste has a two-year national capacity variance. Final effective date May 8, 1993

ATTACHMENTS ARE NOT NUMBERED, COLORED, AND BOUND.

897

5655-7101

4-7-93

	Constituents	*Regulatory Threshold Level, ppm	(Check One) Yes	No	Scientific Data	Generator's Knowledge	Actual Value
D029	1,1 Dichloroethylene	0.7		X	X		< 0.20ppm
D030	2,4-Dinitrotoluene	0.13		X		X	
D031	Heptachlor (and its hydroxide)	0.008		X		X	
D032	Hexachlorobenzene	0.13		X		X	
D033	Hexachlorobutadiene	0.5		X		X	
D034	Hexachloroethane	3.0		X		X	
D035	Methyl ethyl ketone	200.0		X	X		< 2.0ppm
D036	Nitrobenzene	2.0		X		X	
D037	Pentachlorophenol	100.0		X		X	
D038	Pyridine	5.0		X		X	
D039	Tetrachlorethylene	0.7		X	X		< 0.20ppm
D040	Trichloroethylene	0.5		X	X		< 0.20ppm
D041	2,4,5-Trichlorophenol	400.0		X		X	
D042	2,4,6-Trichlorophenol	2.0		X		X	
D043	Vinyl Chloride	0.2		X	X		< 0.20ppm

* As defined by the TCLP (Method 1311), EP Toxicity is no longer acceptable.

Use of Generator's Knowledge is based upon the following (check one):

1) X MSDS's (Please Attach)

2) X Analysis (Please Attach)

3) _____ Other (Explain how determined, example: Not Present in Process Producing)

"LISTED" Hazardous Wastes: Indicate if this waste also contains any listed hazardous wastes coded in 40 CFR 261.31, 261.32, and 261.33 by including the appropriate EPA Hazardous Waste Code(s)

GENERATOR CERTIFICATION:

I hereby certify that all information on this form and all attached documents are true and accurate. In the event that this form is not fully completed, I authorize Laidlaw Environmental Services to conduct necessary testing at my expense to properly complete this form.

SIGNATURE: [signature] DATE: 4/5/93

PRINT NAME: Michael J. LaPlace TITLE: Division Manager

Appendix C

South Carolina DHEC Hazardous Waste Manifests

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. N C D 9 8 1 4 6 8 4 0 8 — Manifest Document No. 0 0 0 0 1
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but is by State law

GENERATOR

3. Generator's Name and Mailing Address
CITY OF GREENSBORO FLEET MAINTENANCE
401 PATTON AVE.
GREENSBORO, NC 27402

4. Generator's Phone (919) 373-2664

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: MEROLA ENTERPRISE, INC
6. U.S. EPA ID Number: N J D 9 8 6 6 0 9 9 4 9
C. State Transporter's ID
D. Transporter's Phone (407) 287-5000

7. Transporter 2 Company Name
8. U.S. EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
LAIDLAW OF SOUTH CAROLINA
ROUTE 1, BOX 255
PINEWOOD, SC 29125
10. U.S. EPA ID Number: S C D 0 7 0 3 7 5 9 8 5
G. State Facility's ID
H. Facility's Phone (803)-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. RQ-HAZARDOUS WASTE; SOILS NOS FORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17	0 0 1	D T	0 0 0 2 2	T	U 2 2 0
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. P W - 0 5 6 5 5 - 6 1 0 1
b.
c.
d.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172097

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

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 the laws of the State of South Carolina.

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: MICHAEL J. LAMORE
Signature: [signature]
Month Day Year: 04 28 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ralph A. Cimino
Signature: [signature]
Month Day Year: 04 28 93

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

FACILITY

19. Discrepancy Indication Space
a. lbs. c. lbs.
b. lbs. d. lbs.

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

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE (on a 12-pitch (elite) typewriter) OR USE FIRM POINT PEN - PRESS DOWN HARD ALL COPIES MUST BE LEGIBLE!

