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June 23, 1994

Mr. David R. Bott
Giuffre Bros. Cranes, Inc.
6635 South 13th Street
Milwaukee, WI 53221

Re: Waukesha Plant
1005 Perkins Avenue
Waukesha, Wisconsin

Dear Mr. Bott:

Thank you for your letter of June 21, 1994. I am enclosing a copy of the June 3 supplemental report prepared by Versar, regarding the conclusion of remediation activities at the site. As of the preparation of that June 3 report, three drums of waste remained at the site for removal. These wastes have now been shipped to the Wayne Disposal facility in Michigan, as indicated on the enclosed copy of the waste manifest. If you have any questions, please feel free to give me a call.

Sincerely,

GIBBS, ROPER, LOOTS & WILLIAMS, S.C.


David J. Edquist

DJE/mss
Enclosure
cc: Jon Hill

HEAD INSTRUCTIONS ON BACK OF MANIFEST



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. DIS. REJ. PR.

Required under authority of Act 6 of 1979, as amended and Act 136 of 1989.
Failure to file is punishable under section 299.548 MCL or Section Act 136, P.A. 1989.

Please print or type.

Form Approved OMB No. 2050-0039 Expires

SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM IN MICHIGAN AT 1-800-292-4708 OR OUT OF STATE AT 617-379-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8029 24 HOURS PER DAY

| | | | | | | | |
|--|--|---|--|--|----------------|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | Generator's US EPA ID No. MI D 10 19 3 12 5 2 7 5 | | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded area is not required by Federal law. | |
| 3. Generator's Name and Mailing Address VME AMERICAS, INC. 1005 PERKINS AVENUE WAUKESHA, WI 53186 | | | | VME AMERICAS, INC. ONE PARK SQUARE BB&T BUILDING, SUITE 507 ASHEVILLE, N.C. 28801 | | A. State Manifest Document Number MI 2667980 | |
| 4. Generator's Phone () 704 257-4660 | | 6. US EPA ID Number | | C. State Transporter's ID | | B. State Generator's ID | |
| 5. Transporter 1 Company Name SUPERIOR HAZARDOUS WASTE GROUP, INC. | | | | 8. US EPA ID Number | | D. Transporter's Phone (800) 359- | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address WAYNE DISPOSAL 49350 N. SERVICE DRIVE BELLEVILLE, MI 48111 | | | | 10. US EPA ID Number | | G. State Facility's ID | |
| | | | | 10. US EPA ID Number | | H. Facility's Phone (313) 697-7830 | |
| 11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER) NON-REGULATED SPECIAL WASTE | | | | 12. Containers No. Type DIM | | 13. Total Quantity p | |
| | | | | | | 14. Unit 0 2 9 1 | |
| 11. Additional Descriptions for Materials Listed Above A. WS# 19 090 APPROVAL 031894WBD | | | | 11. Handling Codes for Wastes Listed Above | | a/ b/ c/ d/ | |
| 15. Special Handling Instructions and Additional Information PROJECT NO. 20257 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes 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. AS AGENT FOR VME AMERICAS / MR MARK DELONG | | | | | | | |
| Printed/Typed Name TERRY D. BREUDENICH | | | | Signature | | Date 10/16/03 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Signature | | Date | |
| Printed/Typed Name | | | | Signature | | Date | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Signature | | Date | |
| Printed/Typed Name | | | | Signature | | Date | |
| 19. Discrepancy Indication Space | | | | | | | |