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA Identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address **must** be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator **must** obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies any from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. N C D 9 8 1 4 6 8 4 0 8 Manifest Document No. 0 0 0 0 2
2. Page 1 of 1
Information in the shaded areas is not required by Federal law but is by State law

GENERATOR

3. Generator's Name and Mailing Address
CITY OF GREENSBORO FLEET MAINTENANCE
401 PATTON AVE.
GREENSBORO, NC 27402
4. Generator's Phone (919) 373-2664

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: MEROLA ENTERPRISE, INC
6. U.S. EPA ID Number: N J D 9 8 6 6 0 9 9 4 9
C. State Transporter's ID
D. Transporter's Phone (407) 287-5000

7. Transporter 2 Company Name
8. U.S. EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
LAIDLAW OF SOUTH CAROLINA
ROUTE 1, BOX 255
PINEWOOD, SC 29125
10. U.S. EPA ID Number: S C D 0 7 0 3 7 5 9 8 5
G. State Facility's ID
H. Facility's Phone (803)-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste Number
a. RQ-HAZARDOUS WASTE; SOILS NOS FORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17	0 0 1	D T	0 0 0 2 2	T	U 2 2 0
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. P W - 0 5 6 5 5 - 6 1 0 1
b.
c.
d.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172098

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to Chief, Information Policy Branch PM-223 U.S. Environmental Protection Agency, 401 M St. S.W. Washington D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington D.C. 20503

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 the laws of the State of South Carolina.
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: MICHAEL J. LAMORE
Signature
Month Day Year: 0 4 2 8 9 3

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Santoro
Signature
Month Day Year: 0 4 2 8 9 3

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

FACILITY

19. Discrepancy Indication Space
a. lbs. c. lbs.
b. lbs. d. lbs.

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

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE (on a 12-pitch (elite) typewriter) OR USE FIRM POINT PEN - PRESS DOWN HARD ALL COPIES MUST BE LEGIBLE!

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address **must** be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator **must** obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies any from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. N C D 9 8 1 4 6 8 4 0 8 0 0 0 0 3 — Manifest Document No.
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but is by State law

GENERATOR

3. Generator's Name and Mailing Address
CITY OF GREENSBORO FLEET MAINTENANCE
401 PATTON AVE.
GREENSBORO, NC 27402
4. Generator's Phone: 919 373-2664

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: MEROLA ENTERPRISE, INC
6. U.S. EPA ID Number: N J D 9 8 6 6 0 9 9 4 9
C. State Transporter's ID
D. Transporter's Phone: (407) 287-5000

7. Transporter 2 Company Name
8. U.S. EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
LAIDLAW OF SOUTH CAROLINA
ROUTE 1, BOX 255
PINEWOOD, SC 29125
10. U.S. EPA ID Number: S C D 0 7 0 3 7 5 9 8 5
G. State Facility's ID
H. Facility's Phone: (803)-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. RQ-HAZARDOUS WASTE; SOILS NOS FORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17	0 0 1	D T	0 0 0 2 2	T	U 2 2 0
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. P W - 0 5 6 5 5 - 6 1 0 1
b.
c.
d.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172099

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to Chief, Information Policy Branch PM-223 U.S. Environmental Protection Agency, 401 M St., S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

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 the laws of the State of South Carolina.

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: MICHAEL J. LAMORE
Signature: [signature]
Month Day Year: 04 28 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dutchinson Olive
Signature: [signature]
Month Day Year: 04 28 93

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

FACILITY

19. Discrepancy Indication Space
a. lbs. c. lbs.
b. lbs. d. lbs.

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

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE (on a 12-pitch (elite) typewriter) OR USE FIRM POINT PEN - PRESS DOWN HARD **ALL COPIES MUST BE LEGIBLE!**

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA Identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address **must** be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator **must** obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies any from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. N C D 9 8 1 4 6 8 4 0 8 — Manifest Document No. 0 0 0 0 4
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but is by State law

3. Generator's Name and Mailing Address
CITY OF GREENSBORO FLEET MAINTENANCE
401 PATTON AVE.
GREENSBORO, NC 27402

4. Generator's Phone: 919 373-2664

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: ~~MEROLA ENTERPRISE, INC~~ ERL HILCO TRANSPORTATION
6. U.S. EPA ID Number: ~~NJD983565094~~ NCD986187292
C. State Transporter's ID
D. Transporter's Phone: (407) 287-5000

7. Transporter 2 Company Name
8. U.S. EPA ID Number: ERL
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
LAIDLAW OF SOUTH CAROLINA
ROUTE 1, BOX 255
PINEWOOD, SC 29125
10. U.S. EPA ID Number: S C D 0 7 0 3 7 5 9 8 5
G. State Facility's ID
H. Facility's Phone: (803)-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. RQ-HAZARDOUS WASTE; SOILS NOS FORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17	001	DT	00022	T	U220
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. PW - 05655 - 6101
b. ___
c. ___
d. ___

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172100

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to Chief, Information Policy Branch PM-223 U.S. Environmental Protection Agency, 401 M St., S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

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 the laws of the State of South Carolina.

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: MICHAEL J. LAMORE
Signature: [signature]
Month Day Year: 04 28 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GERALD FREEMAN
Signature: [signature]
Month Day Year: 04 29 93

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

FACILITY

19. Discrepancy Indication Space
a ___ lbs. c ___ lbs.
b ___ lbs. d ___ lbs.

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

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE (on a 12-pitch (elite) typewriter) OR USE FIRM POINT PEN - PRESS DOWN HARD **ALL COPIES MUST BE LEGIBLE!**

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA Identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address **must** be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator **must** obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies any from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm.

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No. 2050-0039 Expires 3-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. / Manifest Document No.: N C D 9 8 1 4 6 8 4 0 8 0 0 0 0 5
2. Page 1 of 1
Information in the shaded areas is not required by Federal law but is by State law

3. Generator's Name and Mailing Address: CITY OF GREENSBORO FLEET MAINTENANCE, 401 PATTON AVE., GREENSBORO, NC 27402
4. Generator's Phone: (919) 373-2664

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: (EKL) HILCO TRANSPORTATION ~~MEROLA ENTERPRISE, INC~~
6. U.S. EPA ID Number: NCD986187292 ~~N J D 9 8 6 0 9 9 4 9~~
C. State Transporter's ID
D. Transporter's Phone: (407) 287-5000

7. Transporter 2 Company Name
8. U.S. EPA ID Number: (EKL)
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address: LAIDLAW OF SOUTH CAROLINA, ROUTE 1, BOX 255, PINEWOOD, SC 29125
10. U.S. EPA ID Number: S C D 0 7 0 3 7 5 9 8 5
G. State Facility's ID
H. Facility's Phone: (803)-452-5003

11. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. RQ-HAZARDOUS WASTE; SOILS NOS FORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17	001	DT	00022	T	U220
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. PW-05655-6101
b.
c.
d.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172101

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 1 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St. S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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 the laws of the State of South Carolina.
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: MICHAEL J. LAMORE
Signature: Michael J. Lamore
Month Day Year: 04 28 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jimmy Charles Albert
Signature: Jimmy Charles Albert
Month Day Year: 04 28 87

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

FACILITY

19. Discrepancy Indication Space
a ____ lbs. c ____ lbs.
b ____ lbs. d ____ lbs.

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

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE (on a 12-pitch (elite) typewriter) OR USE FIRM POINT PEN - PRESS DOWN HARD **ALL COPIES MUST BE LEGIBLE!**

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address **must** be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator **must** obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies **any** from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. N C D 9 8 1 4 6 8 4 0 8 — Manifest Document No. 0 0 0 0 6
2. Page 1 of 1
Information in the shaded areas is not required by Federal law but is by State law

3. Generator's Name and Mailing Address
CITY OF GREENSBORO FLEET MAINTENANCE
401 PATTON AVE.
GREENSBORO, NC 27402

4. Generator's Phone: 919 373-2664

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: ~~MEROLA ENTERPRISE, INC~~ JACK GRAY TRANSPORT
6. U.S. EPA ID Number: IND042534825 ~~NJD986609994~~
C. State Transporter's ID
D. Transporter's Phone: (407) 287-5000

7. Transporter 2 Company Name
8. U.S. EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
LAIDLAW OF SOUTH CAROLINA
ROUTE 1, BOX 255
PINEWOOD, SC 29125
10. U.S. EPA ID Number: S C D 0 7 0 3 7 5 9 8 5
G. State Facility's ID
H. Facility's Phone: (803)-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. RQ-HAZARDOUS WASTE; SOILS NOS FORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17	001	DT	00022	T	U220
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. PW-05655-6101
b.
c.
d.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172102

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch PM-223 U.S. Environmental Protection Agency, 401 M St., S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

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 the laws of the State of South Carolina.

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: MICHAEL J. LAMORE
Signature: [signature]
Month Day Year: 09 28 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK HOPPER
Signature: Jack Hopper
Month Day Year

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

FACILITY

19. Discrepancy Indication Space
a ____ lbs. c ____ lbs.
b ____ lbs. d ____ lbs.

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

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE (on a 12-pitch (elite) typewriter) OR USE FIRM POINT PEN - PRESS DOWN HARD **ALL COPIES MUST BE LEGIBLE!**

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA Identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address must be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
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TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator must obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies any from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm.

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. N C D 9 8 1 4 6 8 4 0 8 — Manifest Document No. 0 0 0 7
2. Page 1 of 1

Information in the shaded areas is not required by Federal law but is by State law

3. Generator's Name and Mailing Address
CITY OF GREENSBORO FLEET MAINTENANCE
401 PATTON AVE.
GREENSBORO, NC 27402

4. Generator's Phone: 919 373-2664

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: ~~MEROLA ENTERPRISE, INC~~ ERC JACK GRAY TRANSPORT
6. U.S. EPA ID Number: IND042534975 ~~NJD983660979~~

C. State Transporter's ID

D. Transporter's Phone: (407) 287-5000

7. Transporter 2 Company Name
8. U.S. EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
LAIDLAW OF SOUTH CAROLINA
ROUTE 1, BOX 255
PINEWOOD, SC 29125

10. U.S. EPA ID Number: S C D 0 7 0 3 7 5 9 8 5

G. State Facility's ID

H. Facility's Phone: (803)-452-5003

11. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste Number
a. RQ-HAZARDOUS WASTE; SOILS NOS FORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17	001	DT	00022	T	U220
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. PW - 0565 5 - 6101
b. ___ - ___ - ___
c. ___ - ___ - ___
d. ___ - ___ - ___

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172103

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch PM-223 U.S. Environmental Protection Agency, 401 M St. S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

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 the laws of the State of South Carolina.

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: MICHAEL J. LAMORE
Signature: Michael J. Lamore
Month Day Year: 09 28 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GARY L GIBSON
Signature: Gary L Gibson
Month Day Year: 04 05 93

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

FACILITY

19. Discrepancy Indication Space
a ___ lbs. c ___ lbs.
b ___ lbs. d ___ lbs.

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

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE (on a 12-pitch (elite) typewriter) OR USE FIRM POINT PEN - PRESS DOWN HARD **ALL COPIES MUST BE LEGIBLE!**

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA Identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address **must** be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator **must** obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies **any** from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-3

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. N C D 9 8 1 4 6 8 4 0 8 — Manifest Document No. 0 0 0 0 3
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but is by State law.

GENERATOR

3. Generator's Name and Mailing Address
CITY OF GREENSBORO FLEET MAINTENANCE
401 PATTON AVE.
GREENSBORO, NC 27402

4. Generator's Phone (919) 373-2664

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: MEROLA ENTERPRISE, INC
6. U.S. EPA ID Number: N J D 9 8 6 6 0 9 9 4 9
C. State Transporter's ID
D. Transporter's Phone: (407) 287-5000

7. Transporter 2 Company Name
8. U.S. EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
LAIDLAW OF SOUTH CAROLINA
ROUTE 1, BOX 255
PINEWOOD, SC 29125
10. U.S. EPA ID Number: S C D 0 7 0 3 7 5 9 8 5
G. State Facility's ID
H. Facility's Phone: (803)-452-5003

11. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste Number
a. RQ-HAZARDOUS WASTE; ~~SOILS~~ NOS XORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17	0 0 1	D T	0 0 0 2 2	T	U 2 2 0
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. P W - 0 5 6 5 5 - 6 1 0 1
b. ___
c. ___
d. ___

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172104

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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 the laws of the State of South Carolina.

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: MICHAEL J. LAMORE
Signature: [signature]
Month Day Year: 10 29 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Santoro
Signature: [signature]
Month Day Year: 10 29 93

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

FACILITY

19. Discrepancy Indication Space
a ___ lbs. c ___ lbs.
b ___ lbs. d ___ lbs.

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

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE (on a 12-pitch (elite) typewriter) OR USE FIRM POINT PEN - PRESS DOWN HARD **ALL COPIES MUST BE LEGIBLE!**

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA Identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address must be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator **must** obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies any from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm.

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved: OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. N C D 9 8 1 4 6 8 4 0 8 — Manifest Document No. 0 0 0 0 7
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
CITY OF GREENSBORO FLEET MAINTENANCE
401 PATTON AVE.
GREENSBORO, NC 27402

4. Generator's Phone (919) 373-2664

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name
MEROLA ENTERPRISE, INC

6. U.S. EPA ID Number N J D 9 8 6 6 0 9 9 4 9

C. State Transporter's ID

D. Transporter's Phone (407) 287-5000

7. Transporter 2 Company Name

8. U.S. EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
LAIDLAW OF SOUTH CAROLINA
ROUTE 1, BOX 255
PINEWOOD, SC 29125

10. U.S. EPA ID Number S C D 0 7 0 3 7 5 9 8 5

G. State Facility's ID

H. Facility's Phone (803)-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. RQ-HAZARDOUS WASTE; ~~SOILS~~ NOS FORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17	0 0 1	D T	0 0 0 2 2	T	U 2 2 0
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. P W - 0 5 6 5 5 - 6 1 0 1
b. ___
c. ___
d. ___

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172105

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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 the laws of the State of South Carolina.

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: MICHAEL J. LAMORE
Signature: [signature]
Month Day Year: 04 29 95

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ralph Pimino
Signature: [signature]
Month Day Year: 04 29 95

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

FACILITY

19. Discrepancy Indication Space
a ___ lbs. c ___ lbs.
b ___ lbs. d ___ lbs.

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

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE [on a 12-pitch (elite) typewriter] OR USE FIRM POINT PEN - PRESS DOWN HARD **ALL COPIES MUST BE LEGIBLE!**

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA Identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address **must** be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator **must** obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies any from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. N C D 9 8 1 4 6 8 4 0 8 — Manifest Document No. 0 0 0 7 0 — 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
CITY OF GREENSBORO FLEET MAINTENANCE
401 PATTON AVE.
GREENSBORO, NC 27402

4. Generator's Phone: 919) 373-2664

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: MEROLA ENTERPRISE, INC

6. U.S. EPA ID Number: N J D 9 8 6 6 0 9 9 4 9

C. State Transporter's ID

D. Transporter's Phone: (407) 287-5000

7. Transporter 2 Company Name

8. U.S. EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
LAIDLAW OF SOUTH CAROLINA
ROUTE 1, BOX 255
PINEWOOD, SC 29125

10. U.S. EPA ID Number: S C D 0 7 0 3 7 5 9 8 5

G. State Facility's ID

H. Facility's Phone: (803)-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) Solids ERG ERG	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste Number
a. RQ-HAZARDOUS WASTE; ~~SOILS~~ NOS FORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17	0 0 1	D T	0 0 0 2 2	T	U 2 2 0
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. P W - 0 5 6 5 5 - 6 1 0 1
b. ___
c. ___
d. ___

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172106

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to Chief, Information Policy Branch PM-223, U.S. Environmental Protection Agency, 401 M St. S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

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 the laws of the State of South Carolina.

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: MICHAEL J. LAMORE — Signature: [signature] — Month Day Year: 04 23 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Hutchinson Oliver — Signature: [signature] — Month Day Year: 04 29 93

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

FACILITY

19. Discrepancy Indication Space
a ___ lbs. c ___ lbs.
b ___ lbs. d ___ lbs.

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

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE (on a 12-pitch (elite) typewriter) OR USE FIRM POINT PEN - PRESS DOWN HARD ALL COPIES MUST BE LEGIBLE!

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA Identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address **must** be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator **must** obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies any from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm.

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt
2600 Bull Street, Columbia, SC 29201
Phone (803) 734-5200
Emergency & Holidays (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. N C D 9 8 1 4 6 8 4 0 3 Manifest Document No. 0 0 0 7 7
2. Page 1 of 1
Information in the shaded areas is not required by Federal law but is by State law

GENERATOR

3. Generator's Name and Mailing Address
CITY OF GREENSBORO FLEET MAINTENANCE
401 PATTON AVE.
GREENSBORO, NC 27402

4. Generator's Phone (919) 373-2664

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name (ELL) HILCO TRANSPORTATION ~~MEROLA ENTERPRISE, INC~~
6. U.S. EPA ID Number ~~N J D 9 8 6 0 9 9 4 9~~ NCD986187292
C. State Transporter's ID
D. Transporter's Phone (407) 287-5000

7. Transporter 2 Company Name
8. U.S. EPA ID Number (ELL)
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
LAIDLAW OF SOUTH CAROLINA
ROUTE 1, BOX 255
PINEWOOD, SC 29125
10. U.S. EPA ID Number S C D 0 7 0 3 7 5 9 8 5
G. State Facility's ID
H. Facility's Phone (803)-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) SOLIDS (ELL) (ELL)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. RQ-HAZARDOUS WASTE; ~~SOILS~~ NOS X FORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17	0 0 1	D T	0 0 0 2 2	T	U 2 2 0
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. P W - 0 5 6 5 5 - 6 1 0 1
b. - -
c. - -
d. - -

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172107

Public reporting burden for this collection of information is estimated to average 17 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch PM-223, U.S. Environmental Protection Agency, 401 M St., S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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 the laws of the State of South Carolina.

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: MICHAEL J. LAMORE
Signature: [signature]
Month Day Year: 04 27 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GERALD FREEMAN
Signature: [signature]
Month Day Year: 04 27 93

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

FACILITY

19. Discrepancy Indication Space
a lbs. c lbs.
b lbs. d lbs.

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

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE [on a 12-pitch (elite) typewriter] OR USE FIRM POINT PEN - PRESS DOWN HARD **ALL COPIES MUST BE LEGIBLE!**

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address **must** be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
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13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

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I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator **must** obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies any from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. N C D 9 8 1 4 6 8 4 0 8 Manifest Document No. 0 0 0 1 2
2. Page 1 of 1

Information in the shaded areas is not required by Federal law but is by State law

GENERATOR

3. Generator's Name and Mailing Address
CITY OF GREENSBORO FLEET MAINTENANCE
401 PATTON AVE.
GREENSBORO, NC 27402

4. Generator's Phone (919) 373-2664

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name (EKL) HILCO TRANSPORTATION ~~MEROLA ENTERPRISE, INC~~
6. U.S. EPA ID Number ~~N J D 9 8 6 6 0 9 9 4 9~~ NCD986187212
C. State Transporter's ID
D. Transporter's Phone (407) 287-5000

7. Transporter 2 Company Name
8. U.S. EPA ID Number (EKL)
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
LAIDLAW OF SOUTH CAROLINA
ROUTE 1, BOX 255
PINEWOOD, SC 29125
10. U.S. EPA ID Number S C D 0 7 0 3 7 5 9 8 5
G. State Facility's ID
H. Facility's Phone (803)-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) SOLIDS (EKL) (EKL)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. RQ-HAZARDOUS WASTE; ~~SOILS~~ NOS FORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17	0 0 1	D T	0 0 0 2 2	T	U 2 2 0
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. P W - 0 5 6 5 5 - 6 1 0 1
b.
c.
d.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172108

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 15 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch PM-223, U.S. Environmental Protection Agency, 401 M St. S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

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 the laws of the State of South Carolina.

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: MICHAEL J. LAMORE
Signature: Michael J. Lamore
Month Day Year: 07 27 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jimmy Charles Albert
Signature: Jimmy Charles Albert
Month Day Year: 10 4 2 1 9 3

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

FACILITY

19. Discrepancy Indication Space
a. lbs. c. lbs.
b. lbs. d. lbs.

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

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE (on a 12-pitch (elite) typewriter) OR USE FIRM POINT PEN - PRESS DOWN HARD **ALL COPIES MUST BE LEGIBLE!**

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA Identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address **must** be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator **must** obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies any from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. N C D 9 8 1 4 6 8 4 0 8 Manifest Document No. 0 0 0 / 3
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but is by State law

3. Generator's Name and Mailing Address
CITY OF GREENSBORO FLEET MAINTENANCE
401 PATTON AVE.
GREENSBORO, NC 27402
4. Generator's Phone (919) 373-2664

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name (EKL) JACK GRAY TRANSPORT ~~MEROLA ENTERPRISE, INC~~
6. U.S. EPA ID Number ~~IND042534875~~ IND 042534875 ~~NJD986609949~~
C. State Transporter's ID
D. Transporter's Phone (407) 287-5000

7. Transporter 2 Company Name
8. U.S. EPA ID Number (EKL)
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
LAIDLAW OF SOUTH CAROLINA
ROUTE 1, BOX 255
PINEWOOD, SC 29125
10. U.S. EPA ID Number SCD 0 7 0 3 7 5 9 8 5
G. State Facility's ID
H. Facility's Phone (803)-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. RQ-HAZARDOUS WASTE; ~~SOILS~~ SOLIDS (EKL) NOS FORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17 (EKL)	0 0 1	D T	0 0 0 2 2	T	U 2 2 0
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. P W - 0 5 6 5 5 - 6 1 0 1
b. - -
c. - -
d. - -

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172109

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St. S.W., Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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 the laws of the State of South Carolina.

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: MICHAEL J. LAMORE
Signature: [signature]
Month Day Year: 09 29 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK HOPPER
Signature: Jack Hopper
Month Day Year

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

FACILITY

19. Discrepancy Indication Space
a ____ lbs. c ____ lbs.
b ____ lbs. d ____ lbs.

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

GENERATOR

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE (on a 12-pitch (elite) typewriter) OR USE FIRM POINT PEN - PRESS DOWN HARD **ALL COPIES MUST BE LEGIBLE!**

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA Identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 (DHEC 1988 (REV 5/89)) plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address **must** be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator **must** obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies any from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. / Manifest Document No.: N C D 9 8 1 4 6 8 4 0 8 0 0 0 / 4
2. Page 1 of 1

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

3. Generator's Name and Mailing Address: CITY OF GREENSBORO FLEET MAINTENANCE, 401 PATTON AVE., GREENSBORO, NC 27402
4. Generator's Phone: 919) 373-2664

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: ~~MEROLA ENTERPRISE, INC~~ (EKL) JACK GRAY TRANSPORT
6. U.S. EPA ID Number: IND 042534875 ~~NJD986609949~~
C. State Transporter's ID
D. Transporter's Phone: (407) 287-5000

7. Transporter 2 Company Name
8. U.S. EPA ID Number (EKL)
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address: LAIDLAW OF SOUTH CAROLINA, ROUTE 1, BOX 255, PINEWOOD, SC 29125
10. U.S. EPA ID Number: S C D 0 7 0 3 7 5 9 8 5
G. State Facility's ID
H. Facility's Phone: (803)-452-5003

11. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) SOLIDS (EKL) (EKL)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. RQ-HAZARDOUS WASTE; ~~SOILS~~ NOS FORM E NA 9189 VIRGIN TOLUENE CONTAMINATED SOILS, HAZARD CLASS 17	0 0 1	D T	0 0 0 2 2	T	U 2 2 0
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. P W - 0 5 6 5 5 - 6 1 0 1
b. ___
c. ___
d. ___

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
WORK ORDER 172110

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St. S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

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 the laws of the State of South Carolina.

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: MICHAEL J. LAMORE
Signature: Michael J. Lamore
Month Day Year: 04 29 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: David S. Bushall
Signature: David S. Bushall
Month Day Year: 04 29 93

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

FACILITY

19. Discrepancy Indication Space
a ___ lbs. c ___ lbs.
b ___ lbs. d ___ lbs.

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

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions **Must** Accompany Each "Original" Manifest

IMPORTANT: TYPE [on a 12-pitch (elite) typewriter] OR USE FIRM POINT PEN - PRESS DOWN HARD **ALL COPIES MUST BE LEGIBLE!**

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA Identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.

A. **State Manifest Document Number:** Leave blank.

B. **State Generator Identification Number:** Leave blank.

3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

C. **State Transporter's ID Number:** Leave blank.

D. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.

7. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
8. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.

E. **State Transporter's ID Number:** Leave blank.

F. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.

9. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address **must** be the site address, which may differ from the mailing address.
10. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.

G. **State Facility's ID Number:** Leave blank.

H. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.

11. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
12. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from **Table I** (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

13. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
14. **Unit (weight/volume):** Enter the appropriate abbreviations from **Table II** (below) for the unit of measure:

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

I. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.

J. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. **Note:** Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator **must** obtain prior authorization from the treatment, storage or disposal facility.

K. **Handling Codes for Wastes Listed Above:** Leave blank.

15. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading Information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
16. **Generator Certification:** The generator must **READ, SIGN (BY HAND IN INK), and DATE** the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

17. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing **(BY HAND IN INK)** and entering the **DATE** of receipt.
18. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

FACILITY SECTION

19. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies any from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
20. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by **SIGNING (BY HAND IN INK)** and entering the **DATE** of receipt.

IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm