

REINHART, BOERNER, VAN DEUREN, NORRIS & RIESELBACH

NATURAL RESOURCES  
ATTORNEYS AT LAW  
SUITE 2100  
1000 NORTH WATER STREET  
MILWAUKEE, WISCONSIN 53202-3186  
TELEPHONE (414) 298-1000  
FACSIMILE (414) 298-8097

ROGER L. BOERNER  
RICHARD A. VAN DEUREN  
RICHARD H. NORRIS III  
ALLEN N. RIESELBACH  
PAUL V. LUCKE  
ROBERT E. MELDMAN  
THOMAS M. STANTON  
ARTHUR F. LUBKE, JR.  
DONALD J. CHRISTL  
THOMAS E. FUNK  
DAVID A. ERNE  
ROBERT E. BELLIN  
WILLIAM R. STEINMETZ  
GARY A. HOLLMAN  
JOHN A. ERICH  
JEFFREY R. FULLER  
FREDERIC G. FRIEDMAN  
DELOS N. LUTTON  
ROBERT E. DALLMAN  
MARY A. BRAUER  
STEPHEN T. JACOBS  
CHESTER P. SCHWARTZ  
SCOTT W. HANSEN  
MICHAEL H. SIMPSON  
JOHN L. SCHLIESMANN  
STEVEN D. HUFF  
WILLIAM F. FLYNN  
PETER C. BLAIN

BRUCE T. BLOCK  
JEFFREY P. CLARK  
DANIEL J. BRINK  
MICHAEL T. PEPKO  
MICHAEL D. RECHTIN  
RICHARD P. CARR  
ROBERT F. HENKLE, JR.  
RICHARD W. GRABER  
ANNE W. REED  
ROBERT K. SHOLL  
KRISTIN M. BERGSTROM  
LAWRENCE J. BURNETT  
JOHN A. HERBERS  
FRANCIS W. DEISINGER  
JEROME M. JANZER  
ULICE PAYNE, JR.  
PHILIP P. MANN  
KEVIN J. HOWLEY  
ANTHONY J. HANDZLIK  
MARK L. METZ  
STEVEN P. BOGART  
JOSEPH J. BALISTRERI  
TIMOTHY G. ATKINSON  
TIMOTHY A. NETTESHEIM  
DAVID A. WEINSTEIN\*  
JOSEPH SEMO\*  
JOHN M. VAN LIESHOUT

DENISE P. GOERGEN  
JAMES M. BEDORE  
JILL M. KOCH  
MICHAEL R. SMITH  
CATHERINE F. CONWAY  
ALBERT S. ORR  
R. TIMOTHY MUTH  
JOHN R. STOFFER  
STEVEN J. COTTINGHAM  
WILLIAM T. SHROYER  
THOMAS J. NOLTE  
ANNE M. MORGAN  
KATHLEEN S. DONIUS  
DAVID D. PAVEK\*  
MARTIN J. McLAUGHLIN  
LARRY J. BROOMFIELD  
TIMOTHY P. REARDON  
CHRISTINE L. THIERFELDER  
MICHAEL D. JANKOWSKI  
MARY E. TRIGGIANO HUNT  
WILLIAM P. SCOTT  
DIANE H. O'GAWA  
CARLEEN T. CLARK\*  
DAVID R. KROSNER  
WILLIAM R. CUMMINGS  
STEVEN S. BARTELT  
BENNETT E. CHOICE  
ALICE D. SEGER

DAVID M. SANDERS  
EDWARD B. WITTE  
RODNEY D. DEKRUIF  
JOHN R. AUSTIN  
CATHERINE L. DAVIES  
DAVID J. SISSON  
ONNIE L. SMITH  
PATRICK J. HODAN  
JOHN E. MOSSBERG  
DANIEL B. GERAGHTY  
MARTIN G. FLYKE  
KATHERINE M. NEALON  
CAROLYN A. SULLIVAN  
VINCENT J. BERES  
PETER W. BECKER  
JOHN M. BRENNAN III  
RICHARD R. LORENZ  
COLLEEN D. BALL  
DEAN E. MABIE  
JOHN E. SCHEMBARI  
GERALD L. FELLOWS  
GERI T. KRUPP-GORDON  
DANIEL J. LA FAVE  
DAVID G. HANSON  
\* NOT LICENSED IN WISCONSIN

May 6, 1993

Scott D. Ferguson, Hazardous Waste  
Hydrogeologist  
Wisconsin Department of Natural  
Resources  
P.O. Box 12436  
Milwaukee, WI 53212

Dear Scott:

Re: Wisconsin Coach Lines

Thank you for taking the time to meet with Bob Karnauskas, Mike Hansen and myself on Thursday, May 6. Pursuant to your request, I enclose information relating to Safety Kleen degreasing performed at Wisconsin Coach Lines, Inc. and air emissions at Navistar.

I enclose manifest information from the years 1988, 1992 and 1993 from Wisconsin Coach Lines. We are attempting to locate additional records. As you will see, the Safety Kleen degreasing agent is described as "petroleum naphtha." The accompanying "notice of land disposal restriction of waste" contains specific descriptions of the constituents of various Safety Kleen degreasing agents. Although several of the degreasing agents described in the notice make specific reference to TCA or TCE, the "waste mineral spirits" checked for use at Wisconsin Coach Lines did not utilize TCA or TCE. The notice does indicate that the waste mineral spirits may contain tetrachloroethylene. To my knowledge, none of the nearly 30 wells located on the property owned by Wisconsin Coach Lines and the property owned by Navistar has ever detected the presence of tetrachloroethylene.

Scott D. Ferguson, Hazardous Waste  
Hydrogeologist  
May 6, 1993  
Page 2

I do not believe Kim Anderson performed VOC analysis of any air samples. I understand he was concentrating his efforts on corrosive metals. However, the SARA Title III information filed by Navistar indicates significant air emissions of TCA. The TCA "stack or point air emissions" at Navistar was calculated by Navistar in the enclosed documents as follows:

1988	11,459 lbs. of TCA
1989	24,000 lbs. of TCA
1990	31,000 lbs. of TCA
1991	11,000 lbs. of TCA

In addition, significant pounds of fugitive or non-point VOC air emissions were emitted. These emissions amounted to 45,000 pounds in 1991.

Should you have any questions, do not hesitate to contact me. Once again, I thank you for your time and consideration.

Yours very truly,



John M. Van Lieshout

JVL:KE

Encs.

cc Mr. Michael L. Hansen  
Mr. Robert Karnauskas

GENERATOR/LOCATION

BILL TO (IF DIFFERENT FROM LOCATION)

NAME WISCONSIN VACATION	NAME
DELIVERY ADDRESS 101 WILKINSON	DELIVERY ADDRESS
INFORMATION/ATTENTION LINE T. J. SPANNA	INFORMATION/ATTENTION LINE
CITY & STATE MILWAUKEE WI	CITY & STATE
ZIP 53106	ZIP
TAX CODE	TAX CODE
USA EPA ID NO.	STATE ID NO.
MANIFEST NUMBER	

DATE PLACED 4/18/88	MACHINE SERIAL NO. O-47578	BRANCH 5-100-01	TYPE OF OUTLET	MAKE AND MODEL OF EQUIPMENT S20 PHILLIPS 410049
------------------------	-------------------------------	--------------------	----------------	---

Safety-Kleen agrees to furnish clean solvent service and solvent removal service on cleaning equipment owned by customer at the above location. Safety-Kleen is not responsible for repair or maintenance of such equipment. Solvent servicing and removal shall be performed by Safety-Kleen only. Customer agrees to indemnify Safety-Kleen against any loss or claim arising from any personal injury or property damage, however caused, resulting from the placement or use of the machine on the customer's premises. Safety-Kleen is not responsible for any violation, loss or claim arising from non-compliance with pollution control laws caused by release of solvent to the environment from the unit and resulting from improper customer handling including, but not limited to spills into adjacent waterways, sewer lines or ground water, however caused. However, Safety-Kleen accepts responsibility for any spill solely caused by its agents in connection with the installation or servicing of the machine by Safety-Kleen.

DATE OF CONFIRMATION 4/18/88	SALES REP. NO. 6195	SALES SPECIALIST	DATE OF NEXT SCHEDULED SERVICE CALL	BLITZ CODE	P/W TAX %	C.O.M.S. TAX %	PROD. TAX %	CHAIN	SVC P/S	PROD P/S
SERVICE APPROVAL METHOD 6	CUSTOMER'S P.O. NUMBER BLANKET	SALES TAX EXEMPTION NO.	GENERATOR/CUSTOMER TELEPHONE NUMBER 414/512-8861	SPECIAL HANDLING	CREDIT CODE	I ACKNOWLEDGE THAT I HAVE NO OBLIGATION TO PURCHASE SERVICE ON SAID EQUIPMENT FROM ANY THIRD PARTY, AND I ACCEPT THE FOREGOING TERMS AND ACKNOWLEDGE FIRST SERVICE. PRICES ARE SUBJECT TO CHANGE.				
SERVICE CHARGE 59.00	TAX 3.25	TOTAL 62.25	GENERATOR/CUSTOMER SIGNATURE REQUIRED							

**UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION**

CONTAINERS Pails 16 Gal No. DM 30 Gal No. DM	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Waste, Petroleum Naphtha, Combustible Liquid, UN 1255 Waste, Compound, Cleaning, Liquid, Corrosive Material, NA 1760	I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.
Total Quantity = Number of Drums x Ave. W/Drum of: Pails 35 #, 16 Gal 27 #, 30 Gal 45 # 80	DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. SAFETY KLEEN CORP 2200 SWEST AVE WAUKESHA WI	GENERATOR'S INITIALS
USA EPA ID No.	STATE ID No.	

**PRODUCT SALES SECTION**

PRODUCT NUMBER	DESCRIPTION	DEALER PRICE	UNIT OF MEASURE	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
10001	(12.5 gal)	15.00			15.00	-	15.00

**PAYMENT RECEIVED SECTION**

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO-
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

TOTAL PRODUCT ORDER AMOUNT	\$
TOTAL MACHINE SERVICE AMOUNT (INCLUDING TAX)	\$ 62.25
COMS SIGN-UP CHARGE	\$ 15.00
<b>TOTAL DUE</b>	<b>\$ 77.25</b>
GENERATOR/CUSTOMER SIGNATURE	

INVOICES ARE SUBJECT TO AN INTEREST CHARGE OF THE LESSER OF FIVE PER MONTH OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID AMOUNT THAT IS NOT PAID WITHIN 30 DAYS IN THE EVENT OF DEFAULT. SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION.

BRANCH

PART NO. 100K(01)30-771 REV. 8/86

4132

FOR SERVICE CALL  
TRANSPORTER

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
05-06	05-06	291700
<b>MANIFEST NUMBER</b>		

777 BIG TIMBER ROAD • BELGIN, ILL. NO. 550123

SAFETY-KLEEN CORP.  
1300 MAIN COACH LINES  
FROM SCARUKE  
401 NIAGRA  
WAUKESHA  
WI 53186

DBI  
WCL

SERVICE DATE	SALESMAN'S NO	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
5/2/93	10195	XXXX							
CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
05		414-542-2051	NG	NO	501	001	.55	.05	.05

**MACHINE SERVICE SECTION**

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (MKS) (INITIALS)	REMARKS	0254
1 7379	152.00	7.00	159.00	12			
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
<b>TOTAL SERVICE SECTION</b>			159.00			ADDED LOP	50-340-8000

MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)	
GOOD PCOA	<input checked="" type="checkbox"/>
MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/>
LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/>
DECALS IN PLACE AND LEGIBLE	<input checked="" type="checkbox"/>
FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/>
EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input checked="" type="checkbox"/>
MACHINE PROPERLY GROUNDED	<input checked="" type="checkbox"/>
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>
SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>

**UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION**

CONTAINERS			This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.
15 GAL NO. DR	30 GAL NO. DR	55PW TANKS	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		
			Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001) Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)		
Total Quantity = Number of Drums x Ave. Wt/Drum of Pails 35, 55PW TANKS 27, 16 Gal. 43, 30 Gal. 50			DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 3200 S WEST AVE WAUKESHA WI 53186		GENERATORS INITIALS XXXXXX

USA EPA ID NO. W12981C97769  
STATE ID NO.

**PRODUCT SALES SECTION**

SOLD ON PREVIOUS SERVICES	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
1	10023	FEE, DEL/SU-51/2 C	15.00	EA				

**PAYMENT RECEIVED SECTION**

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
NV. #	AMOUNT \$	
NV. #	AMOUNT \$	

**TOTAL PRODUCT AMOUNTS**

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE DUE TO ME.

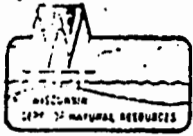
TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE

IN THE EVENT OF DEFAULT SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES

*Signature*  
GENERATOR/CUSTOMER SIGNATURE

SERVICE/SALES ACQUISITION DEPARTMENT



**STATE OF WISCONSIN**  
 Chapter 144, Wis. Stats.  
 Form 4400-66 Rev. 7-87

Mail Copies 1 & 3 To:  
 State of Wisconsin  
 Department of Natural Resources  
 Bureau of Solid Waste Mgt.  
 Box 8094  
 Madison, Wisconsin 53708

**FOR DNR USE ONLY**

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

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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. WID006550586		Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Wisconsin Coach Lines 901 Niagra, Waukesha, WI 53186				A. State Manifest Document Number WI G: 37672		B. State Generator's ID	
4. Generator's Phone (414) 5426861				C. State Transporter's ID		D. Transporter's Phone 414 549-3011	
5. Transporter 1 Company Name Safety-Kleer Corp.		6. US EPA ID Number WID981097769		E. State Transporter's ID		F. Transporter's Phone	
7. Transporter 2 Company Name		8. US EPA ID Number		G. State Facility's ID		H. Facility's Phone	
9. Designated Facility Name and Site Address Safety-Kleer Corp. 2200 S. West Avenue Waukesha, WI 53186		10. US EPA ID Number WID981097769		12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		a. Waste Petroleum Naptha Combustible Liquid, UN1255 (EPA D001)		002 M		00125	2
b.		c.		d.		15. Special Handling Instructions and Additional Information WI WEEK 43 CUSTOMER 5-100-01-8024 PREPRINT 0504 TERRITORY 0504	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the 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.				Signature		Date Month Day Year 1 0 2 6 8 8	
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials				Signature		Date Month Day Year 1 0 2 6 8 8	
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.				Signature		Date Month Day Year	

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

Copy Distribution: 1 - Wis. DNR 4 - Facility  
 2 - Generator 5 - Generator  
 3 - Wis. DNR 6 - Transporter  
 Copies 1 & 3 mail to Wis. DNR at above address.

Emergency 24 Hour Assistance Telephone Number  
 Wisconsin (608) 265-3229

**GENERATOR/LOCATION**

**BILL TO (IF DIFFERENT FROM LOCATION)**

NAME WILSON'S AUTO COACH KLVES	NAME
DELIVERY ADDRESS 301 WAGRA	DELIVERY ADDRESS
INFORMATION/ATTENTION LINE Tom Schumke	INFORMATION/ATTENTION LINE
CITY & STATE Waukesha WA	CITY & STATE
ZIP 53186	ZIP
TAX CODE	TAX CODE
USA EPA ID NO.	STATE ID NO.
MANIFEST NUMBER	

**MACHINE PLACEMENT**

DATE PLACED 5/25/88	MACHINE SERIAL NO. 340-4756	BRANCH S-100-01	TYPE OF OUTLET 06	I hereby acknowledge placement of the machine(s) described herein and having read the directions for use on the reverse side, I further acknowledge reading and do accept the terms and conditions of this machine placement and solvent reclamation agreement, more specifically described on the reverse side.  CUSTOMER'S SIGNATURE
------------------------	--------------------------------	--------------------	----------------------	--

Safety-Kleen agrees to furnish the above service on its equipment, and customer agrees that all servicing, repair and maintenance of the equipment shall be performed by Safety-Kleen only. All equipment and solvent shall remain the property of Safety-Kleen, and shall be returned to Safety-Kleen upon termination of service. Customer agrees to pay for replacement of equipment due to loss or damage.  
 Customer agrees to indemnify Safety-Kleen against any loss or claim arising from any personal injury or property damage, however caused, resulting from the placement or use of the machine on the customer's premises. Safety-Kleen is not responsible for any violation, loss or claim arising from noncompliance with pollution control laws caused by release of solvent to the environment from the unit and resulting from improper customer handling including, but not limited to spills into adjacent waterways, sewer lines or ground water, however caused. However, Safety-Kleen accepts responsibility for any spill caused by its agents in connection with the installation or servicing of the machine by Safety-Kleen.

**MACHINE CONFIRMATION**

DATE OF CONFIRMATION 5/25/88	SALES REP NO. 6175	SALES SPECIALIST	DATE OF FIRST SCHEDULED SERVICE CALL	BLITZ CODE	PAW TAX %	COM.S. TAX %	PRCO. TAX %	CHAIN	SVC P/S	PROD P/S
SERVICE INTERVAL (DAYS) 9	CUSTOMER'S P.O. NUMBER BLANKET	SALES TAX EXEMPTION NO.	<input checked="" type="checkbox"/> 1. NEW APPLICATION <input type="checkbox"/> 2. REPLACE DEFECTIVE MACHINE <input type="checkbox"/> 3. REPLACE COMPETITIVE MACHINE <input type="checkbox"/> 4. REPLACE HOME MADE VAF. <input type="checkbox"/> 5. ADDITIONAL MACHINE			GENERATOR/CUSTOMER TELEPHONE NUMBER AREA CODE 414-542-8861		SPECIAL HANDLING	CREDIT CODE	
SERVICE CHARGE 110.00	TAX 5.50	TOTAL 115.50	REFUELED SERVICE - EXPLAIN							

**UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION**

--- CONTAINERS ---			4132	I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.  GENERATOR'S INITIALS	
Pails No. DM	16 Gal No. DM	30 Gal No. DM			US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
					Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, Ignitability, D001) Waste Compound Cleaning Liquid, Corrosive Material, NA 1760 (EPA, Toxicity, F002)
Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails #, 16 Gal #, 30 Gal #			DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.		
			USA EPA ID NO.		
			STATE ID NO.		

**PRODUCT SALES SECTION**

PRODUCT NUMBER	DESCRIPTION	DEALER PRICE	UNIT OF MEASURE	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
110001	INSTALLATION	3000	EA	1	3000	—	3000

**PAYMENT RECEIVED SECTION**

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

TOTAL PRODUCT ORDER AMOUNT	\$ 3000
TOTAL MACHINE SERVICE AMOUNT (INCLUDING TAX)	\$ 115.50

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE PRESENCE OF MACHINE AND SOLVENT INFORMATION ON THE REVERSE SIDE.	TOTAL DUE	\$ 145.50
GENERATOR/CUSTOMER SIGNATURE		

INCLUDES FEE SUBJECT TO AN INTEREST CHARGE OF THE LESSEE OF 1 1/4% PER MONTH (14% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER

CUSTOMER'S COPY-CONFIRMATION PART NO. 1323 (REV. 8/87)

**Safety-Kleen Corp.**

DUNS NO. 05106-0408 FOR SERVICE CALL TRANSPORTER

FED. ID NO. P-6/14

777 BIG TIMBER ROAD - ELGIN, ILLINOIS 60123

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
MANIFEST NUMBER		23704 XXXXXXXXXXXX

5-100-31-2024-9  
WISCONSIN COACH LINES  
TOM SCHMUKE  
901 NIAGARA  
WAUKESHA

414-349-3111

WI 53186

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
11/21/88	6195	XXXX			H	145.50			
CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5	ND	414-349-8861	NG	ND	531	001	.05	.15	.35

**MACHINE SERVICE SECTION**

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (YES/NO) (INITIALS)	REMARKS	0225	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)																								
1736	110.00	5.50	115.50	09				<table border="1"> <tr> <td>MACHINE CONDITION &amp; CLEANLINESS</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LAMP ASSEMBLY CONDITION</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>DECALS IN PLACE AND LEGIBLE</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>FUSIBLE LINK INSTALLED</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>EMERGENCY CLOSING OF LID UNOBSTRUCTED</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MACHINE PROPERLY GROUNDED</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOCAL PHONE NO. STICKER AFFIXED TO MACHINE</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SPEAK SOLVENT MEETS ACCEPTANCE CRITERIA</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DECALS IN PLACE AND LEGIBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>	MACHINE PROPERLY GROUNDED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SPEAK SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
DECALS IN PLACE AND LEGIBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>																														
MACHINE PROPERLY GROUNDED	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
SPEAK SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
GENERATOR USA EPA ID NO.						GENERATOR STATE ID NO																										
115.50						WID008550586		50-340-8636																								

**UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION**

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

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  
 Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)  
 Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA Identification Number.

GENERATORS INITIALS: *XXX*

**INVOICE**  
 DESCRIPTION  
 18 GAL. 15.00  
 30 GAL. 15.00  
 TOTAL 30.00  
 SALES TAX 5.50  
 TOTAL 35.50

Total Quantity = Number of Drums x Ave. W/Drum of: Pails 33, 55PW TANKS 27, 15 Gal. 45, 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP., 2200 S WEST AVE, WAUKESHA WI 53186  
 USA EPA ID NO. WID981097769  
 STATE ID NO.

**PRODUCT SALES SECTION**

SOLO ON PREVIOUS SERVICES	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR	PRIOR	LAST						

**PAYMENT RECEIVED SECTION**

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

**TOTAL PRODUCT AMOUNTS**

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND REGULATION AGREEMENT INFORMATION ON THE REVERSE SIDE OF THIS AMOUNT IS \$115.50

TOTAL SERVICE AMOUNT (FROM ABOVE)	115.50
TOTAL DUE	115.50

CTIONS ON REVERSE SIDE OF COPY 6.

STATE OF WISCONSIN

Chapter 144, Wis. Stats.  
Form 4400-66

Rev. 7-87

Mail Copies 1 & 3 To:

State of Wisconsin  
Department of Natural Resources  
Bureau of Solid Waste Mgt.  
Box 8094  
Madison, Wisconsin 53708

FOR DNR USE ONLY

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

Form Approved. OMB No. 2050-0039. Expires

FORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. WID006550586	Manifest Document No. 61515113	2. Page 1 of 1	Information in the shaded is not required by Federal
-------------------------------	--	-----------------------------------	----------------	--

Generator's Name and Mailing Address Wisconsin Coach Lines Madison, Waukesha, WI 53186 Generator's Phone (414) 542-8861	A. State Manifest Document Number WI G 53178
	B. State Generator's ID

Transporter 1 Company Name Kleen Corp.	6. US EPA ID Number WID981097769	C. State Transporter's ID
---	-------------------------------------	---------------------------

Transporter 2 Company Name	8. US EPA ID Number	D. Transporter's Phone 414 549-
----------------------------	---------------------	---------------------------------

Designated Facility Name and Site Address Kleen Corp. 100 S. West Avenue Waukesha, WI 53186	10. US EPA ID Number WID981097769	E. State Transporter's ID	F. Transporter's Phone
--	--------------------------------------	---------------------------	------------------------

DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste
---	--------------------	--------------------	-----------------	-----------

Waste Petroleum Naphtha Combustible Liquid, UN1255 (EPA D001)	002	DM	00/25	P	0
--	-----	----	-------	---	---

<del>Additional Descriptions for Materials Listed Above</del>				
---	--	--	--	--

Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed		
--	--	-------------------------------------	--	--

15. Special Handling Instructions and Additional Information

WI WEEK 51 CUSTOMER 5-100-01-8024 PREPRINT 755513 TERRITORY 0504

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;

OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and selected the best waste management method that is available to me and that I can afford.

Printed/Typed Name & Position Title Thomas J. Schmitt	Signature [Signature]	Date 12/21
--	--------------------------	---------------

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials	Date
Printed/Typed Name & Position Title Michael Poff	Signature [Signature]
	Date 12/21

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials	Date
Printed/Typed Name & Position Title	Signature
	Date

19. Discrepancy Indication Space
----------------------------------

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.	Date
Printed/Typed Name & Position Title	Signature
	Date

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

Copy Distribution: 1 - Wis. DNR 4 - Facility  
2 - Generator 5 - Generator  
3 - Wis. DNR 6 - Transporter  
7 - State of Wis. DNR (if above)

Emergency 24 Hour Assistance Telephone Number  
In Wisconsin (608) 266-3232



STATE OF WISCONSIN Chapter 144, Wis. Stats. Form 4400-66 Rev. 7-87

State of Wisconsin Department of Natural Resources Bureau of Solid Waste Mgt. Box 8094 Madison, Wisconsin 53708

FOR DNR USE ONLY

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

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

FORM HAZARDOUS WASTE MANIFEST. 1. Generator's US EPA ID No. WID006550586. Manifest Document No. 5151511. 2. Page 1 of 1. Information in the shaded areas is not required by Federal law. A. State Manifest Document Number: WI G 53178. B. State Generator's ID: 53178. C. State Transporter's ID: 414-549-3011. D. Transporter's Phone: 414-549-3011. E. State Transporter's ID: 414-549-3011. F. Transporter's Phone: 414-549-3011. G. State Facility's ID: 414-549-3011. H. Facility's Phone: 414-549-3011.

Table with 4 columns: 12. Containers No., 13. Total Quantity, 14. Unit Wt/Vol, 15. Waste No. Row 1: Waste Petroleum Naphtha Combustible Liquid, UN1255 (EPA D001), 2002, D.M., 200/25 P, Dis 0-0-11.

Additional Descriptions for Materials Listed Above. K. Handling Codes for Wastes Listed Above.

5. Special Handling Instructions and Additional Information. WI WEEK 51 CUSTOMER 5-100-01-8024 PREPRINT 755513 TERRITORY 0504

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

Printed/Typed Name & Position Title: THOMAS W SCHROEDER. Signature: [Signature]. Date: 12/27/88.

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials. Printed/Typed Name & Position Title: Michael Popp. Signature: [Signature]. Date: 12/27/88.

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials. Printed/Typed Name & Position Title: [Blank]. Signature: [Blank]. Date: [Blank].

19. Discrepancy Indication Space.

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name & Position Title: [Blank]. Signature: [Blank]. Date: [Blank].

MAY 06 '93 15:55 DBI & WCL WAUKESHA  
DUNS NO. 05106-0408

FOR SERVICE CALL  
TRANSPORTER

FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
88-32	03-06	75551J
MANIFEST NUMBER		XXXXXXXXXX

77 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123  
 WISCONSIN COACH LINES  
 TOM SCHMUE  
 901 NIAGARA  
 WAUKESHA WI 53186  
 PRICES EFFECTIVE 11/06/89

DANIEL CAMANN  
 414-549-3011

0-100 2P

B I L L T O

0201-0201

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS		
12/28/88	6195	XXXX			C				
USHERS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
05	NO		414-542-8861	NO	NO	501 001	.05	.05	.05

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS) (INITIALS)	REMARKS	0251	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)	
1 -C-01756	110.00	5.50	115.50	09				GOOD	FOGA
2								MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/> <input type="checkbox"/>
3								LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/> <input type="checkbox"/>
4								DECALS IN PLACE AND LEGIBLE	<input type="checkbox"/> <input checked="" type="checkbox"/>
5								FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/> <input type="checkbox"/>
								EMERGENCY CLOSING OF LID UNOBSERVED	<input type="checkbox"/> <input checked="" type="checkbox"/>
								MACHINE PROPERLY GROUNDED	<input checked="" type="checkbox"/> <input type="checkbox"/>
								LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/> <input type="checkbox"/>
								SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/> <input type="checkbox"/>
TOTAL SECTION			\$115.50	GENERATOR USA EPA ID NO. W1D006550586		GENERATOR STATE ID NO. 50-340-8600			

INVOICE

OPTION  
 Y  
 MAKE CLEANER PURPOSE CLE  
 D R W/D SOLVENT PURPOSE CLE  
 D RESERVOIR  
 IN RECORD PURPOSE CLE  
 EAL SERVICE DOCUMENT

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

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

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  
 Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)  
 Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.

GENERATORS INITIALS

Total Quantity = Number of Drums x Ave. WU/Drum of: Pails 35, 55W TANKS 27, 16 Gal. 5, 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.  
 200 S WEST AVE WAUKESHA WI 53186  
 USA EPA ID NO. W1D981097769  
 STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR	PRIOR	LAST						

PAYMENT RECEIVED SECTION

CASH  TOTAL RECEIVED \_\_\_\_\_ APPLY PAYMENT TO:  
 CHECK NUMBER \_\_\_\_\_  TODAY'S SERVICE/SALE  
 PREVIOUS BALANCE AS FOLLOWS

INV. # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
 INV. # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
 INV. # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/4% PER MONTH (15% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE

TOTAL SERVICE AMOUNT (FROM ABOVE)	115.50
TOTAL DUE	115.50

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES

SERVICE/S... ENGAGEMENT

777 216 TIMBER ROAD • ELGIN, ILLINOIS 60123

DANIEL CANNON

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
9-0-9	36-04	432602
<b>MANIFEST NUMBER</b>		XXXXXXXXXXYY

5-100-01-8024-0

614-549-3011

5-100-07

WISCONSIN COACH LINES

TOM SCHMUKE

301 NIAGRA

WAUKESHA

WI 53186

PRICES EFFECTIVE 11/06/88

B I L L

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS	
5/3/93	6198	XXXX			C			
CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
NO		414-542-8861	NO	581	001	.05	.05	.05

**MACHINE SERVICE SECTION**

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (YES/NO) (INITIALS)	REMARKS	3212	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)	GOOD	POOR
240-01755	110.00	5.50	115.50	09				MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>
								LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
								DECALS IN PLACE AND LEGIBLE	<input type="checkbox"/>	<input type="checkbox"/>
								FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>
								EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>
								MACHINE PROPERLY GROUNDED	<input type="checkbox"/>	<input type="checkbox"/>
								LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
								SOLVENT SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL SERVICE SECTION</b>			115.50	GENERATOR USA EPA ID NO. WID006550586		GENERATOR STATE ID NO. 50-340-8605				

**UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION**

CONTAINERS				US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			GENERATORS INITIALS			
PAIS NO. DRUM	55PW TANKS OF	16 GAL NO. DRUM	30 GAL NO. DRUM	Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)			I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number. GENERATORS INITIALS <i>[Signature]</i>			
				Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)						
Total Quantity - Number of Drums x Ave. Wt/Drum of: Pails 35				55PW TANKS 27			16 Gal. 45		30 Gal. 80	
DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP., 2200 S WEST AVE WAUKESHA WI 53186						USA EPA ID NO. WID931097757				
						STATE ID NO.				

**PRODUCT SALES SECTION**

SOLD ON PREVIOUS SERVICES	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
SAIOR	PRIOA	LAST						

**PAYMENT RECEIVED SECTION**

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

**TOTAL PRODUCT AMOUNTS**

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/4% PER MONTH (15% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE 30 DAYS PAST DUE.

TOTAL SERVICE AMOUNT (FROM ABOVE) 115.50

TOTAL DUE 115.50

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X *[Signature]*  
GENERATOR/CUSTOMER SIGNATURE

CUSTOMER SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 74-966-12 (REV. 7-82)



DUNS NO. 05106-0408 FOR SERVICE CALL

FED. ID NO. 39-6090019

777 BIG TIMBER ROAD - ELGIN, ILLINOIS 60120

TRANSPORTER

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
05-14	05-06	005717

DAVID L. GARMAN

414-542-3011

0-100 07

MANIFEST NUMBER XXXXXXXXXXXXX

3-100-01-8074-9 WISCONSIN COACH LINES

TOM SCHRUKE

901 NIAGRA

WAUKESHA

WI 53186

PRICES EFFECTIVE 11/06/88

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS		
3/6/89	6195	XXXX			C	115.50			
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5	VC		414-542-9851	NO	NO	581	901	.05	.05

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (NEW/6) (DETAIL)	REMARKS	0243	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)
01756	110.00	5.50	115.50	09				GOOD WORK <input type="checkbox"/> MACHINE CONDITION & CLEANLINESS <input type="checkbox"/> LAMP ASSEMBLY CONDITION <input type="checkbox"/> DECALS IN PLACE AND LEGIBLE <input type="checkbox"/> FUSIBLE LINK INSTALLED <input type="checkbox"/> EMERGENCY CLOSING OF LID UNOBSTRUCTED <input type="checkbox"/> MACHINE PROPERLY GROUNDED <input type="checkbox"/> LOCAL PHONE NO. STICKER APPLIED TO MACHINE <input type="checkbox"/> SPENT SOLVENT MEETS ACCEPTANCE CRITERIA
TOTAL CHARGE SECTION			115.50	GENERATOR USA EPA ID NO. WI 0006550586		GENERATOR STATE ID NO. 50-340-8606		

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

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

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  
 Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)  
 Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)

Containers: 35 16 Gal. Drums, 27 30 Gal. Drums

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, 16 Gal. 27, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP., 2200 S WEST AVE, WAUKESHA WI 53186

USA EPA ID NO. WI 0006550586  
 STATE ID NO. 50-340-8606

GENERATORS INITIALS: [Signature]

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES			PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR	PRIOR	LAST								

PAYMENT RECEIVED SECTION

CASH  TOTAL RECEIVED \_\_\_\_\_ APPLY PAYMENT TO:  TODAY'S SERVICE/SALE  PREVIOUS BALANCE AS FOLLOWS

CHECK NUMBER \_\_\_\_\_

INV. # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
 V. # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
 # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, AGREEMENT AND RECLAMATION INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1% PER MONTH OR THE MAXIMUM ALLOWED BY LAW ON

TOTAL SERVICE AMOUNT (FROM ABOVE) 115.50

TOTAL DUE 115.50

IN THE EVENT OF DEFAULT SAFETY-KLEEN SHALL BE ENTITLED TO RECOVERY COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES

[Signature]

MAY 06 '93 15:57 DBI & WCL WAUKESHA  
 DUNS NO. 05106408

FOR SERVICE CALL  
 TRANSPORTER

FED. ID NO. 39-012/14

777 BIG TIMBER ROAD - ELGIN, ILLINOIS 60120

DANIEL CANAMINI

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
89- 27	05-04	871771
MANIFEST NUMBER		XXXXX

5-100-01-8024-9

414-549-3011

0-100 37

WISCONSIN COACH LINES  
 TOM SCHMUKE  
 301 NIAGARA  
 WAUKESHA  
 PRICES EFFECTIVE 11/06/88

B I L O

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 80 DAYS		
7/6/89	6195	XXXX			C	115.50			
ADDRESS	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
05	NO		414-542-8861	NO	581	001	.05	.05	.05

**MACHINE SERVICE SECTION**

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TEAM	CHANGE SERVICE TO (MESH / PARTIAL)	REMARKS	0206	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)		
3-01756	110.00	5.50	115.50	09				GOOD	POOR	
								MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>
								LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
								DECALS IN PLACE AND LEGIBLE	<input type="checkbox"/>	<input type="checkbox"/>
								FUEL LINE INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>
								EMERGENCY CLOSING OF LID UNOBTAINED	<input type="checkbox"/>	<input type="checkbox"/>
								MACHINE PROPERLY OILCHANGED	<input type="checkbox"/>	<input type="checkbox"/>
								LOCAL PHONE NO STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
								SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL SECTION			115.50					GENERATOR USA EPA ID NO.		
								WI 0006550536		
								GENERATOR STATE ID NO.		
									50-340-8606	

**HAZARDOUS WASTE INFORMATION**

CONTAINERS			TOTAL QUANTITY	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	GENERATORS INITIALS
15 GAL NO. DRUM	30 GAL NO. DRUM				
1	1		13.14	Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, D001) Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)	<i>[Signature]</i>

Total Quantity = Number of Drums x Ave. W/Drum of: Pails 35, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 2200 S WEST AVE WAUKESHA WI 53186	USA EPA ID NO. WI 0981097769
	STATE ID NO.

**PRODUCT SALES SECTION**

SOLD ON PREVIOUS SERVICES	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
DATE	PRIOR	LAST						

**PAYMENT RECEIVED SECTION**

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

**TOTAL PRODUCT AMOUNTS**

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE (SEE ABOVE AMOUNT \$ 115.50)	TOTAL SERVICE AMOUNT (FROM ABOVE)	115.50
	TOTAL DUE	115.50

CUSTOMER

SERVICE/SALES ACKNOWLEDGEMENT

DATE 05/06/89 12:00 PM



777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

DUNS NO. 05106-0408  
FED. ID NO. 39-6909019

MACHINE PLACEMENT FORM

P13983

GENERATOR/LOCATION

BILL TO (IF DIFFERENT FROM LOCATION)

NAME	NAME
DELIVERY ADDRESS	DELIVERY ADDRESS
INFORMATION/ATTENTION LINE	INFORMATION/ATTENTION LINE
CITY & STATE	CITY & STATE
ZIP	ZIP
TAX CODE	TAX CODE
STATE ID NO.	STATE ID NO.
MANIFEST NUMBER	

MACHINE PLACEMENT			
DATE PLACED	MACHINE SERIAL NO.	BRANCH	TYPE OF OUTLET
1-11	174-9742	1-100-01	201
			I hereby acknowledge placement of the machine(s) described herein and having read the directions for use on the reverse side, I further acknowledge reading and do accept the terms and conditions of the machine placement and solvent reclamation agreement, more specifically described on the reverse side.
			CUSTOMER'S SIGNATURE

Safety-Kleen agrees to furnish the above service on its equipment, and customer agrees that all servicing, repair and maintenance of the equipment shall be performed by Safety-Kleen only. All equipment and solvent shall remain the property of Safety-Kleen, and shall be returned to Safety-Kleen upon termination of service. Customer agrees to pay for replacement of equipment due to loss or damage.

Customer agrees to indemnify Safety-Kleen against any loss or claim arising from any personal injury or property damage, however caused, resulting from the placement or use of the machine on the customer's premises. Safety-Kleen is not responsible for contamination, loss or claim arising from noncompliance with pollution control laws caused by release of solvent to the environment from the unit and resulting from improper customer handling including, but not limited to spills into adjacent waterways, sewer lines or ground water, however caused. However, Safety-Kleen accepts responsibility for any spill caused by its agents in connection with the installation or servicing of the machine by Safety-Kleen.

MACHINE CONFIRMATION										
TYPE OF CONFIRMATION	SALES REP NO.	SALES SPECIALIST	DATE OF FIRST SCHEDULED SERVICE CALL	BLITZ CODE	PIW TAX %	G.O.M.S. TAX %	PROD. TAX %	CHAIN	SVC P/S	PROD P/S
2-17	6112									
WEEKS	CUSTOMER'S P.O. NUMBER	SALES TAX EXEMPTION NO.		PLACEMENT CODE	GENERATOR/CUSTOMER TELEPHONE NUMBER		SPECIAL HANDLING	CREDIT CODE		
1	<input type="checkbox"/> BLANKET <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> 1 NEW APPLICATION <input type="checkbox"/> 2 REPLACE DEFECTIVE MACHINE <input type="checkbox"/> 3 REPLACE COMPETITIVE MACHINE <input type="checkbox"/> 4 REPLACE HOME MADE VAT. <input type="checkbox"/> 5 ADDITIONAL MACHINE	414-542-2036					
W/CHG	TAX	TOTAL		REFUSED SERVICE - EXPLAIN						
217		5145								

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION									
CONTAINERS									
18 Gal	30 Gal	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)							
		Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, IGNITABILITY, D001)							
		Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, P002)							
I certify that my hazardous waste stream total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.									
GENERATOR'S INITIALS								TWS	
Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails, 55 Gal, 15 Gal, 30 Gal									
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA <input type="checkbox"/> YES <input type="checkbox"/> NO									
DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.						USA EPA ID NO.			
						STATE ID NO.			

PRODUCT SALES SECTION							
PRODUCT NUMBER	DESCRIPTION	DEALER PRICE	UNIT OF MEASURE	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
				1	10.00		10.00

PAYMENT RECEIVED SECTION		
CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
TOTAL PRODUCT ORDER AMOUNT		\$
TOTAL MACHINE SERVICE AMOUNT (INCLUDING TAX)		\$
TOTAL DUE		\$ 10.00
CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION ALSO I HAVE NOTED THE PRESENCE OF MACHINE AND SOLVENT INFORMATION ON THE REVERSE SIDE.		
GENERATOR/CUSTOMER SIGNATURE		

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

INVOCES ARE SUBJECT TO THE FOLLOWING TERMS: ALL INVOICES ARE DUE 15 DAYS AFTER MONTH-END OR NEXT BUSINESS DAY FOLLOWING MONTH-END. PAYMENT MUST BE MADE WITHIN 30 DAYS.

CUSTOMER'S COPY CONFIRMATION

PAGE NO 1323 REV. 3/85

**Safety-Kleen Corp.**

DUNS NO. 05106-0408

FOR SERVICE CALL  
TRANSPORTER

FED. ID NO. 39-6090019

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60120

DANIEL CAMANN

414-549-3011

0-100 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
33-36	03-04	546929
MANIFEST NUMBER		XXXXX

5-100-01-8024-9

WISCONSIN COACH LINES  
TCM SCHMUKE  
901 NIAGRA  
WAUKESHA  
PRICES EFFECTIVE 7/16/89

WI 53186

30-4-10-10-10

B I L L

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS		
7-8-89	10585	XXXX			C	178.53			
BUSINESS TYPE	TRAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.G.	SVC P/S	PROD P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
56	NO		414-542-9861	NO	YN	192	001	.05	.05

**MACHINE SERVICE SECTION**

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS) (MONTHS)	REMARKS	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)																								
340-01756	114.00	5.70	119.70	00		0221	<table border="0"> <tr> <td>MACHINE CONDITION &amp; CLEANLINESS</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LAMP ASSEMBLY CONDITION</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>DECALS IN PLACE AND LEGIBLE</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MUSCLE LINK INSTALLED</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>EMERGENCY CLOSING OF LID UNOBSTRUCTED</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MACHINE PROPERLY GROUNDED</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOCAL PHONE NO. STICKER AFFIXED TO MACHINE</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SOLVENT MEETS ACCEPTANCE CRITERIA</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DECALS IN PLACE AND LEGIBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MUSCLE LINK INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MACHINE PROPERLY GROUNDED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>																													
LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/>	<input type="checkbox"/>																													
DECALS IN PLACE AND LEGIBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>																													
MUSCLE LINK INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>																													
EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>																													
MACHINE PROPERLY GROUNDED	<input checked="" type="checkbox"/>	<input type="checkbox"/>																													
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>																													
SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>																													

TOTAL SECTION	114.00	5.70	119.70	WT0006550586	GENERATOR USA EPA ID NO.	GENERATOR STATE ID NO.	50-340-8606
---------------	--------	------	--------	--------------	--------------------------	------------------------	-------------

**HAZARDOUS WASTE INFORMATION**

CONTAINERS	15 GAL NO. DR	30 GAL NO. DR	TOTAL QUANTITY	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	GENERATORS INITIALS
				Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, D001)	[Signature]
				Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)	

Total Quantity = Number of Drums x Ave. WU/Drum of: Pails 35, 55PM TANKS 27, 15 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS:	SAFETY-KLEEN CORP. 5 WEST AVE WAUKESHA WI 53186	USA EPA ID NO.	WID981097769
		STATE ID NO.	

**PRODUCT SALES SECTION**

SOLD ON PREVIOUS SERVICES			PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR	1 PRIOR	LAST								

**PAYMENT RECEIVED SECTION**

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

**TOTAL PRODUCT AMOUNTS**

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 15% PER MONTH (18% PER ANNUUM) OR THE MAXIMUM RATE ALLOWED BY	TOTAL SERVICE AMOUNT (FROM ABOVE)	\$119.70
	TOTAL DUE	



STATE OF WISCONSIN

Chapter 144, Wis. Stats.  
 Form 4400-66P Rev. 10-92

State of Wisconsin  
 Department of Natural Resources  
 Bureau of Solid and Hazardous Waste Mgt.  
 Box 8094  
 Madison, Wisconsin 53708

FOR DNR USE ONLY

5-100-01

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

Form Approved. OMB No. 2050-0039, Expires 9-30-94

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>WID0006550586</b>	Manifest Document No. <b>78882</b>	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address <b>WISCONSIN COACH LINES 901 NIAGARA WAUKESHA WI 53186</b>				A. State Manifest Document Number <b>WI J412827</b>		
4. Generator's Phone <b>(414) 542-8861</b>				B. State Generator's ID		
5. Transporter 1 Company Name <b>SAFETY-KLEEN CORP.</b>		6. US EPA ID Number <b>WID 981097769</b>		C. State Transporter's ID <b>11299</b>		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone <b>414 549-3011</b>		
9. Designated Facility Name and Site Address <b>SAFETY-KLEEN CORP. 5-100-01 2200 S WEST AVE WAUKESHA, WI 53186</b>		10. US EPA ID Number <b>WID 981097769</b>		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone <b>414 549-3011</b>		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	Type	13. Total Quantity	14. Unit w/vol
a. <b>RG WASTE COMBUSTIBLE LIQUID, N. O. S. (PETROLEUM NAPHTHA) NA1993 PGI I (D001)</b>			<b>001</b>	<b>DM</b>	<b>0.18</b>	<b>G</b>
b. <b>ERG#27</b>						
c.						
d.						
Additional Descriptions for Materials Listed Above (A) D039, D018 (B) DENSITY: 1 GAL. = 6.				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information <b>EMERGENCY RESP#708-888-4660 24HR. 5-100-01- PP#-</b> <b>1 = 6.7 LBS PER GAL. SKDOT# A: 501 B: C: D:</b>						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the 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 & Position Title <b>X DON BURMEISTER</b>				Signature <i>[Signature]</i>		Date Month Day Year <b>050593</b>
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials Printed/Typed Name & Position Title <b>BRIAN SCHLOSSEK SK REP</b>				Signature <i>[Signature]</i>		Date Month Day Year <b>0510593</b>
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials Printed/Typed Name & Position Title				Signature		Date Month Day Year
19. Discrepancy Indication Space						
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						Date
Printed/Typed Name & Position Title				Signature		Month Day Year

PA Form 8700-22 (Rev. 9-88) Previous editions are obsolete. Copy Distribution: 1 - Generator send to Wis. DNR 4 - Facility retain  
 2 - Generator retain 5 - Facility send to Generator  
 3 - Facility send to Wis. DNR 6 - Transporter retain  
 Emergency 24 Hour Assistance Telephone Number: Wisconsin (808) 266-3232 W100004 COPY 2- Copies 1 & 3 mail to Wis. DNR at above address.  
 Outside Wisconsin (800) 424-8802 GENERATOR RETAIN



**NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE**

Safety-Kleen

TO: SAFETY-KLEEN CORP.  
(DESIGNATED FACILITY)

EPA ID NO. \_\_\_\_\_  
(DESIGNATED FACILITY)

ADDRESS: 2200 S WEST AVE WAUKESHA WI 53186

Under manifest number WIS412827, the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted from land disposal. I am a small quantity generator (100-1,000 kg/mo) in accordance with 40 CFR 268.7. This notice applies to all waste shipments under my service contract with Safety-Kleen Corp. It covers today's shipment on manifest No. \_\_\_\_\_, or sales/service acknowledgement No. \_\_\_\_\_, and all subsequent shipments. A copy of this notice will be maintained with the service contract(s) or sales/service acknowledgement(s) for five (5) years beyond the termination of the service contract.

WASTE NAME	EPA WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (mg/l) OR METHOD (FOR NON-WASTE WATER)
<input checked="" type="checkbox"/> Waste Mineral Spirits (105)	D001, D018, D039	Ignitable Liquid (High TOC Subcategory) Halogenated Organic Compounds (HOC's) ≥ 1000 mg/l Benzene Tetrachloroethylene	Incineration (INCIN), fuel substitution (FSUBS) or recovery (RORGS) (40 CFR 268.42) (non-waste water) INCIN (40 CFR 268.42) (non-waste water) Not Established Not Established
<input type="checkbox"/> Waste Mineral Spirits (140)	D001	Ignitable Liquid (High TOC Subcategory)	INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water)
<input type="checkbox"/> Waste Mineral Spirits (sludges from Safety-Kleen Service Center Operations)	D001, D006, D007, D008, D039	All of the above, plus: — Cadmium — Chromium — Lead — Tetrachloroethylene	1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established
<input type="checkbox"/> Waste Compound Cleaning Liquid/ Immersion cleaner 609	F004, F002, F002, D006, D007, D006, D022	Cresylic Acid 1, 2-dichlorobenzene Methylene chloride — Cadmium — Chromium — Lead — Chloroform	3.2 (non-waste water) 6.2 (non-waste water) 33.0 (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established
<input type="checkbox"/> Waste Compound Cleaning Liquid/ Immersion Cleaner 699	D006, D007, D008, D018, D021, D027, D039, D040	HOC's ≥ 1000 mg/l — Cadmium — Chromium — Lead — Benzene — Chlorobenzene — 1, 4-Dichlorobenzene — Tetrachloroethylene — Trichloroethylene	INCIN (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established Not Established Not Established Not Established
<input type="checkbox"/> Waste Perchloroethylene	F002	Tetrachloroethylene	5.6 (non-waste water)
<input type="checkbox"/> Waste Trichlorotrifluoroethane	F002	Trichlorotrifluoroethane	28.0 (non-waste water)
<input type="checkbox"/> Waste 1,1,1 Trichloroethane	F002	1, 1, 1 Trichloroethane	5.6 (non-waste water)
<input type="checkbox"/> Waste Mineral Spirits (Dry Cleaning)	D001, D039	Ignitable Liquid (High TOC Subcategory) Tetrachloroethylene	INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water) Not Established
<input type="checkbox"/> Waste Paint Related Material	F003, F005, F003, F005, F003, F003, D001, D006, D007, D008	Acetone Methyl Ethyl Ketone Methyl Isobutyl Ketone Toluene Xylene Methanol Ignitable Liquid (High TOC Subcategory) Cadmium Chromium Lead (TOC Subcategory)	160.0 (non-waste water) 36.0 (non-waste water) 33.0 (non-waste water) 28.0 (non-waste water) 28.0 (non-waste water) 0.75 (non-waste water) INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water)
<input type="checkbox"/> Waste Antifreeze	D008, D039	Lead Tetrachloroethylene	5.0 (non-waste water) Not Established

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

These treatment standards do not preclude reclamation prior to final disposition.

Generator Company: WISCONSIN COACH LINES

EPA ID NO.: WID0006550586

Generator's Signature: Don Burmeister

Date: 5/5/93

Printed Name and Title of Generator: Don Burmeister

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restrictions.



STATE OF WISCONSIN  
 Chapter 144, Wis. State.  
 Form 4400-68P

Rev. 10-92

State of Wisconsin  
 Department of Natural Resources  
 Bureau of Solid and Hazardous Waste Mgt.  
 Box 8094  
 Madison, Wisconsin 53708

FOR DNR USE ONLY

5-100-01

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

Form Approved. OMB No. 2060-0099. Expires 9-30-94

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. WID 006550586	Manifest Document No. 93597	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address WISCONSIN COACH LINES 901 NIAGRA WAUKESHA 4. Generator's Phone (414) 542-8861				A. State Manifest Document Number WI J404603		
5. Transporter 1 Company Name SAFETY-KLEEN CORP.				B. State Generator's ID		
6. US EPA ID Number WID 981097769				C. State Transporter's ID 11299		
7. Transporter 2 Company Name				D. Transporter's Phone 414 549-3011		
8. US EPA ID Number				E. State Transporter's ID		
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 5-100-01 2200 S WEST AVE WAUKESHA WI 53186				F. Transporter's Phone		
10. US EPA ID Number WID 981097769				G. State Facility's ID		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				H. Facility's Phone 414 549-3011		
a. WASTE COMBUSTIBLE LIQUID, N. O. S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG#27)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
		002 DM	00022	G	D001	
c.						
d.						
J. Additional Descriptions for Materials Listed Above (A) D039 D018 (A) 6.7 LBS/GAL				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information 9318 53577698 993597 5-100-01-8024 04 EMERGENCY RESP#1-708-888-4660 24 HR SKDOT# A: 501 B: C: D:						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the 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 & Position Title DON BURMEISTER		Signature <i>Don Burmeister</i>		Date Month Day Year 05 10 93		
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name & Position Title BRIAN SCHLOSSER SK REP		Signature <i>Brian Schlosser</i>		Date Month Day Year 05 10 93		
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name & Position Title		Signature		Date Month Day Year		
19. Discrepancy Indication Space						
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name & Position Title		Signature <i>[Signature]</i>		Date Month Day Year 05 10 93		

CPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution: 1 - Generator send to Wis. DNR

4 - Facility retain

Emergency 24 Hour Assistance Telephone Number  
 in Wisconsin (608) 266-3232  
 Outside Wisconsin (800) 424-8802

COPY 2-  
 GENERATOR RETAIN

Copies 1 & 3 mail to Wis. DNR at above address.

5 - Facility send to Generator  
 6 - Transporter retain



5-100-01

**NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE**

TO: SAFETY-KLEEN CORP.  
(DESIGNATED FACILITY)

EPA ID NO. W10981097769  
(DESIGNATED FACILITY)

2200 S WEST AVE

ADDRESS: WAUKESHA WI 53186

Under manifest number W15404603, the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted from land disposal. I am a small quantity generator (100-1,000 kg/mo) in accordance with 40 CFR 268.7. This notice applies to all waste shipments under my service contract with Safety-Kleen Corp. It covers today's shipment on manifest No. \_\_\_\_\_, or sales/service acknowledgement No. \_\_\_\_\_, and all subsequent shipments. A copy of this notice will be maintained with the service contract(s) or sales/service acknowledgment(s) for five (5) years beyond the termination of the service contract.

WASTE NAME	EPA WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (mg/l) OR METHOD (FOR NON-WASTE WATER)
<input checked="" type="checkbox"/> Waste Petroleum Naphtha (105)	D001, D018, D039	Ignitable Liquid (High TOC Subcategory) Halogenated Organic Compounds (HOC's) $\geq$ 1000 mg/l Benzene Tetrachloroethylene	Incineration (INCIN), fuel substitution (FSUBS) or recovery (RORGS) (40 CFR 268.42) (non-waste water) INCIN (40 CFR 268.42) (non-waste water) Not Established Not Established
<input type="checkbox"/> Waste Petroleum Naphtha (140)	D001	Ignitable Liquid (High TOC Subcategory)	INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water)
<input type="checkbox"/> Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001, D006, D007, D008, D039	All of the above, plus: — Cadmium — Chromium — Lead — Tetrachloroethylene	1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established
<input type="checkbox"/> Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006, D007, D008, D018, D021, D027, D039, D040	HOC's $\geq$ 1000 mg/l — Cadmium — Chromium — Lead — Benzene — Chlorobenzene — 1, 4-Dichlorobenzene — Tetrachloroethylene — Trichloroethylene	INCIN (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established Not Established Not Established Not Established
<input type="checkbox"/> Waste Perchloroethylene	F002	Tetrachloroethylene	5.6 (non-waste water)
<input type="checkbox"/> Waste Perc. Filters <small>This hazardous debris is subject to the alternative treatment standards of 40CFR 268.45.</small>	F002	Tetrachloroethylene	5.6 (non-waste water)
<input type="checkbox"/> Waste Trichlorotrifluoroethane	F002	Trichlorotrifluoroethane	28.0 (non-waste water)
<input type="checkbox"/> Waste 1,1,1 Trichloroethane	F002	1, 1, 1 Trichloroethane	5.6 (non-waste water)
<input type="checkbox"/> Waste Petroleum Naphtha (Dry Cleaning)	D001, D039	Ignitable Liquid (High TOC Subcategory) Tetrachloroethylene	INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water) Not Established
<input type="checkbox"/> Waste Paint Related Material	F003, F005, F003, F005, F003, F003, D001, D006, D007, D008, D008, D039	Acetone Methyl Ethyl Ketone Methyl Isobutyl Ketone Toluene Xylene Methanol Ignitable Liquid (High TOC Subcategory) Cadmium Chromium Lead (TOC Subcategory)	160.0 (non-waste water) 35.0 (non-waste water) 33.0 (non-waste water) 28.0 (non-waste water) 28.0 (non-waste water) 0.75 (non-waste water) INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water)
<input type="checkbox"/> Waste Antifreeze	D008, D039	Lead Tetrachloroethylene	5.0 (non-waste water) Not Established

PLEASE CHECK THE APPROPRIATE BOXES

GENERATOR

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

These treatment standards do not preclude reclamation prior to final disposition. 9318 5-100-01-8024 04 993597  
WISCONSIN COACH LINES W10006550586  
Generator Company: \_\_\_\_\_ EPA ID NO.: \_\_\_\_\_

Generator's Signature: Don Burmeister  
Printed Name and Title of Generator: Don Burmeister

Date: 5/4/93



**STATE OF WISCONSIN**  
 Chapter 144, Wis. Stats.  
 Form 4400-68P

Rev. 10-92

State of Wisconsin  
 Department of Natural Resources  
 Bureau of Solid and Hazardous Waste Mgt.  
 Box 8094  
 Madison, Wisconsin 53708

**FOR DNR USE ONLY**

5-100-01

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

Form Approved. OMB No. 2050-0039. Expires 9-30-94

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. WID 006550586	Manifest Document No. 98308	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address WISCONSIN COACH LINES 901 NIAGRA WAUKESHA 4. Generator's Phone (414) 542-8861				A. State Manifest Document Number WI J405748		
6. Transporter 1 Company Name SAFETY-KLEEN CORP.				6. US EPA ID Number WID 981097769		C. State Transporter's ID 11299
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 414 549-3011
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 5-100-01 2200 S WEST AVE WAUKESHA WI 53186				10. US EPA ID Number WID 981097769		E. State Transporter's ID
						F. Transporter's Phone
						G. State Facility's ID
						H. Facility's Phone 414 549-3011
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. <u>RD</u> WASTE COMBUSTIBLE LIQUID, N. O. S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) <u>HERG#277</u>			0,0,1	0,0,0,1,7	G	D001
c.						
d.						
J. Additional Descriptions for Materials Listed Above (A) D039 D018 (A) 6.7 LBS/GAL				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information 9312 51869964 498308 5-100-01-8024 04 EMERGENCY RESP#1-708-888-4660 24 HR SKDOT# A: 501 B: C: D:						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the 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 & Position Title <u>X Dennis D. Durkin (Maintenance Sup)</u>				Signature <u>X [Signature]</u>		Date Month Day Year <u>03 22 93</u>
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name & Position Title <u>BRIAN SCHLOSSER SK REP</u>				Signature <u>[Signature]</u>		Date Month Day Year <u>03 22 93</u>
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name & Position Title				Signature		Date Month Day Year
19. Discrepancy Indication Space						
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name & Position Title				Signature		Date Month Day Year

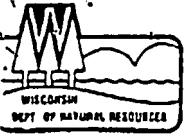
PA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution: 1 - Generator send to Wis. DNR  
 2 - Generator retain  
 3 - Facility send to Wis. DNR  
 Copies 1 & 3 mail to Wis. DNR at above address.

4 - Facility retain  
 5 - Facility send to Generator  
 6 - Transporter retain

Emergency 24 Hour Assistance Telephone Number  
 in Wisconsin (608) 266-9232  
 outside Wisconsin (800) 424-8802

COPY 2-  
 GENERATOR RETAIN



**STATE OF WISCONSIN**  
 Chapter 144, Wis. Stats.  
 Form 4400-66P

Rev. 10-92

State of Wisconsin  
 Department of Natural Resources  
 Bureau of Solid and Hazardous Waste Mgt.  
 Box 8094  
 Madison, Wisconsin 53708

**FOR DNR USE ONLY**

5-100-01

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

Form Approved. OMB No. 2050-0039. Expires 9-30-94

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. WID 006550586	Manifest Document No. 50509	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address WISCONSIN COACH LINES 701 NIAGRA WAUKESHA 4. Generator's Phone (414) 542-8861				A. State Manifest Document Number WI J403703		
5. Transporter 1 Company Name SAFETY-KLEEN CORP.				6. US EPA ID Number WID 981097769	C. State Transporter's ID 11299	
7. Transporter 2 Company Name				8. US EPA ID Number	D. Transporter's Phone 414 549-3011	
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 2200 S WEST AVE WAUKESHA WI 53186				10. US EPA ID Number WID 981097769	E. State Transporter's ID	
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone 414 549-3011		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
a. WASTE COMBUSTIBLE LIQUID, N. O. S. (PETROLEUM NAPHTHA) NA1993 PGI I (D001)		102	00045	G	D001	
b. ERG#277						
c.						
d.						
J. Additional Descriptions for Materials Listed Above KA) DQ39 DQ18 (A) 6.7 LBS/GAL				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information 9309 51059442 250509 5-100-01-8024 04 EMERGENCY RESP#1-708-888-4660 24 HR SKDOT# A: 501 B: C: D:						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the 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 & Position Title MIKE KACUNSKI DANIEL J. MCDONALD - SKPCA				Signature <i>Mike Kacunski</i> <i>Daniel J. McDonald</i>	Date Month Day Year 03 01 1993	
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name & Position Title DANIEL J. MCDONALD - SKPCA				Signature <i>Daniel J. McDonald</i>	Date Month Day Year 03 01 1993	
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name & Position Title				Signature	Date Month Day Year	
19. Discrepancy Indication Space DRIVER CROSSED OUT HIS NAME, HAD THE CUSTOMER SIGN INSIDE PLAC AND SIGN OF ASSIGNED SITE						
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name & Position Title				Signature	Date Month Day Year	

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

5-100-01

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY)

EPA ID NO. WI 0981097769 (DESIGNATED FACILITY)

2200 S WEST AVE

ADDRESS: WAUKESHA WI 53186

Under manifest number WI 483703, the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted from land disposal. I am a small quantity generator (100-1,000 kg/mo) in accordance with 40 CFR 268.7. This notice applies to all waste shipments under my service contract with Safety-Kleen Corp. It covers today's shipment on manifest No. ... or sales/service acknowledgement No. ... and all subsequent shipments.

Table with 4 columns: WASTE NAME, EPA WASTE CODE, THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS, TREATMENT STANDARD (mg/l) OR METHOD OR METHOD (FOR NON-WASTE WATER). Rows include Waste Petroleum Naphtha (105), Waste Petroleum Naphtha (140), Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations), Waste Compound Cleaning Liquid/ Immersion cleaner 699, Waste Perchloroethylene, Waste Perc. Filters, Waste Trichlorotrifluoroethane, Waste 1,1,1 Trichloroethane, Waste Petroleum Naphtha (Dry Cleaning), Waste Paint Related Material, Waste Antifreeze.

PLEASE CHECK THE APPROPRIATE BOXES

GENERATOR

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

These treatment standards do not preclude reclamation prior to final disposition. 9309 WISCONSIN COACH LINES

5-100-01-9024 04 250509 WID006550586

Generator Company:

EPA ID NO.:

Generator's Signature:

Signature: Mike Ksiciński

Date:

Date: 03/01/95

Printed Name and Title of Generator:

Printed Name and Title: Mike Ksiciński Mech.



STATE OF WISCONSIN  
Chapter 144, Wis. Stats.  
Form 4400-66P

Rev. 12-91

State of Wisconsin  
Department of Natural Resources  
Bureau of Solid Waste Mgt.  
Box 8094  
Madison, Wisconsin 53708

FOR DNR USE ONLY

5-100-01

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

Form Approved. OMB No. 2050-0039. Expires 9-30-92

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. WID 006550586	Manifest Document No. 57298	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address WISCONSIN COACH LINES 901 NIAGRA WAUKESHA 4. Generator's Phone (414) 542-8861				A. State Manifest Document Number WI J348092	
ATTN MIKE CASPER WI 53186				B. State Generator's ID	
5. Transporter 1 Company Name SAFETY-KLEEN CORP		6. US EPA ID Number WID 981097769		C. State Transporter's ID 11299	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 414 549-3011	
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 2200 S WEST AVE WAUKESHA WI 53186		10. US EPA ID Number WID 981097769		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone 414 549-3011	

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
	No.	Type			
a. WASTE COMBUSTIBLE LIQUID, N. D. S. (MINERAL SPIRITS) N41993 PGIII (D001) (KERG#27)	002	DM	00021	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above (A) D039 D018	K. Handling Codes for Wastes Listed Above
--	---

15. Special Handling Instructions and Additional Information  
9303 49254477 757298 5-100-01-8024 04  
EMERGENCY RESP#1-708-888-4660 24 HR  
SKDOT# A: 501 B: C: D:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the 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 & Position Title	Signature	Date
		01/2/1993

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name & Position Title	Signature	Date
DICK BRANNIN		01/2/1993

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name & Position Title	Signature	Date

19. Discrepancy Indication Space

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		
Printed/Typed Name & Position Title	Signature	Date

5-100-01

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE



TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY)

EPA ID NO. WID981097769 (DESIGNATED FACILITY)

2200 S WEST AVE

ADDRESS: WAUKESHA WI 53186

Under manifest number WIS 348002, the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted from land disposal. I am a small quantity generator (100-1,000 kg/mo) in accordance with 40 CFR 268.7. This notice applies to all waste shipments under my service contract with Safety-Kleen Corp. It covers today's shipment on manifest No. \_\_\_\_\_, or sales/service acknowledgement No. \_\_\_\_\_, and all subsequent shipments. A copy of this notice will be maintained with the service contract(s) or sales/service acknowledgement(s) for five (5) years beyond the termination of the service contract.

Table with 4 columns: WASTE NAME, EPA WASTE CODE, THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS, TREATMENT STANDARD (mg/l) OR METHOD (FOR NON-WASTE WATER). Rows include Waste Petroleum Naphtha, Waste Compound Cleaning Liquid, Waste Perchloroethylene, Waste Trichlorotrifluoroethane, Waste 1,1,1 Trichloroethane, Waste Petroleum Naphtha (Dry Cleaning), Waste Paint Related Material, and Waste Antifreeze.

PLEASE CHECK THE APPROPRIATE BOXES

GENERATOR

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste). \*These treatment standards do not preclude reclamation prior to final disposition. 9303 5-100-01-8024 04 757298 WISCONSIN COACH LINES EPA ID NO.: WID006550586

Generator Company: Generator's Signature: [Signature]

Date: 1-21-93

Printed Name and Title of Generator: Dennis D. Dunigan Maintenance Supervisor



SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.



STATE OF WISCONSIN

Chapter 144, Wis. Stats. Form 4400-86P

Rev. 12-91

State of Wisconsin Department of Natural Resources Bureau of Solid Waste Mgt. Box 8094 Madison, Wisconsin 53708

FOR DNR USE ONLY

5-100-01

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91.

Main form body containing sections: UNIFORM HAZARDOUS WASTE MANIFEST, Generator information, Transporter information, Facility information, and various certification and handling code fields.

GENERATOR

TRANSPORTER

FACILITY



12-29-92

Wilson's Coach Line  
901 Thayer  
Waukesha, WI 53186  
Attn: Dennis Duran

Dear Dennis :

Per our conversation on Tuesday, Dec. 29th, 1992 at 8:05 PM

Safety-Kleen Corporation and you have agreed to make corrections on copies number three and copies number one of the Uniform Hazardous Waste Manifest Number WI 848912.

The following corrections have been made, \_\_\_\_\_  
Section 1.3a should read 00131  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your cooperation in this matter.

Sincerely,

*Marianne Domino*

Marianne Domino  
Branch Automotive Secretary

THE

**SAFETY-KLEEN**

Industrial Parts Cleaner

Models SK 34, 44, 1110, 1135, 1142, 1145, 1157 & 1180

*DIRECTIONS FOR SAFE AND EFFECTIVE USE*



## Use of your Safety-Kleen Industrial Parts Cleaner

1. **DO NOT MODIFY THIS MACHINE.**  
This parts cleaner is intended for use with UL classified metal parts cleaning solvents with a flash point not less than 105° F and range of 30-40 or less, such as Safety-Kleen 105/140 Solvent. **DO NOT ADD OTHER CHEMICALS SUCH AS KEROSENE, FUEL OIL, GASOLINE OR DETERGENTS.**
2. **AVOID** leaving large parts, soaking pans, or tools in parts cleaner which could prevent lid from closing in case of fire.
3. **DO NOT** leave solvent-soaked rags in parts cleaner, wadded up on workbenches or in uncovered containers.
4. **DO NOT** leave open pans of solvent in the sink or anywhere around your place of business.
5. When cleaning carburetors, wash out all excess gasoline before placing in parts cleaner. Gasoline has a lower flash point (105° F), than Safety-Kleen 105/140 Solvent or other UL approved solvents, and diluted solvent will not be safe.
6. **Models 1142 & 1157 only. DO NOT** place extremely heavy objects in one end of the parts cleaner. Although the parts cleaner is stable, uneven weight distribution could cause unit to tip over, spilling solvent onto floor.
7. **DO NOT REPLACE FUSIBLE LINK WITH ANY OTHER DEVICE TO HOLD LID UP.** If fusible link should fail for any reason, call your Safety-Kleen representative immediately.
8. Soak up all solvent spills with absorbent floor compounds. Remove all solvent-soaked materials immediately from shop areas and dispose of properly.
9. Should your parts cleaner need service, simply call your Safety-Kleen representative. Emergency service phone numbers are on the parts cleaner lid.

10. Make certain that your Safety-Kleen Parts Cleaner unit is plugged into a grounded outlet. **DO NOT** snip grounding prong from plug. If a two prong ground plug is needed, call your Safety-Kleen representative. He will provide a ground adaptor unit.
11. On parts cleaners models 34, 44, 1110, 1135, 1145, 1180, be sure to close cover when not in use.
12. **DO NOT** fill parts cleaners with more solvent than the maximum fill level.

MODEL	MAXIMUM FILL LEVEL
34	30 gal.
44	40 gal.
1110	10 gal.
1135	30 gal.
1142	20 gal.
1145	50 gal.
1157	10 gal.
1180	80 gal.

**NOTE: EXCEEDING THE MAXIMUM FILL LEVEL COULD MAKE USE OF THE SAFETY-KLEEN PARTS CLEANER UNSAFE.**

### WARRANTY

The manufacturer will replace at no charge to the original purchaser (end user), any part or parts found to be defective in material or workmanship, when part is returned to our factory for inspection within 90 days from date of purchase. Transportation charges to be paid by purchaser.

In the event of any modification to unit, misuse, negligence, or accident, warranty is void.

There is no other warranty expressed or implied. The manufacturer shall in no event be liable for consequential damages.

The manufacturer reserves the right to make changes in design or improvements on its product without imposing any obligation on itself to install the same on its product theretofore sold.

**WARRANTY BECOMES VALID ONLY IF REGISTRATION CARD IS PROMPTLY EXECUTED AND MAILED WITHIN 15 DAYS FROM DATE OF INSTALLATION OF UNIT.**

---

## Safety-Kleen Solvent

---

### READ—IMPORTANT INFORMATION

Safety-Kleen 105/140 Solvent is a UL classified metal parts cleaning solvent. Safety-Kleen 105/140 Solvent is a high flash hydrocarbon solvent suitable for use in degreasing applications.

- 1. COMBUSTIBILITY.** Safety-Kleen 105/140 Solvent is a combustible material. That means it will burn under certain conditions. Your Safety-Kleen Parts Cleaner should not be installed where it can be exposed to heat, sparks or open flames, nor should there be any smoking nearby while the Safety-Kleen Parts Cleaner is in use.
- 2. IN CASE OF FIRE.** Use dry chemicals, foam or carbon dioxide to extinguish flame. The fusible safety-link is designed to melt and allow the cover to fall shut and smother any flames.
- 3. TOXICITY.** Safety-Kleen 105/140 Solvent is, by definition only, slightly toxic to relatively non-toxic. Avoid inhaling or swallowing Safety-Kleen 105/140 Solvent. If inhaled, ingested or contacted with your skin, face or eyes, follow FIRST AID (Medical Instructions) for treatment.

### PRECAUTIONS (Safety Instructions)

- 1. USE ONLY WITH ADEQUATE VENTILATION.**
- 2. CAUTION—COMBUSTIBLE MIXTURE.** Keep away from heat, sparks and open flame.
- 3. DO NOT** smoke, drink or eat in work area.
- 4. AVOID** contact with eyes. Will cause irritation and/or pain. Wear safety glasses.
- 5. AVOID** repeated and/or prolonged contact with skin. May cause irritation or dermatitis. It is recommended that protective rubber gloves or barrier cream and protective clothing be used in cases of prolonged or continual exposure to solvent. **NOTE: A SOLVENT SOAKED RAG IN YOUR POCKET WILL CAUSE A SKIN RASH AT POINT OF CONTACT.**
- 6. AVOID** repeated and/or prolonged breathing of vapors. Vapors are heavier than air and will collect in low areas. High vapor concentrations can cause dizziness or unconsciousness.
- 7. DO NOT MIX WITH OTHER CHEMICALS SUCH AS GASOLINE FUEL OILS OR DETERGENTS.**

### FIRST AID (Medical Instructions)

- 1. DESCRIPTION** Safety-Kleen is a mixture of hydrocarbons only. Contains no chlorinated solvents.
- 2. INHALATION OVEREXPOSURE** Remove to fresh air immediately. If not breathing, administer artificial respiration. If breathing is difficult, give oxygen. Call a physician immediately.
- 3. EYE CONTACT** Flush eyes with plenty of water, for at least 15 minutes. Call a physician immediately.
- 4. SKIN CONTACT** Remove saturated clothes immediately, to prevent skin rash or absorption of solvent into skin. Flush skin with water for at least 15 minutes. Call a physician immediately.
- 5. INTERNALLY—SWALLOWING** Do not induce vomiting. If conscious, drink large quantities of water. Take immediately to hospital or physician.

---

### Department of Transportation Information

---

SAFETY-KLEEN 105/140 SOLVENT—  
COMBUSTIBLE LIQUID UN 1255

---

### Emergency Response Guide #27

---

### FOR CHEMICAL EMERGENCY SPILL, LEAK, FIRE, EXPOSURE, OR ACCIDENT CALL

SAFETY-KLEEN 1-800-323-5740  
1-312-697-8460 in Illinois collect  
OR CHEMTREC 1-800-424-9300

---

Should you need additional information about Safety-Kleen solvent, our service or our company, please do not hesitate to write: Safety-Kleen Corp., 16325 W. Ryerson Road, New Berlin, Wisconsin 53151. Or call Safety-Kleen at the telephone number listed above.



STATE OF WISCONSIN

Chapter 144, Wis. Stats.  
Form 4400-66P

Rev. 12-91

State of Wisconsin  
Department of Natural Resources  
Bureau of Solid Waste Mgt.  
Box 8094  
Madison, Wisconsin 53708

FOR DNR USE ONLY

5-100-01

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

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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. WID 004550586	Manifest Document No. 92170	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address WISCONSIN COACH LINES 901 NIAGRA WAUKESHA 4. Generator's Phone (414) 542-8861				A. State Manifest Document Number WI J369710		
5. Transporter 1 Company Name SAFETY-KLEEN CORP.				6. US EPA ID Number WID 981097759		C. State Transporter's ID 11299
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 414. 549-3011
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 2200 S WEST AVE WAUKESHA WI 53186				10. US EPA ID Number WID 981097759		E. State Transporter's ID
						F. Transporter's Phone
						G. State Facility's ID
						H. Facility's Phone 414 549-3011
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
a. WASTE COMBUSTIBLE LIQUID, N. D. S. (MINERAL SPIRITS) NA1993 PG11 (D001) (B.ERG#27)		1	DM	261/131	P	D001
c.						
d.						
J. Additional Descriptions for Materials Listed Above (A) D037 D018				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information EMERGENCY RESP#1-708-888-4660 24 HR SKDOT# A: 501 B: C: D: 9247 46793345 992170 5-100-01-8024 04						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the 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 & Position Title				Signature		Date Month Day Year 11/18/92
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name & Position Title				Signature		Date Month Day Year 11/18/92
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name & Position Title				Signature		Date Month Day Year
19. Discrepancy Indication Space I have no date should be 11-19-92						
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name & Position Title				Signature		Date Month Day Year 11/18/92

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution: 1 - Generator send to Wis. DNR  
2 - Generator retain  
3 - Facility send to Wis. DNR  
4 - Facility retain  
5 - Facility send to Generator  
6 - Transporter retain

Emergency 24 Hour Assistance Telephone Number  
In Wisconsin (608) 266-3232  
Outside Wisconsin (800) 424-8802

COPY 5 - Copies 1 & 3 mail to Wis. DNR at above address.  
FACILITY SEND TO GENERATOR



11-20-92

WISCONSIN CARGO LINES  
901 NIAGRA  
WAUKESHA, WI 53186

ATTN: DENNIS DURIAN

Dear Dennis:

Per our conversation on Friday, Nov 20<sup>th</sup>, 1992 at 9:10 AM

Safety-Kleen Corporation and you have agreed to make corrections on copies number three and copies number one of the Uniform Hazardous Waste Manifest Number WIS 369710.

The following corrections have been made, Section 16  
date should read 11-19-92

Thank you for your cooperation in this matter.

Sincerely,

*Marianne Domino*

Marianne Domino  
Branch Automotive Secretary



STATE OF WISCONSIN  
Chapter 144, Wis. Stats.  
Form 4400-66P

Rev. 12-91

State of Wisconsin  
Department of Natural Resources  
Bureau of Solid Waste Mgt.  
Box 8094  
Madison, Wisconsin 53708

FOR DNR USE ONLY

5-100-01

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

Form Approved. OMB No. 2050-0089. Expires 9-30-92.

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. WID 006550586	Manifest Document No. 92170	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address WISCONSIN COACH LINES 901 NIAGRA WAUKESHA ATTN MIKE CASPER WI 53186				A. State Manifest Document Number WI J369710		
4. Generator's Phone (414) 542-8861				B. State Generator's ID 11279		
5. Transporter 1 Company Name SAFETY-KLEEN CORP.		6. USEPA ID Number WID 981097769		C. State Transporter's ID		
7. Transporter 2 Company Name		8. USEPA ID Number		D. Transporter's Phone 414 549-3011		
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 2200 S WEST AVE WAUKESHA WI 53186		10. US EPA ID Number WID 981097769		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone 414 549-3011		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
a. WASTE COMBUSTIBLE LIQUID, N. O. S. (MINERAL SPIRITS) NA1993 PGIII (D001) (ERG#27)		002	00131	P	D001	
c.						
d.						
J. Additional Descriptions for Materials Listed Above (A) D039 D018				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information 9247 46793345 992170 5-100-01-8024 04 EMERGENCY RESP#1-708-888-4660 24 HR SKDOT# A: 501 B: C: D:						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the 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 & Position Title Dennis Durian, Foreman		Signature <i>[Signature]</i>		Date 11/18/92		
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name & Position Title D.F. Weber, SR Rep		Signature <i>[Signature]</i>		Date 11/19/92		
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name & Position Title		Signature		Date		
19. Discrepancy Indication Space Section 10 DATE SHOULD READ 11-19-92						
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.				Date		
Printed/Typed Name & Position Title		Signature		Date		

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete. Copy Distribution: 1 - Generator send to Wis. DNR 4 - Facility retain  
 2 - Generator retain 5 - Facility send to Generator  
 3 - Facility send to Wis. DNR 6 - Transporter retain  
 Emergency 24 Hour Assistance Telephone Number In Wisconsin (608) 266-3232 Outside Wisconsin (800) 424-8802  
 COPY 2 - GENERATOR RETAIN  
 Copies 1 & 3 mail to Wis. DNR at above address.





### One-Year Service Contract

#### Customer Information

Name WISCONSIN COACH LINES  
 Address 901 DEARBORN  
WAUKESHA WISCONSIN 53186  
 City WAUKESHA State WI Zip 53186  
 Telephone Number (414) 542-8861  
 S-K Customer No. 5-100-01-8024

Date of Contract 11-19-92  
 Date Service Commences 11-19-92  
 Date of Expiration 11-19-93  
 S-K Branch No. 5-100-01  
 S-K Branch Phone (414) 549-3011  
 S-K Doc. No. P57560/992170

Safety-Kleen agrees to provide service on the following equipment, on the following service intervals, and on the terms and conditions set forth below:

Qty	Size or Model	Service Interval	Price Per Service
<u>1</u>	S-K Model 14 Parts Cleaner	<u>16</u>	<u>58.75</u>
_____	S-K Model 16 Parts Cleaner	_____	_____
_____	S-K Model 16 Parts Cleaner	_____	_____
_____	S-K Model 30 Parts Cleaner	_____	_____
_____	S-K Model 30 Parts Cleaner	_____	_____
<u>2</u>	S-K Model 34 Parts Cleaner	<u>09 WEEKS</u>	<u>119.50 EACH</u>
_____	S-K Model 44 Parts Cleaner	_____	_____
_____	S-K Model 44 Parts Cleaner	_____	_____
_____	S-K Immersion Cleaner	_____	_____
_____	S-K Immersion Cleaner	_____	_____
_____	Gallon Capacity COMS	_____	_____
_____	Gallon Capacity COMS	_____	_____
_____	Gallon Capacity COMS	_____	_____

PRICE SHEET 681 ROLL BACK

Safety-Kleen agrees to service and maintain the machine(s), and provide clean solvent at the frequency interval set forth above. Safety-Kleen agrees to replace any Safety-Kleen equipment determined to be beyond repair, and in the event services are required on equipment owned by Customer, to loan equipment to Customer to meet its needs during the period that equipment is out of repair. The prices set forth above for each machine are guaranteed for the term of this Contract, but may be revised to reflect any decrease in service interval hereafter selected by Customer at its option. Payment shall be made to Safety-Kleen in accordance with Safety-Kleen's invoice to Customer. Customer agrees to accept said service in accordance with and be bound by the terms of Safety-Kleen's form of Machine or COMS Placement Form, as the case may be, a copy of which is attached hereto.

The term of this Contract shall be for one year from the date service commences hereunder. The Customer may terminate this Contract prior to the end of its one-year term only if Safety-Kleen fails to render services as provided hereunder.

A failure by Customer to pay when due any monthly rental payment owned pursuant to this Contract and continuation of that failure for ten (10) days will constitute a default under this Contract. Upon a default, Safety-Kleen has the right to exercise one or more of the following remedies: (a) to declare the entire amount remaining unpaid under this Contract to be immediately due and payable, without notice or demand to Customer; (b) to terminate this Contract and take possession of all items of equipment, wherever that equipment is located, without notice or demand to Customer and without a court order or other legal process; (c) to pursue any other remedy available at law or equity. Customer authorizes Safety-Kleen to enter any premises of Customer for such purposes.

WISCONSIN COACH LINES  
 (Print Customer's Name)  
 \_\_\_\_\_  
 (Signature)  
Deanna P. ...  
 (Print Name and Office if applicable, of Individual signing)

SAFETY-KLEEN CORP  
 By August H. Weber  
CRISTOPHER F. WEBER  
 (Print Name)  
4005  
 Employee No.



STATE OF WISCONSIN Chapter 44, Wis. Stats. Form 4100-65P

Rev. 12-91

5-100-01

State of Wisconsin Department of Natural Resources Bureau of Solid Waste Mgt. Box 8094 Madison, Wisconsin 53708

FOR DNR USE ONLY

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

Form Approved. OMB No. 2050-0089. Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST form with sections 1-20, including generator information, waste descriptions, and signatures.

GENERATOR

TRANSPORTER

FACILITY

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution: 1 - Generator send to Wis. DNR 2 - Generator retain 3 - Facility send to Wis. DNR 4 - Facility retain 5 - Facility send to Generator 6 - Transporter retain

Emergency 24 Hour Assistance Telephone Number In Wisconsin (608) 268-3232 Outside Wisconsin (800) 424-8802

COPY 1 - GENERATOR SEND TO WIS. DNR

TO: SAFETY-KLEEN CORP.  
(DESIGNATED FACILITY)

EPA ID NO. W10981097769  
(DESIGNATED FACILITY)

2200 S WEST AVE

ADDRESS: WAUKESHA WI 53186

Under manifest number WJ369710, the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted from land disposal. I am a small quantity generator (100-1,000 kg/mo) in accordance with 40 CFR 268.7. This notice applies to all waste shipments under my service contract with Safety-Kleen Corp. It covers today's shipment on manifest No. \_\_\_\_\_, or sales/service acknowledgement No. \_\_\_\_\_, and all subsequent shipments. A copy of this notice will be maintained with the service contract(s) or sales/service acknowledgement(s) for five (5) years beyond the termination of the service contract.

WASTE NAME	EPA WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (mg/l) OR METHOD (FOR NON-WASTE WATER)
<input checked="" type="checkbox"/> Waste Petroleum Naphtha (105 - Mineral Spirits)	D001, D018, D039	Ignitable Liquid (High TOC Subcategory) Halogenated Organic Compounds (HOC's) ≥ 1000 mg/l Benzene Tetrachloroethylene	Incineration (INCIN), fuel substitution (FSUBS) or recovery (RORGS) (40 CFR 268.42) (non-waste water) INCIN (40 CFR 268.42) (non-waste water) Not Established Not Established
<input type="checkbox"/> Waste Petroleum Naphtha (140 - Mineral Spirits)	D001	Ignitable Liquid (High TOC Subcategory)	INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water)
<input type="checkbox"/> Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001, D006, D007, D008, D039	All of the above, plus: — Cadmium — Chromium — Lead — Tetrachloroethylene	1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established
<input type="checkbox"/> Waste Compound Cleaning Liquid/ Immersion cleaner 609	F004, F002, D008, D007, D008, D022	Cresylic Acid 1, 2-dichlorobenzene Methylene chloride — Cadmium — Chromium — Lead — Chloroform	3.2 0.75 (non-waste water) 6.2 0.25 (non-waste water) 33.0 0.95 (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established
<input type="checkbox"/> Waste Compound Cleaning Liquid/ Immersion Cleaner 699	D006, D007, D008, D018, D021, D027, D039, D040	HOC's ≥ 1000 mg/l — Cadmium — Chromium — Lead — Benzene — Chlorobenzene — 1, 4-Dichlorobenzene — Tetrachloroethylene — Trichloroethylene	INCIN (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established Not Established Not Established Not Established
<input type="checkbox"/> Waste Perchloroethylene	F002	Tetrachloroethylene	5.6 0.05 (non-waste water)
<input type="checkbox"/> Waste Trichlorotrifluoroethane	F002	Trichlorotrifluoroethane	28.0 0.05 (non-waste water)
<input type="checkbox"/> Waste 1,1,1 Trichloroethane	F002	1, 1, 1 Trichloroethane	5.6 0.05 (non-waste water)
<input type="checkbox"/> Waste Petroleum Naphtha (Dry Cleaning)	D001, D039	Ignitable Liquid (High TOC Subcategory) Tetrachloroethylene	INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water) Not Established
<input type="checkbox"/> Waste Paint Related Material	F003, F005, F003, F005, F003, F003, D001, D006, D007, D008	Acetone Methyl Ethyl Ketone Methyl Isobutyl Ketone Toluene Xylene Methanol Ignitable Liquid (High TOC Subcategory) Cadmium Chromium Lead (TOC Subcategory)	160.0 0.59 (non-waste water) 36.0 0.25 (non-waste water) 33.0 0.35 (non-waste water) 28.0 0.05 (non-waste water) 28.0 0.15 (non-waste water) 0.75 (non-waste water) INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water)
<input type="checkbox"/> Waste Antifreeze	D008, D039	Lead Tetrachloroethylene	5.0 (non-waste water) Not Established

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

\* These treatment standards do not preclude reclamation prior to final disposition.

Generator Company: WISCONSIN COACH LINES

5-100-01-3024 04 992170  
EPA ID NO.: W10006550586

Generator's Signature: [Signature]

Date: 11-19-92

Printed Name and Title of Generator: DENNIS DENISON FURMAN

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restrictions.

PART NO. 1329 (09/92)



**STATE OF WISCONSIN**  
Chapter 144, Wis. Stats.  
Form 4400-66P

Rev. 12-91

State of Wisconsin  
Department of Natural Resources  
Bureau of Solid Waste Mgt.  
Box 8094  
Madison, Wisconsin 53708

**FOR DNR USE ONLY**

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

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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <i>WI 980655 0586</i>		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address <i>WISCONSIN COACH LINES 901 NIAGARA, WAUKESHA WI 53186</i>						A. State Manifest Document Number <i>WI J390729</i>									
4. Generator's Phone <i>(414) 542-5861</i>						B. State Generator's ID									
5. Transporter 1 Company Name <i>Safety Kleen Corp.</i>				6. US EPA ID Number <i>WI981097769</i>		C. State Transporter's ID <i>11299</i>				D. Transporter's Phone <i>(414)549-3011</i>					
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 <i>Safety Kleen Corp. 2200 S. West Ave. Waukesha, WI. 53186</i>				10. US EPA ID Number <i>WI981097769</i>		G. State Facility's ID									
						H. Facility's Phone <i>(414)549-3011</i>									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.			
a. <i>RQ HAZARDOUS WASTE LIQUID N.O.S. NA9189 (D008) (ERG #31)</i>						<i>001 TT</i>		<i>001598</i>		<i>P</i>		<i>D 0 0 8</i>			
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above <i>I(a) D018, D039 (WASTE ANTIFREEZE)</i>						K. Handling Codes for Wastes Listed Above									
15. Special Handling Instructions and Additional Information <i>EMERGENCY RESPONSE # 706-288-4660 (24 Hrs.) 5-100-71-06-A41966 PP# A 41966 SK DOT # A: 1162</i>															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the 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 & Position Title <i>Bruce E. Schiefelbusch Sr. Manager</i>						Signature <i>Bruce E. Schiefelbusch</i>						Date <i>09/27/92</i>			
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials						Printed/Typed Name & Position Title <i>Mike Papp AERS REP</i>						Signature <i>Michael Papp</i>		Date <i>09/23/92</i>	
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials						Printed/Typed Name & Position Title						Signature		Date	
19. Discrepancy Indication Space															
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.															
Printed/Typed Name & Position Title						Signature						Date			

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution: 1 - Generator send to Wis. DNR

4 - Facility retain  
5 - Facility send to Generator  
6 - Transporter retain

Emergency 24 Hour Assistance Telephone Number  
In Wisconsin (608) 266-3232  
Outside Wisconsin (900) 424-8802

COPY 2 - GENERATOR RETAIN

Copies 1 & 3 mail to Wis. DNR at above address.



This form is applicable to all used oil generators except those in the States of Illinois, New Jersey, and Massachusetts.

# GENERATOR USED OIL CERTIFICATION/INDEMNIFICATION

## Generator Information

Date 9/22/92

Company WILSON ENGINEERING

S-K Customer No. 06

Address 901 WILSON

S-K Oil Services Sales Rep 6143

City WAUKESHA State WI Zip 53186

S-K Branch No. 5-100-71

## Used Oil Certification (check appropriate box)

- Used oils generated at this facility originate only from automotive sources. Automotive sources include, but are not limited to, commercial service service stations, oil change stations, and truck / automobile fleet maintenance.
- Used oils generated at this facility may include oils from sources other than automotive including, but not limited to, industrial lubricating oils, cutting oils, or gear oils.

## Hazardous Waste Certification (check appropriate box)

- This facility generates less than 100 kg of other hazardous wastes in a calendar month (approximately 27 gallons), and is classified as a CESQG.
- This facility generates between 100 kg and 1000 kg of other hazardous wastes in a calendar month (approximately 27 to 270 gallons), and is classified as a SQG.
- This facility generates more than 1000 kg of other hazardous wastes in a calendar month (approximately 270 gallons), and is classified as a LQG.

## Waste Segregation Certification (check if applicable)

- This facility has available on-site the equipment / services necessary to properly segregate all waste streams generated at the facility, and ensure that RCRA hazardous wastes are not mixed into the used oils.

### Total Chlorine Analysis

- Analysis Not Required  
Automotive Oil Only / CESQG
- Automotive Oil Only and segregates the oil from all hazardous wastes.
- Analysis Required  
(Complete information at right)

### Automotive Oil:

Chlorine:  < 1000 ppm  
 > 1000 ppm  
 (If > 1000 ppm, a sample must be sent to the Tech Center for rebuttal)

### Industrial Oil:

Date of Preshipment \_\_\_\_\_  
 Approval: \_\_\_\_\_  
 Chlorine Test: \_\_\_\_\_  
 (must be performed at the time of each service to ensure the oil matches the preshipment analysis)

Generator hereby certifies that the information provided above is true and correct. Generator also certifies that the used oils supplied to Safety-Kleen or its subsidiary will not be mixed, combined, or otherwise blended in any quantity with materials containing polychlorinated biphenyls (PCBs), halogenated solvents, or any other material defined as hazardous waste under 40 CFR Part 261 or applicable State regulations. Generator agrees to indemnify and hold Safety-Kleen or its subsidiary harmless for any damages, costs, attorneys and experts fees, arising out of or in any way related to a breach of any of the above certifications by Generator.

By: WILSON ENGINEERING  
 (Print Customer's Name)  
[Signature]  
 (Signature)  
 \_\_\_\_\_  
 (Title)

SAFETY-KLEEN CORP.  
 777 Big Timber Road  
 Elgin, Illinois 60123



### Automotive Fluid Recovery Service Agreement

#### Customer Information

Name W. SCOWSIN (CONC LINES)  
 Address 901 NIAGARA  
WAUKESHA WI 53186  
 City State Zip  
 Telephone Number 414 542-8861  
 S-K Customer No. 06

Date of Contract 9/23/92  
 Date Service Commences 9/23/92  
 Date of Expiration of Contract 9/23/93  
 S-K Branch No. 5-100-71  
 S-K Branch Phone 414 549-3011  
 S-K Doc. No. A41966

- General.** Safety-Kleen Corp. ("Safety-Kleen") agrees to collect used oil and spent antifreeze from the Customer on the terms and conditions set forth herein. Safety-Kleen agrees to recycle and/or dispose of the used oil and spent antifreeze in accordance with all applicable state and federal regulations. During the term of this Agreement, Customer agrees to only allow Safety-Kleen to pick up Customer's used oil and spent antifreeze. Spent antifreeze as used in this Agreement shall mean only spent ethylene glycol and water. Other products such as oils, radiator flushings, or any other material(s), shall not be mixed with the spent antifreeze.
- Antifreeze Storage Tank.** In connection with Safety-Kleen's Automotive Fluid Recovery Service and during the term of this Agreement, Safety-Kleen hereby agrees to provide Customer with 0 antifreeze collection tank(s) for use by Customer in storing spent antifreeze to be collected hereunder. Customer warrants and represents that it will only place spent antifreeze in such antifreeze storage tank(s) provided by Safety-Kleen and that it will not place any other material(s), including, but not limited to, used oil, transmission fluid, or any material(s) categorized as a hazardous waste, into the spent antifreeze collection tank(s). Customer acknowledges and agrees that the antifreeze collection tank(s) provided hereunder shall remain the property of Safety-Kleen at all times and, upon termination of this Agreement, shall be returned to Safety-Kleen in the same condition as when delivered, ordinary wear and tear excepted.
- Term.** The term of this Agreement shall be one year from the date services commences hereunder.
- Schedule and Fees.** (Check selected Pickup, and fill in Frequency, Price, and Excess Charge.) If Customer tenders used oil and spent antifreeze in excess of the amount indicated below under "No. of Gallons Per Pickup", Customer shall pay Safety-Kleen the "Excess Charge" indicated below for each fifty (50) gallons of excess used oil and spent antifreeze or any increment of fifty (50) gallons:

No. of Gallons Per Pickup*	Frequency of Service	Price Per Service	Excess Charge
<input checked="" type="checkbox"/> Less than 250 Gallons	<u>16WK</u>	<u>50.00</u>	<u>/</u>
<input type="checkbox"/> Less than 500 Gallons	_____	_____	_____
<input type="checkbox"/> Less than 1,000 Gallons	_____	_____	_____

\*Includes gallons of both spent antifreeze and used oil.

Payment shall be made to Safety-Kleen in accordance with Safety-Kleen's invoice to Customer. Customer agrees to accept Safety-Kleen's service in accordance with and be bound by the terms of Safety-Kleen's Placement Form executed by the Customer.

Safety-Kleen shall have the right to increase or decrease the prices contained herein upon thirty (30) days written notice to Customer. If Customer does not agree to the increased price, Customer shall have the right to cancel this Agreement within thirty (30) days after receipt of the notification of the price increase.

- Indemnification.** Customer agrees to indemnify, defend, and hold Safety-Kleen harmless for any and all damages suffered by Safety-Kleen arising out of or relating in any way to (i) the placement of material other than spent antifreeze into the tank(s) provided hereunder; (ii) the improper or unlawful mixing of material(s) into the used oil or spent antifreeze picked up hereunder; or (iii) the improper use of the tank(s) provided hereunder.

WISC CONC LINES  
 (Print Customer's Name)  
B E Schiffler  
 (Signature)  
 \_\_\_\_\_  
 (Print Name and Office if applicable, of individual signing)

SAFETY-KLEEN CORP  
 By Michael Papp  
Mik Papp  
 (Print Name)  
6105  
 Employee No.

**NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE**



TO: SAFETY-KLEEN CORP.  
(DESIGNATED FACILITY)

EPA ID NO. WI7941097769  
(DESIGNATED FACILITY)

ADDRESS: 2200 Sweet Maple St Waukesha WI 53186

**OPTION A** Under manifest number WIJ 350729 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

**OPTION B** I am a small quantity generator (100-1,000 kg/mo) in accordance with 40 CFR 268.7. This notice applies to all waste shipments under my service contract with Safety-Kleen Corp. It covers today's shipment on manifest No. \_\_\_\_\_, or sales / service acknowledgement No. \_\_\_\_\_ and all subsequent shipments. A copy of this notice will be maintained with the service contract(s) or sales/service acknowledgement(s) for five (5) years beyond the termination of the service contract.

PLEASE CHECK THE APPROPRIATE BOXES	WASTE NAME	EPA WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (mg/l) OR METHOD (FOR NON-WASTE WATER)
	<input type="checkbox"/>	Waste Petroleum Naphtha	D001	Ignitable Liquid (High TOC Subcategory) Halogenated Organic Compounds (HOC's) ≥ 1000 mg/l
<input type="checkbox"/>	Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001, D006, D007, D008,	All of the above, plus: —Cadmium —Chromium —Lead	1.0 5.0 5.0
<input type="checkbox"/>	Waste Compound Cleaning Liquid/ Immersion Cleaner 609	F002, F004, D006, D007, D008,	Cresylic Acid 1, 2-dichlorobenzene Methylene Chloride —Cadmium —Chromium —Lead	0.75 0.125 0.98 1.0 5.0 5.0
<input type="checkbox"/>	Waste Compound Cleaning Liquid/ Immersion Cleaner 699	D006, D007, D008,	HOC's ≥ 1000 mg/l —Cadmium —Chromium —Lead	INCIN 1.0 5.0 5.0
<input type="checkbox"/>	Waste Perchloroethylene	F002	Tetrachloroethylene	0.05
<input type="checkbox"/>	Waste Trichlorotrifluoroethane	F002	Trichlorotrifluoroethane	0.96
<input type="checkbox"/>	Waste 1,1,1 Trichloroethane	F002	1,1,1 Trichloroethane	0.41
<input type="checkbox"/>	Waste Paint Related Material	F005, F003, D006, D007, D008, D001,	Acetone Methyl Ethyl Ketone Methyl Isobutyl Ketone Toluene Xylene Methanol Cadmium Chromium Lead Ignitable Liquid (High TOC Subcategory)	0.59 0.75 0.33 0.33 0.15 0.75 1.0 5.0 5.0 INCIN, FSUBS, or RORGS
<input type="checkbox"/>	Waste Antifreeze	D008	Lead	5.0 (This is a non-waste water)

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste). This listing does not include waste codes which are not yet restricted from land disposal.

\*These treatment standards do not preclude reclamation prior to final disposition.

Generator Company: Wise Coach Lines

EPA ID NO.: WI7006550546

Generator's Signature: X. J. Schifano

Date: 9/23/92

Printed Name and Title of Generator: \_\_\_\_\_

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restrictions.



**STATE OF WISCONSIN**  
Chapter 144, Wis. Stats.  
Form 4400-66

Rev. 7-87

State of Wisconsin  
Department of Natural Resources  
Bureau of Solid Waste Mgt.  
Box 8094  
Madison, Wisconsin 53708

FOR DNR USE ONLY

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

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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. WID006550586		Manifest Document No. 1215143	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address WISCONSIN COACH LINES 901 Niagara, Waukesha, WI 53185				A. State Manifest Document Number WI G 53178		B. State Generator's ID	
4. Generator's Phone (414) 542-3861				C. State Transporter's ID		D. Transporter's Phone (414) 549-3011	
5. Transporter 1 Company Name Safety-Kleen Corp.		6. US EPA ID Number WID981097769		E. State Transporter's ID		F. Transporter's Phone	
7. Transporter 2 Company Name		8. US EPA ID Number		G. State Facility's ID		H. Facility's Phone (414) 549-3011	
9. Designated Facility Name and Site Address Safety-Kleen Corp. 2200 S. West Avenue Waukesha, WI 53186		10. US EPA ID Number WID981097769					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. Waste Petroleum Naphtha Combustible Liquid, UN1255 (EPA D001)				1	201.2	P	001
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information  WI WEEK 51 CUSTOMER 5-100-01-8024 PREPRINT 755513 TERRITORY 0504							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the 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.						Date	
Printed/Typed Name & Position Title				Signature		Month Day Year	
T. TRANSPORTER 1 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name & Position Title				Signature		Month Day Year	
U. TRANSPORTER 2 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name & Position Title				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						Date	
Printed/Typed Name & Position Title				Signature		Month Day Year	

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

Copy Distribution: 1 - Wis. DNR 4 - Facility  
2 - Generator 5 - Generator  
3 - Wis. DNR 6 - Transporter  
Copies 1 & 3 mail to Wis. DNR at above address.

Emergency 24 Hour Assistance Telephone Number  
In Wisconsin (608) 266-3232  
Outside Wisconsin (800) 424-8802

**COPY 5 - FACILITY SEND TO GENERATOR**



Navistar International  
Transportation Corp.

PO Box 907  
1401 Perkins Avenue  
Waukesha WI 53187  
414 548 1600

P-470 524 155

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S. Environmental Protection Agency  
P.O. Box 70266  
Washington, D.C. 20024-0266

Attention: Toxic Chemical Release Inventor

June 30, 1988

**NAVISTAR**

Dear Sir or Madam:

Subject: Section 313, Title III SARA Form  
Reporting Requirements

U.S.G.P.O. 153-506

Sent to: U.S. Environmental Protection Agency	
Street and No P.O. Box 70266	
P.O. State and ZIP Code Washington, D.C. 20024-0266	
Postage	\$ 1.65
Certified Fee	Release Inventory .85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$ 3.40
Postmark or Date	

PS Form 3800, June 1985

Enclosed are the completed Form R reporting requirements as per SARA Title III for the Navistar, Waukesha, WI, facility.

Seven listed chemicals were used in sufficient quantities to exceed applicable threshold limits:

- o Aluminum Oxide 1344-28-1 Primarily used in furnace refractories abrasive grinding applications.
- o Manganese 7439-96-5 Primarily used in metal inoculation during manufacturing with the majority becoming a part of the manufactured product.
- o Trichloroethane 71-55-6 Primarily used as a carrying agent for refractory coatings used during manufacturing.
- o Sulfuric Acid 7664-93-9 Used as a neutralizer for an odor abatement air scrubber on a manufacturing process and for cleaning of furnace coils. This material is completely neutralized in the process prior to disposal.
- o Phosphoric Acid 7664-38-2 This compound is a part of certain refractory mixtures and is present only in the raw form. When heated, phosphoric acid is transformed into aluminum phosphate. Accidental spillage only is reported.


U.S. Environmental Protection Agency  
Page Two  
June 30, 1988

- o Phenol  
108-05-2  
This chemical appears in coated sands and sand binder compounds and is used as an ancillary product in the manufacturing process. When reacted with another binder and/or catalyst, the phenol becomes locked up in various polymers.
  
- o Methylenebis  
(phenylisocyanate)  
MBI)  
101-68-8  
This chemical appears in sand binder compounds used as an ancillary product in the manufacturing process. When reacted with a catalyst and binder I, the isocyanates transform into various polymers and remain locked up.

This report has been completed as per our best understanding of the SARA Title III, Community Right-to-Know, Public Law 99-499. Information on chemical composition and characteristics was supplied by the manufacturers of the products used.

If any questions should arise concerning the contents or the information contained in this report, please contact the writer.

Very truly yours,

  
Thomas J. Hartman  
Plant Engineer

TJH/cak

Enclosures

bcc: E. Ardiente

Navistar International  
Transportation Corp.

PO Box 907  
1401 Perkins Avenue  
Waukesha WI 53187  
414 548 1600

P-470 524 157

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE FOR LOSS  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Mr. Richard I. Braund, Administrator  
Division of Emergency Government  
Department of Administration  
4802 Sheboygan Avenue  
P.O. Box 7865  
Madison, WI 53707

June 30, 1988

**NAVISTAR**

Dear Mr. Braund:

Subject: Section 313, Title III SARA Form  
Reporting Requirements

U.S.G.P.O. 153-506 PS Form 3800, June 1985	Sent to	Mr. Richard I. Braund Div. of Emergency Government
	Street and No.	4802 Sheboygan Dept. of Admin. P.O. Box 7865
	F.U. State and ZIP Code	Madison, WI 53707
	Postage	\$ 1.65
	Certified Fee	.85
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	.90
	Return Receipt showing to whom Date and Address of Delivery	
	TOTAL Postage and Fees	\$ 3.40
Postmark or Date		

Enclosed are the completed Form R reporting requirements as per SARA Title III for the Navistar, Waukesha, WI, facility.

Seven listed chemicals were used in sufficient quantities to exceed applicable threshold limits:

- o Aluminum Oxide 1344-28-1 Primarily used in furnace refractories abrasive grinding applications.
- o Manganese 7439-96-5 Primarily used in metal inoculation during manufacturing with the majority becoming a part of the manufactured product.
- o Trichloroethane 71-55-6 Primarily used as a carrying agent for refractory coatings used during manufacturing.
- o Sulfuric Acid 7664-93-9 Used as a neutralizer for an odor abatement air scrubber on a manufacturing process and for cleaning of furnace coils. This material is completely neutralized in the process prior to disposal.
- o Phosphoric Acid 7664-38-2 This compound is a part of certain refractory mixtures and is present only in the raw form. When heated, phosphoric acid is transformed into aluminum phosphate. Accidental spillage only is reported.

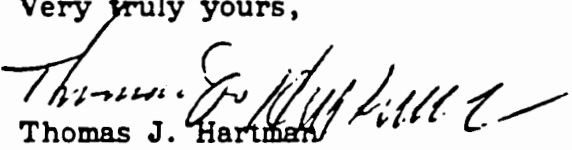
Mr. Richard I. Braund  
Page Two  
June 30, 1988

- o Phenol  
108-05-2  
This chemical appears in coated sands and sand binder compounds and is used as an ancillary product in the manufacturing process. When reacted with another binder and/or catalyst, the phenol becomes locked up in various polymers.
  
- o Methylenebis  
(phenylisocyanate)  
MBI)  
101-68-8  
This chemical appears in sand binder compounds used as an ancillary product in the manufacturing process. When reacted with a catalyst and binder I, the isocyanates transform into various polymers and remain locked up.

This report has been completed as per our best understanding of the SARA Title III, Community Right-to-Know, Public Law 99-499. Information on chemical composition and characteristics was supplied by the manufacturers of the products used.

If any questions should arise concerning the contents or the information contained in this report, please contact the writer.

Very truly yours,

  
Thomas J. Hartman  
Plant Engineer

TJH/cak

Enclosures

bcc: E. Ardiente

Navistar International  
Transportation Corp.

PO Box 907  
1401 Perkins Avenue  
Waukesha WI 53187  
414 548 1600

P-470 524 156

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Mr. Charles Race  
Office of Emergency Government  
Courthouse  
515 W. Moreland Blvd.  
Waukesha, WI 53188

June 30, 1988

**NAVISTAR**

Dear Mr. Race:

Subject: Section 313, Title III SARA Form R  
Reporting Requirements

U.S.G.P.O. 153-506          PS Form 3800, June 1985	Sent to Mr. Charles Race Office of Emergency Government Street and No. Courthouse 515 W. Moreland Blvd.	
	P.O. State and ZIP Code Waukesha, WI 53188	
	Postage	\$ 1.65
	Certified Fee	.85
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	.90
	Return Receipt showing to whom Date and Address of Delivery	
	TOTAL Postage and Fees	\$ 3.40
	Postmark or Date	

Enclosed are the completed Form R reporting requirements as per SARA Title III for the Navistar, Waukesha, WI, facility.

Seven listed chemicals were used in sufficient quantities to exceed applicable threshold limits:

- o Aluminum Oxide 1344-28-1      Primarily used in furnace refractories abrasive grinding applications.
- o Manganese 7439-96-5      Primarily used in metal inoculation during manufacturing with the majority becoming a part of the manufactured product.
- o Trichloroethane 71-55-6      Primarily used as a carrying agent for refractory coatings used during manufacturing.
- o Sulfuric Acid 7664-93-9      Used as a neutralizer for an odor abatement air scrubber on a manufacturing process and for cleaning of furnace coils. This material is completely neutralized in the process prior to disposal.
- o Phosphoric Acid 7664-38-2      This compound is a part of certain refractory mixtures and is present only in the raw form. When heated, phosphoric acid is transformed into aluminum phosphate. Accidental spillage only is reported.



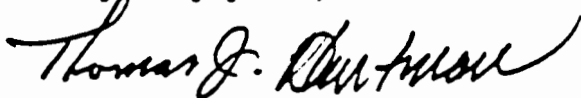
Mr. Charles Race  
Page Two  
June 30, 1988

- o Phenol  
108-05-2  
This chemical appears in coated sands and sand binder compounds and is used as an ancillary product in the manufacturing process. When reacted with another binder and/or catalyst, the phenol becomes locked up in various polymers.
  
- o Methylenebis  
(phenylisocyanate)  
MBI)  
101-68-8  
This chemical appears in sand binder compounds used as an ancillary product in the manufacturing process. When reacted with a catalyst and binder I, the isocyanates transform into various polymers and remain locked up.

This report has been completed as per our best understanding of the SARA Title III, Community Right-to-Know, Public Law 99-499. Information on chemical composition and characteristics was supplied by the manufacturers of the products used.

If any questions should arise concerning the contents or the information contained in this report, please contact the writer.

Very truly yours,



Thomas J. Hartman  
Plant Engineer

TJH/cak

Enclosures

bcc: E. Ardiente

Important: Type or print; read instructions before completing form.)

U.S. Environmental Protection Agency



TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

EPA FORM

R

Section 313, Title III of The Superfund Amendments and Reauthorization Act of 1986

(This space for EPA use only.)

PART I. FACILITY IDENTIFICATION INFORMATION

1.1 Does this report contain trade secret information? <input type="checkbox"/> Yes (Answer 1.2) <input checked="" type="checkbox"/> No (Do not answer 1.2)	1.2 Is this a sanitized copy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.3 Reporting Year 1987
--	--	----------------------------

CERTIFICATION (Read and sign after completing all sections.)  
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:  
Mr. Timothy J. Opar - Plant Manager

Signature: *Timothy J. Opar* Date signed: 6/30/88

FACILITY IDENTIFICATION		3.2 This report contains information for: (check one) a. <input checked="" type="checkbox"/> An entire covered facility b. <input type="checkbox"/> Part of a covered facility
1 Facility or Establishment Name Navistar International Transportation Corp.		
Street Address 1401 Perkins Avenue		
City Waukesha	County Waukesha	
State WI	Zip Code 5   3   1   8   6   -	
3 Technical Contact Mr. Thomas J. Hartman		Telephone Number (include area code) (414) 548 - 1678
4 Public Contact Mr. William A. McKee		Telephone Number (include area code) (414) 548 - 1648
5 a. SIC Code 3   3   2   1      b. N   A      c. N   A		Where to send completed forms:  U.S. Environmental Protection Agency P.O. Box 70266 Washington, DC 20024-0266 Attn: Toxic Chemical Release Inventory
6 Latitude    Longitude Deg. Min. Sec.    Deg. Min. Sec.   8   8   1   4   0   5      0   4   3   0   2   2   5		
7 Dun & Bradstreet Number(s) a. 0   0   1   5   2   1   -   4   2   0   0      b.   -     -     -     -     -     -		
8 EPA Identification Number (RCRA I.D. No.) a. W   1   D   0   0   6   1   1   8   0   0   4      b.		
9 NPDES Permit Number(s) a. 0   0   0   0   5   6   6   -   1 4      b.		
10 Name of Receiving Stream(s) or Water Body(s) a. The Fox (Illinois) River via storm sewer in Waukesha County. b. c. N/A		
11 Underground Injection Well Code (UIC) Identification No.                                N/A		

I. PARENT COMPANY INFORMATION	
1.1 Name of Parent Company Navistar International Transportation Corp.	
1.2 Parent Company's Dun & Bradstreet No. 0   0   1   5   2   1   -   4   2   0   0	

(Important: Type or print; read instructions before completing form.)

(This space for EPA use only.)

## EPA FORM **R** PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

**1. PUBLICLY OWNED TREATMENT WORKS (POTW)**

Facility Name Waukesha Wastewater Treatment Plant	
Street Address 600 Sentry Drive	
City Waukesha	County Waukesha
State WI	Zip 5 3 1 8 6 -

**2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you use.**

Other off-site location  
 EPA Identification Number (RCRA ID. No.) W I D 0 0 0 7 1 3 1 8 0

Facility Name Muskego Landfill - Waste Management of Wisconsin Inc.	
Street Address Hwy 24 & Crowbar Road	
City Muskego	County Waukesha
State WI	Zip 5 3 1 5 0 -

Is location under control of reporting facility or parent company?  Yes  No

Other off-site location  
 EPA Identification Number (RCRA ID. No.) W I D 0 9 8 5 4 7 8 5 4

Facility Name Metro Landfill & Development Corp.	
Street Address 10712 S. 124th St.	
City Franklin	County Milwaukee
State Wisconsin	Zip 5 3 1 3 2 -

Is location under control of reporting facility or parent company?  Yes  No

Other off-site location  
 EPA Identification Number (RCRA ID. No.) | | | | | | | | | | | | | | | |

Facility Name	
Street Address	
City	County
State	Zip

Is location under control of reporting facility or parent company?  Yes  No

Check if additional pages of Part II are attached.



**EPA FORM R**  
**PART III. CHEMICAL SPECIFIC INFORMATION**

**1. CHEMICAL IDENTITY**

1.1  Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)

1.2 CAS #       -   -  (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name  
Trichloroethane

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)  
N/A

**MIXTURE COMPONENT IDENTITY (Do not complete this section if you have completed Section 1.)**

2. Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation)).  
N/A

**3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)**

3.1 Manufacture: a.  Produce b.  Import c.  For on-site use/processing  
d.  For sale/distribution e.  As a byproduct f.  As an impurity

3.2 Process: a.  As a reactant b.  As a formulation component c.  As an article component  
d.  Repackaging only

3.3 Otherwise Used: a.  As a chemical processing aid b.  As a manufacturing aid c.  Ancillary or other use

**4. MAXIMUM AMOUNT OF THE CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR**

(enter code) 3,500#

**5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT**

You may report releases of less than 1,000 lbs. by checking ranges under A.1.

		A. Total Release (Lb/yr)			B. Basis of Estimate (enter code)	
		A.1 Reporting Ranges		A.2 Enter Estimate		
		0	1-499	500-999		
5.1 Fugitive or non-point air emissions	5.1a			26,736	5.1b	<input type="text" value="C"/>
5.2 Stack or point air emissions	5.2a			11,459	5.2b	<input type="text" value="C"/>
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for streams (s).)	5.3.1 <input type="checkbox"/>	5.3.1a	N/A	N/A	5.3.1b	<input type="checkbox"/> 5.3.1c
	5.3.2 <input type="checkbox"/>	5.3.2a	N/A	N/A	5.3.2b	<input type="checkbox"/> 5.3.2c
	5.3.3 <input type="checkbox"/>	5.3.3a	N/A	N/A	5.3.3b	<input type="checkbox"/> 5.3.3c
5.4 Underground injection	5.4a	N/A		N/A	5.4b	<input type="checkbox"/>
5.5 Releases to land	5.5.1 <input type="text" value=""/> <input type="text" value=""/> (enter code)	5.5.1a	N/A	N/A	5.5.1b	<input type="checkbox"/>
	5.5.2 <input type="text" value=""/> <input type="text" value=""/> (enter code)	5.5.2a	N/A	N/A	5.5.2b	<input type="checkbox"/>
	5.5.3 <input type="text" value=""/> <input type="text" value=""/> (enter code)	5.5.3a	N/A	N/A	5.5.3b	<input type="checkbox"/>

(Check if additional information is provided on Part IV—Supplemental Information.)

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS						
You may report transfers of less than 1,000 lbs. by checking ranges under A.1.	A. Total Transfers (lb/yr)			B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)	
	A.1 Reporting Ranges	A.2 Enter Estimate				
	0	1-999	1000-9999			
6.1 Discharge to POTW	N/A			N/A	6.1b	<input type="checkbox"/>
6.2 Other off-site location (Enter block number from Part II, Section 2.) <input type="checkbox"/>	N/A			N/A	6.2b	<input type="checkbox"/>
6.3 Other off-site location (Enter block number from Part II, Section 2.) <input type="checkbox"/>	N/A			N/A	6.3b	<input type="checkbox"/>
6.4 Other off-site location (Enter block number from Part II, Section 2.) <input type="checkbox"/>	N/A			N/A	6.4b	<input type="checkbox"/>

(Check if additional information is provided on Part IV-Supplemental Information)

7. WASTE TREATMENT METHODS AND EFFICIENCY											
A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data?						
					Yes	No					
7.1a <input type="checkbox"/>	7.1b <input type="checkbox"/>	7.1c <input type="checkbox"/>	7.1d <input type="checkbox"/>	7.1e N/A %	7.1f	<input type="checkbox"/>					
7.2a <input type="checkbox"/>	7.2b <input type="checkbox"/>	7.2c <input type="checkbox"/>	7.2d <input type="checkbox"/>	7.2e N/A %	7.2f	<input type="checkbox"/>					
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d <input type="checkbox"/>	7.3e N/A %	7.3f	<input type="checkbox"/>					
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d <input type="checkbox"/>	7.4e N/A %	7.4f	<input type="checkbox"/>					
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d <input type="checkbox"/>	7.5e N/A %	7.5f	<input type="checkbox"/>					
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d <input type="checkbox"/>	7.6e N/A %	7.6f	<input type="checkbox"/>					
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d <input type="checkbox"/>	7.7e N/A %	7.7f	<input type="checkbox"/>					
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d <input type="checkbox"/>	7.8e N/A %	7.8f	<input type="checkbox"/>					
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d <input type="checkbox"/>	7.9e N/A %	7.9f	<input type="checkbox"/>					
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d <input type="checkbox"/>	7.10e N/A %	7.10f	<input type="checkbox"/>					
7.11a <input type="checkbox"/>	7.11b <input type="checkbox"/>	7.11c <input type="checkbox"/>	7.11d <input type="checkbox"/>	7.11e N/A %	7.11f	<input type="checkbox"/>					
7.12a <input type="checkbox"/>	7.12b <input type="checkbox"/>	7.12c <input type="checkbox"/>	7.12d <input type="checkbox"/>	7.12e N/A %	7.12f	<input type="checkbox"/>					
7.13a <input type="checkbox"/>	7.13b <input type="checkbox"/>	7.13c <input type="checkbox"/>	7.13d <input type="checkbox"/>	7.13e N/A %	7.13f	<input type="checkbox"/>					
7.14a <input type="checkbox"/>	7.14b <input type="checkbox"/>	7.14c <input type="checkbox"/>	7.14d <input type="checkbox"/>	7.14e N/A %	7.14f	<input type="checkbox"/>					

(Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION			
(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)			
A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal		C. Index
<input type="checkbox"/>	Current reporting year (lb/yr)	Prior year (lb/yr)	Or percent change
	N/A		%
			<input type="checkbox"/>
			<input type="checkbox"/>

(Important: Type or print; read instructions before completing form.)

**EPA FORM R**  
**PART IV. SUPPLEMENTAL INFORMATION**  
 Use this section if you need additional space for answers to questions in Parts I and III.  
 Number or letter this information sequentially from prior sections (e.g., D.E. F, or 5.54, 5.55).

(This space for EPA use only.)

ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)			
3.5	SIC Code		
3.7	Dun & Bradstreet Number(s)		
3.8	EPA Identification Number(s) RCRA I.D. No.)		
3.9	NPDES Permit Number(s)		
3.10	Name of Receiving Stream(s) or Water Body(s)		

ADDITIONAL INFORMATION ON RELEASES TO LAND (Part III - Section 5.5)					
Releases to Land	A. Total Release (lbs/yr)			B. Basis of Estimate (enter code)	
	A.1 Reporting Ranges	A.2 Enter Estimate			
	0	1-499	500-999		
5.5 <input type="text"/> <input type="text"/> <input type="text"/> (enter code)	5.5__a			5.5__b <input type="checkbox"/>	
5.5 <input type="text"/> <input type="text"/> <input type="text"/> (enter code)	5.5__a			5.5__b <input type="checkbox"/>	
5.5 <input type="text"/> <input type="text"/> <input type="text"/> (enter code)	5.5__a			5.5__b <input type="checkbox"/>	

ADDITIONAL INFORMATION ON OFF-SITE TRANSFER (Part III - Section 6)					
	A. Total Transfers (lbs/yr)			B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
	A.1 Reporting Ranges	A.2 Enter Estimate			
	0	1-499	500-999		
6. Discharge to POTW	6__a			6__b <input type="checkbox"/>	
6. Other off-site location (Enter block number from Part II, Section 2.) <input type="checkbox"/>	6__a			6__b <input type="checkbox"/>	6__c. <input type="text"/> <input type="text"/> <input type="text"/>
6. Other off-site location (Enter block number from Part II, Section 2.) <input type="checkbox"/>	6__a			6__b <input type="checkbox"/>	6__c. <input type="text"/> <input type="text"/> <input type="text"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT (Part III - Section 7)					
A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7__a <input type="checkbox"/>	7__b <input type="text"/> <input type="text"/> <input type="text"/>	7__c <input type="checkbox"/>	7__d <input type="checkbox"/>	7__e %	7__f <input type="checkbox"/> <input type="checkbox"/>
7__e <input type="checkbox"/>	7__b <input type="text"/> <input type="text"/> <input type="text"/>	7__c <input type="checkbox"/>	7__d <input type="checkbox"/>	7__e %	7__f <input type="checkbox"/> <input type="checkbox"/>
7__a <input type="checkbox"/>	7__b <input type="text"/> <input type="text"/> <input type="text"/>	7__c <input type="checkbox"/>	7__d <input type="checkbox"/>	7__e %	7__f <input type="checkbox"/> <input type="checkbox"/>
7__a <input type="checkbox"/>	7__b <input type="text"/> <input type="text"/> <input type="text"/>	7__c <input type="checkbox"/>	7__d <input type="checkbox"/>	7__e %	7__f <input type="checkbox"/> <input type="checkbox"/>
7__a <input type="checkbox"/>	7__b <input type="text"/> <input type="text"/> <input type="text"/>	7__c <input type="checkbox"/>	7__d <input type="checkbox"/>	7__e %	7__f <input type="checkbox"/> <input type="checkbox"/>

Navistar International  
Transportation Corp.

PO Box 907  
1401 Perkins Avenue  
Waukesha WI 53187  
414 548 1600

Mr. Russ Dunst  
Wisconsin Dept. of Natural Resources  
Office of Technical Services TS-2  
P.O. Box 7921  
Madison, WI 53707

June 30, 1989

**NAVISTAR**

Dear Mr. Dunst:

Subject: SARA Title III, Section 313  
Toxic Chemical Release Invent

Enclosed are the completed 1988 Toxic  
Reporting Forms for Navistar International  
Waukesha, WI, EPA ID Number WID00611

Nine listed chemicals or chemical categories  
threshold limits and were reported.

Chemical

Sulfuric Acid  
1,1,1-Trichloroethane  
Bis (2-ethylhexyl) adipate  
Methylene bis (phenylisocyanate)  
Phenol  
Aluminum Oxide  
Copper  
Manganese  
Glycol Ethers

CAS #  
7664-93-9  
71-55-6  
103-23-1  
101-68-8  
108-95-2  
1344-28-1  
7440-50-8  
7439-96-5  
N/A

The information contained in these reports is believed to be true,  
accurate and complete to the best of our knowledge and abilities.  
Any questions regarding these reports should be directed to the  
technical or public contact indicated on the forms.

Sincerely,

Steve Ziesmann  
Environmental Engineer

SZ/cak

Enclosures

cc: E. Ardiente  
T. Hartman  
T. Opar

P 882 688 282

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	Russ Dunst DNR
Street and No.	P.O. Box 7921
P.O. State and ZIP Code	Madison, WI 53707
Postage	\$ 1.85
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	\$ 3.60
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the card from being returned to you. The return receipt fee will include your name if the return is delivered to and the date for fees and charges.  Show to PS Form 3800, June 1985

3. Article Address	Mr. Russ Dunst Wisconsin Dept. of Natural Resources Office of Technical Services TS-2 P.O. Box 7921 Madison, WI 53707
5. Signature	X
6. Signature	X
7. Date of Delivery	



Navistar International  
Transportation Corp.

PO Box 907  
1401 Perkins Avenue  
Waukesha WI 53187  
414 548 1800

U.S. Environmental Protection Agency  
P.O. Box 70266  
Washington, D.C. 20024-0266

Attn: Toxic Chemical Release Inventory

June 30, 1989

**NAVISTAR**

Dear Sir or Madam:

Subject: SARA Title III, Section 313  
Toxic Chemical Release Inventory

Enclosed are the completed 1988 Toxic Reporting Forms for Navistar International, Waukesha, WI, EPA ID Number WID00611.

Nine listed chemicals or chemical categories exceeded threshold limits and were reported.

Chemical

Sulfuric Acid  
1,1,1-Trichloroethane  
Bis (2-ethylhexyl) adipate  
Methylene bis (phenylisocyanate)  
Phenol  
Aluminum Oxide  
Copper  
Manganese  
Glycol Ethers

7664-93-9  
71-55-6  
103-23-1  
101-68-8  
108-95-2  
1344-28-1  
7440-50-8  
7439-96-5  
N/A

The information contained in these reports is believed to be true, accurate and complete to the best of our knowledge and abilities. Any questions regarding these reports should be directed to the technical or public contact indicated on the forms.

Sincerely,



Steve Ziesmann  
Environmental Engineer

SZ/cak

Enclosures

cc: E. Ardiente  
T. Hartman  
T. Opar



P 882 688 257

**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	
U.S. EPA	
Street and No	
P.O. Box 70266	
P.O. State and ZIP Code	
Washington DC 20024-0266	
Postage	\$ 1.85
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 3.60
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date for less and ch  
1.  Show to PS Form 3800, June 1985

3. Article Add	U.S. Env Agency
4. Recipient Add	P.O. Box Washington
5. Attn	T
6. Signature	X
7. EPA Title	EPA TITLE III
8. Date of Del	

PS Form 3811

(Important: Type or print; read instructions before completing form.)

**EPA** U.S. Environmental Protection Agency  
**TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM**  
 Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,  
 also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (94A-322), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRU Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (2070-0093), Washington, D.C. 20503

<b>EPA FORM R</b>	<b>PART I. FACILITY IDENTIFICATION INFORMATION</b>	(This space for your optional use.)
-----------------------	--	-------------------------------------

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? <input type="checkbox"/> Yes (Answer question 1.2; Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer 1.2; Go to question 1.3)	1.2 If "Yes" in 1.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	1.3 Reporting Year 1988
----	--	---	----------------------------

**2. CERTIFICATION (Read and sign after completing all sections.)**  
 I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparer of this report.

Name and official title of owner/operator or senior management official:  
**Mr. Timothy J. Opar - Plant Manager**

Signature: *Timothy J. Opar* Date signed: *6/30/89*

<b>3.</b>	<b>FACILITY IDENTIFICATION</b>	<b>WHERE TO SEND COMPLETED FORMS:</b>
3.1	Facility or Establishment Name <b>Navistar International Transp. Corp</b>	<b>1. U.S. ENVIRONMENTAL PROTECTION AGENCY                  P.O. BOX 70266                  WASHINGTON, DC 20024-0266                  ATTN: TOXIC CHEMICAL RELEASE INVENTORY</b>  <b>2. APPROPRIATE STATE OFFICE (See Instructions Appendix E)</b>
	Street Address <b>1401 Perkins Avenue</b>	
	City <b>Waukesha</b> County <b>Waukesha</b>	
	State <b>WI</b> Zip Code <b>53186</b>	

3.2 This report contains information for (Check one):  
 a.  An entire facility b.  Part of a facility.

3.3 Technical Contact: **Mr. Steve Ziesmann** Telephone Number (include area code): **(414) 548-1683**

3.4 Public Contact: **Mr. Don Stenulson** Telephone Number (include area code): **(414) 548-1646**

3.5 SIC Code (4 digit)  
 a. **3321** b. **N/A** c. d. e. f.

3.6 Latitude Longitude  
 Degrees Minutes Seconds Degrees Minutes Seconds  
**088 14 05 043 02 25**

3.7 Dun & Bradstreet Number(s)  
 a. **00-521-4200** b. **N/A**

3.8 EPA Identification Number(s) (RCRA I.D. No.)  
 a. **WID006118004** b. **N/A**

3.9 NPDES Permit Number(s)  
 a. **WI-0000566-4** b. **N/A**

3.10 Receiving Streams or Water Bodies (enter one name per box)  
 a. **Fox (Illinois) River** b. **N/A**  
 c. d. e. f.

3.11 Underground Injection Well Code (UIC) Identification Number(s)  
 a. **N/A** b.

**4. PARENT COMPANY INFORMATION**

4.1 Name of Parent Company  
**Navistar International Transportation Corp.**

4.2 Parent Company's Dun & Bradstreet Number  
**00-521-4200**



(Important: Type or print; read instructions before completing form.)



**EPA FORM R**  
**PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES**

(This space for your optional use.)

**1. PUBLICLY OWNED TREATMENT WORKS (POTWs)**

<b>1.1 POTW name</b> Waukesha Wastewater Treatment Plant		<b>1.2 POTW name</b> N/A	
<b>Street Address</b> 600 Sentry Drive		<b>Street Address</b>	
<b>City</b> Waukesha	<b>County</b> Waukesha	<b>City</b>	<b>County</b>
<b>State</b> WI	<b>Zip</b> 53186	<b>State</b>	<b>Zip</b>

**2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).**

<b>2.1 Off-site location name</b> Waste Management-Muskego Landfill		<b>2.2 Off-site location name</b> N/A	
<b>EPA Identification Number (RCRA ID. No.)</b> WID000713180		<b>EPA Identification Number (RCRA ID. No.)</b>	
<b>Street Address</b> Hwy. 24 & Crowbar Rd.		<b>Street Address</b>	
<b>City</b> Muskego	<b>County</b> Waukesha	<b>City</b>	<b>County</b>
<b>State</b> WI	<b>Zip</b> 53150	<b>State</b>	<b>Zip</b>
<b>Is location under control of reporting facility or parent company?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Is location under control of reporting facility or parent company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.3 Off-site location name</b>		<b>2.4 Off-site location name</b>	
<b>EPA Identification Number (RCRA ID. No.)</b>		<b>EPA Identification Number (RCRA ID. No.)</b>	
<b>Street Address</b>		<b>Street Address</b>	
<b>City</b>	<b>County</b>	<b>City</b>	<b>County</b>
<b>State</b>	<b>Zip</b>	<b>State</b>	<b>Zip</b>
<b>Is location under control of reporting facility or parent company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is location under control of reporting facility or parent company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.5 Off-site location name</b>		<b>2.6 Off-site location name</b>	
<b>EPA Identification Number (RCRA ID. No.)</b>		<b>EPA Identification Number (RCRA ID. No.)</b>	
<b>Street Address</b>		<b>Street Address</b>	
<b>City</b>	<b>County</b>	<b>City</b>	<b>County</b>
<b>State</b>	<b>Zip</b>	<b>State</b>	<b>Zip</b>
<b>Is location under control of reporting facility or parent company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is location under control of reporting facility or parent company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Check if additional pages of Part II are attached. How many? \_\_\_\_\_

<h1 style="margin:0;">EPA</h1>	<h2 style="margin:0;">EPA FORM R</h2> <h3 style="margin:0;">PART III. CHEMICAL-SPECIFIC INFORMATION</h3>	(This space for your optional use.)
--------------------------------	--	-------------------------------------

**1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)**

1.1	[Reserved]
1.2	CAS Number (Enter the number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) <b>71-55-6</b>
1.3	Chemical or Chemical Category Name (Enter the name exactly as it appears on the 313 list.) <b>1,1,1 - Trichloroethane</b>
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

**2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)**  
Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)

**3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)**

3.1	Manufacture the chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	If produce or import: c. <input type="checkbox"/> For on-site use/processing e. <input type="checkbox"/> As a byproduct	d. <input type="checkbox"/> For sale/distribution f. <input type="checkbox"/> As an impurity
3.2	Process the chemical: a. <input type="checkbox"/> As a reactant d. <input type="checkbox"/> Repackaging only	b. <input type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component
3.3	Otherwise use the chemical: a. <input type="checkbox"/> As a chemical processing aid	b. <input checked="" type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use

**4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR**

(enter code)

**5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE**

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (lbs/yr)		B. Basis of Estimate (enter code)	
	A.1 Reporting Ranges	A.2 Enter Estimate		
	0	1-499	500-999	
5.1 Fugitive or non-point air emissions	5.1a	[ ] [ ] [ ]	16,000	5.1b <input type="checkbox"/> C
5.2 Stack or point air emissions	5.2a	[ ] [ ] [ ]	24,000	5.2b <input type="checkbox"/> C
5.3 Discharges to receiving streams or water bodies <small>(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)</small>	5.3.1 <input type="checkbox"/>	5.3.1a	[ ] [ ] [ ]	5.3.1b <input type="checkbox"/> NA
	5.3.2 <input type="checkbox"/>	5.3.2a	[ ] [ ] [ ]	5.3.2b <input type="checkbox"/> 5.3.2c
	5.3.3 <input type="checkbox"/>	5.3.3a	[ ] [ ] [ ]	5.3.3b <input type="checkbox"/> 5.3.3c
5.4 Underground injection	5.4a	[ ] [ ] [ ]	NA	5.4b <input type="checkbox"/>
5.5 Releases to land	5.5.1	5.5.1a	[ ] [ ] [ ]	5.5.1b <input type="checkbox"/> NA
	5.5.2	5.5.2a	[ ] [ ] [ ]	5.5.2b <input type="checkbox"/> NA
	5.5.3	5.5.3a	[ ] [ ] [ ]	5.5.3b <input type="checkbox"/> NA
	5.5.4	5.5.4a	[ ] [ ] [ ]	5.5.4b <input type="checkbox"/> NA

(Check if additional information is provided on Part IV-Supplemental Information.)





(Important: Type or print; read instructions before completing form.)

<b>EPA</b>	<b>EPA FORM R</b> <b>PART III. CHEMICAL-SPECIFIC INFORMATION</b> (continued)	(This space for your optional use.)
------------	--	-------------------------------------

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS				
You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (lbs/yr)		B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 1 [ ] [ X ] [ ]			6.1.1b <input type="checkbox"/> M	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 [ ] [ X ] [ ]			6.2.1b <input type="checkbox"/> 0	6.2.1c <input type="checkbox"/> M <input type="checkbox"/> 7 <input type="checkbox"/> 2
6.2.2 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/> [ ] [ ] [ ]		NA	6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/> [ ]
6.2.3 Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/> [ ] [ ] [ ]			6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/> [ ]

[ ] (Check if additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY					
A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/>	7.1b <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>	7.1c <input type="checkbox"/>	7.1d [ ]	7.1e %	7.1f [ ] [ ]
7.2a <input type="checkbox"/>	7.2b [ ] [ ] [ ]	7.2c <input type="checkbox"/>	7.2d [ ]	7.2e %	7.2f [ ] [ ]
7.3a <input type="checkbox"/>	7.3b [ ] [ ] [ ]	7.3c <input type="checkbox"/>	7.3d [ ]	7.3e %	7.3f [ ] [ ]
7.4a <input type="checkbox"/>	7.4b [ ] [ ] [ ]	7.4c <input type="checkbox"/>	7.4d [ ]	7.4e %	7.4f [ ] [ ]
7.5a <input type="checkbox"/>	7.5b [ ] [ ] [ ]	7.5c <input type="checkbox"/>	7.5d [ ]	7.5e %	7.5f [ ] [ ]
7.6a <input type="checkbox"/>	7.6b [ ] [ ] [ ]	7.6c <input type="checkbox"/>	7.6d [ ]	7.6e %	7.6f [ ] [ ]
7.7a <input type="checkbox"/>	7.7b [ ] [ ] [ ]	7.7c <input type="checkbox"/>	7.7d [ ]	7.7e %	7.7f [ ] [ ]
7.8a <input type="checkbox"/>	7.8b [ ] [ ] [ ]	7.8c <input type="checkbox"/>	7.8d [ ]	7.8e %	7.8f [ ] [ ]
7.9a <input type="checkbox"/>	7.9b [ ] [ ] [ ]	7.9c <input type="checkbox"/>	7.9d [ ]	7.9e %	7.9f [ ] [ ]
7.10a <input type="checkbox"/>	7.10b [ ] [ ] [ ]	7.10c <input type="checkbox"/>	7.10d [ ]	7.10e %	7.10f [ ] [ ]

[ ] (Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION (Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)									
A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal	C. Index	D. Reason for Action (enter code)						
<input type="checkbox"/> M <input type="checkbox"/>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Current reporting year (lbs/yr)</td> <td style="width: 30%; text-align: center;">Prior year (lbs/yr)</td> <td style="width: 40%; text-align: center;">Or percent change</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____ %</td> </tr> </table>	Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	_____	_____	_____ %	<input type="checkbox"/> . <input type="checkbox"/>	<input type="checkbox"/> R <input type="checkbox"/>
Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change							
_____	_____	_____ %							

<p style="text-align: center;"><b>EPA FORM R</b> <b>PART IV. SUPPLEMENTAL INFORMATION</b></p> <p style="text-align: center; font-size: small;">Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)</p>	<p>(This space for your optional use.)</p>
---	--

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)					
You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (lbs/yr)			B. Basis of Estimate (enter code in box provided)	
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate			
5.3 Discharges to receiving streams or water bodies <input type="checkbox"/> 5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]			5.3. ___ b <input type="checkbox"/>	C.% From Stormwater 5.3. ___ c
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) <input type="checkbox"/> 5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]			5.3. ___ b <input type="checkbox"/>	5.3. ___ c
<input type="checkbox"/> 5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]			5.3. ___ b <input type="checkbox"/>	5.3. ___ c

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)				
You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (lbs/yr)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[ ] [ ] [ ]		6.1. ___ b <input type="checkbox"/>	
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/> <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/> <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/> <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)					
A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]

Navistar International  
Transportation Corp

PO Box 907  
1401 Perkins Avenue  
Waukesha WI 53187  
414 548 1600

EPCRA Reporting Center  
470 L'Enfant Plaza East  
Suite 7103, SW  
Washington, DC 20024

Attn: Toxic Chemical Release Inventory

June 29, 1990

**NAVISTAR**

Dear Sir or Madam:

Subject: SARA Title III, Section 313  
Toxic Chemical Release Inventory

Enclosed are the completed 1989 Toxic  
Reporting Forms for Navistar International  
Waukesha, WI, EPA ID Number WID0061

Eight listed chemicals or chemical categories  
exceeded threshold limits and were reported.

Chemical

Sulfuric Acid	7664-93-9
1,1,1-Trichloroethane	71-55-6
Bis (2-ethylhexyl) adipate	103-23-1
Methylene bis (phenylisocyanate)	101-68-8
Phenol	108-95-2
Copper	7440-50-8
Manganese	7439-96-5
Glycol Ethers	N/A

The information contained in these reports is believed to be true,  
accurate and complete to the best of our knowledge and abilities.  
Any questions regarding these reports should be directed to the  
technical or public contact indicated on the forms.

Sincerely,



Steve Ziesmann  
Environmental Engineer

SZ/dk

Enclosures

cc: E. Ardiente  
D. Linn  
T. Opar

P 882 688 275

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to DPCRA Reporting Center Attn: Toxic Chem. Release	
Street and No 470 L'Enfant Plaza Suite 7103, SW	
P. O. State and ZIP Code Washington, DC 20024	
Postage	\$ 1.65
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom. Date and Address of Delivery	
TOTAL Postage and Fees	\$ 3.40
Postmark or Date	

ONLY if  
address  
in Receipt  
Merchandise  
del  
delivery  
later for fees

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and

Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

PS Form 3800, June 1985

Navistar International  
Transportation Corp

PO Box 907  
1401 Perkins Avenue  
Waukesha WI 53187  
414 548 1600

State of Wisconsin  
Department of Natural Resources  
P.O. Box 7921  
Madison, WI 53707

Attn: Mr. Russ Durnst

June 29, 1990

**NAVISTAR**

Dear Mr. Durnst:

Subject: SARA Title III, Section 313  
Toxic Chemical Release Inventory -- 1989

Enclosed are the completed 1989 Toxic Chemical Release Inventory Reporting Forms for Navistar International Transportation Corp. in Waukesha, WI, EPA ID Number WID006118004.

Eight listed chemicals or chemical categories exceeded the applicable threshold limits and were reported.

<u>Chemical</u>	<u>CAS #</u>
Sulfuric Acid	7664-93-9
1,1,1-Trichloroethane	71-55-6
Bis (2-ethylhexyl) adipate	103-23-1
Methylene bis (phenylisocyanate)	101-68-8
Phenol	108-95-2
Copper	7440-50-8
Manganese	7439-96-5
Glycol Ethers	N/A

The information contained in these reports is believed to be true, accurate and complete to the best of our knowledge and abilities. Any questions regarding these reports should be directed to the technical or public contact indicated on the forms.

Sincerely,



Steve Ziesmann  
Environmental Engineer

SZ/dk

Enclosures

cc: E. Ardiente  
D. Linn  
T. Opar

(Important: Type or print; read instructions before completing form.)

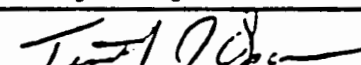
<b>EPA FORM R</b>	<b>PART I. FACILITY IDENTIFICATION INFORMATION</b>	(This space for your optional use.)
	<b>EPA U.S. Environmental Protection Agency</b> <b>TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM</b> Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act	

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response with an average of 32 hours per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Chief, Information Policy Branch (PWA-223), US EPA, 401 M St. SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (2070-0093), Washington D.C. 20503

1.1 Are you claiming the chemical identity on page 3 trade secret? <input type="checkbox"/> Yes (Answer question 1.2; Attach substantiation forms.) <input checked="" type="checkbox"/> No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	1.3 Reporting Year 19 <u>89</u>
---	---	------------------------------------

**2. CERTIFICATION (Read and sign after completing all sections.)**  
 I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:  
**Mr. Timothy J. Opar - Plant Manager**

Signature:  Date signed: 6/29/90

<b>3.1</b> Facility or Establishment Name  53186NVSTR1401P NAVISTAR INTERNATIONAL TRANSPORTATION CORP. 1401 PERKINS AVE. WALKESHA WI  TRI Facility Identification Number 53186	<b>WHERE TO SEND COMPLETED FORMS:</b>  1. EPCRA REPORTING CENTER P.O. BOX 23779 WASHINGTON, DC 20026-3779 ATTN: TOXIC CHEMICAL RELEASE INVENTORY  2. APPROPRIATE STATE OFFICE (See instructions in Appendix G)
--	---

3.2 This report contains information for (Check only one):  
 a.  An entire facility      b.  Part of a facility.

3.3 Technical Contact  
 Mr. Steve Ziesmann      Telephone Number (include area code)  
 (414) 548-1683

3.4 Public Contact  
 Mr. W. H. Greenhill      Telephone Number (include area code)  
 (312) 836-3084

3.5 SIC Code (4 digit)  
 a. 3321      b. N/A      c.      d.      e.      f.

3.6 Latitude      Longitude  
 Degrees      Minutes      Seconds      Degrees      Minutes      Seconds  
 088      14      05      043      02      25

3.7 Dun & Bradstreet Number(s)  
 a. 00-521-4200      b. N/A

3.8 EPA Identification Number(s) (RCRA I.D. No.)  
 a. WID006118004      b. N/A

3.9 NPDES Permit Number(s)  
 a. WI-0000566-4      b. N/A

3.10 Receiving Streams or Water Bodies (enter one name per box)  
 a. Fox (Illinois) River      b. N/A  
 c.      d.  
 e.      f.

3.11 Underground Injection Well Code (UIC) Identification Number(s)  
 a. N/A      b.

**4. PARENT COMPANY INFORMATION**

4.1 Name of Parent Company Navistar International	4.2 Parent Company's Dun & Bradstreet Number 00-521-4200
--	---



EPA FORM R  
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC  
CHEMICALS ARE TRANSFERRED IN WASTES

(This space for your optional use.)

<b>1. PUBLICLY OWNED TREATMENT WORKS (POTWs)</b>			
<b>1.1 POTW name</b> Waukesha Wastewater Treatment Plant		<b>1.2 POTW name</b> NA	
<b>Street Address</b> 600 Sentry Drive		<b>Street Address</b>	
<b>City</b> Waukesha	<b>County</b> Waukesha	<b>City</b>	<b>County</b>
<b>State</b> WI	<b>Zip</b> 53186	<b>State</b>	<b>Zip</b>

<b>2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE)</b>			
<b>2.1 Off-site location name</b> Waste Management - Muskego Landfill		<b>2.2 Off-site location name</b> NA	
<b>EPA Identification Number (RCRA ID No.)</b> WID 000713180		<b>EPA Identification Number (RCRA ID No.)</b>	
<b>Street Address</b> W145 S6550 Tess Corners Drive		<b>Street Address</b>	
<b>City</b> Muskego	<b>County</b> Waukesha	<b>City</b>	<b>County</b>
<b>State</b> WI	<b>Zip</b> 53150	<b>State</b>	<b>Zip</b>
<b>Is location under control of reporting facility or parent company?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Is location under control of reporting facility or parent company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.3 Off-site location name</b>		<b>2.4 Off-site location name</b>	
<b>EPA Identification Number (RCRA ID No.)</b>		<b>EPA Identification Number (RCRA ID No.)</b>	
<b>Street Address</b>		<b>Street Address</b>	
<b>City</b>	<b>County</b>	<b>City</b>	<b>County</b>
<b>State</b>	<b>Zip</b>	<b>State</b>	<b>Zip</b>
<b>Is location under control of reporting facility or parent company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is location under control of reporting facility or parent company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.5 Off-site location name</b>		<b>2.6 Off-site location name</b>	
<b>EPA Identification Number (RCRA ID No.)</b>		<b>EPA Identification Number (RCRA ID No.)</b>	
<b>Street Address</b>		<b>Street Address</b>	
<b>City</b>	<b>County</b>	<b>City</b>	<b>County</b>
<b>State</b>	<b>Zip</b>	<b>State</b>	<b>Zip</b>
<b>Is location under control of reporting facility or parent company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is location under control of reporting facility or parent company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Check if additional pages of Part II are attached. How many? \_\_\_\_\_



EPA FORM R  
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1,1,1-TCE

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 71-55-6
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) 1,1,1-Trichloroethane (Methyl Chloroform)
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)
----	--

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture the chemical:	a. <input type="checkbox"/> Produce	If produce or import:		c. <input type="checkbox"/> For on-site use/processing	d. <input type="checkbox"/> For sale/distribution
		b. <input type="checkbox"/> Import	e. <input type="checkbox"/> As a byproduct	f. <input type="checkbox"/> As an impurity		
3.2	Process the chemical:	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component		
		d. <input type="checkbox"/> Repackaging only				
3.3	Otherwise use the chemical:	a. <input type="checkbox"/> As a chemical processing aid	b. <input checked="" type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use		

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

03 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

		A. Total Release (pounds/year)		B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)					
5.1 Fugitive or non-point air emissions	5.1a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20,000	5.1b <input type="checkbox"/> 0	
5.2 Stack or point air emissions	5.2a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31,000	5.2b <input type="checkbox"/> 0	
5.3 Discharges to receiving streams or water bodies (Enter letter code for stream from Part I Section 3.10 in the box provided.)	5.3.1 <input checked="" type="checkbox"/> a	5.3.1a <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		5.3.1b <input type="checkbox"/> 0	5.3.1c NA %
	5.3.2 <input type="checkbox"/>	5.3.2a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.3.2b <input type="checkbox"/>	5.3.2c %
	5.3.3 <input type="checkbox"/>	5.3.3a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground injection on-site	5.4a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.4b <input type="checkbox"/>	
5.5 Releases to land on-site	5.5.1a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.1b <input type="checkbox"/>	
	5.5.2a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.2b <input type="checkbox"/>	
	5.5.3a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.3b <input type="checkbox"/>	
	5.5.4a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.4b <input type="checkbox"/>	

(Check if additional information is provided on Part IV-Supplemental Information.)



EPA FORM R  
PART III. CHEMICAL-SPECIFIC INFORMATION  
(continued)

(This space for your optional use.)

1,1,1-TCE

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)			B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges	A.2 Enter Estimate			
	0	1-499	500-999		
6.1.1 Discharge to POTW (enter location number from Part I, Section 1) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.1.1b <input type="checkbox"/> 0	
6.2.1 Other off-site location (enter location number from Part II, Section 2) <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.1b <input type="checkbox"/> 0	6.2.1c <input type="checkbox"/> M <input type="checkbox"/> 7 <input type="checkbox"/> 2
6.2.2 Other off-site location (enter location number from Part II, Section 2) <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.2b <input type="checkbox"/> NA	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2) <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>

(Check if additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY

Not Applicable (NA) - Check if no on-site treatment is applied to any wastestream containing the chemical or chemical category.

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/>	7.1b <input type="checkbox"/>	7.1c <input type="checkbox"/>	7.1d <input type="checkbox"/>	7.1e %	7.1f <input type="checkbox"/>
7.2a <input type="checkbox"/>	7.2b <input type="checkbox"/>	7.2c <input type="checkbox"/>	7.2d <input type="checkbox"/>	7.2e %	7.2f <input type="checkbox"/>
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d <input type="checkbox"/>	7.3e %	7.3f <input type="checkbox"/>
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d <input type="checkbox"/>	7.4e %	7.4f <input type="checkbox"/>
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d <input type="checkbox"/>	7.5e %	7.5f <input type="checkbox"/>
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d <input type="checkbox"/>	7.6e %	7.6f <input type="checkbox"/>
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d <input type="checkbox"/>	7.7e %	7.7f <input type="checkbox"/>
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d <input type="checkbox"/>	7.8e %	7.8f <input type="checkbox"/>
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d <input type="checkbox"/>	7.9e %	7.9f <input type="checkbox"/>
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d <input type="checkbox"/>	7.10e %	7.10f <input type="checkbox"/>

(Check if additional information is provided on Part IV-Supplemental Information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal	C. Index	D. Reason for Action (enter code)
<input type="checkbox"/> M	Current reporting year (pounds/year) _____ Prior year (pounds/year) _____ Or percent change (Check (+) or (-)) <input type="checkbox"/> + <input type="checkbox"/> - _____ %	<input type="checkbox"/> . <input type="checkbox"/>	<input type="checkbox"/> R





EPA FORM R  
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.  
Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE  
(Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 0 1-999 500-999	A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies 5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]		5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
(Enter letter code for stream from Part I Section 3.10 in the box provided) 5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]		5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]		5.3. ___ b <input type="checkbox"/>	5.3. ___ c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS  
(Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 0 1-999 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/>	[ ] [ ] [ ]		6.1. ___ b <input type="checkbox"/>	
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 through 7 when appropriate. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)  
 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 EPCRA Reporting Center  
 470 L'Enfant Plaza East  
 Suite 7103, SW  
 Washington, DC 20024  
 Attn: Toxic Chemical Release Inventory

4. Article Number  
 P 318 067 174

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
 X EPCRA REPORTING CENTER

6. Signature - Addressee  
 X WASHINGTON, D.C. 20026-3779

7. Date of Delivery  
 JUL 01 1991

8. Addressee's Address (ONLY if requested and fee paid)

P 318 067 174

**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Delivered to: EPCRA Reporting Center  
 Attention: Toxic Chem. Release Inventory  
 470 L'Enfant Plaza East  
 Suite 7103, SW  
 Washington DC 20024

Postage	\$ 1.67
Postage and Fees	\$ 1.00
Registered Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing name and Date Delivered	\$ 1.00
Return Receipt showing to whom and Address of Delivery	
<b>TOTAL Postage and Fees</b>	<b>\$ 3.67</b>

Postmark or Date  
 June 28, 1991

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

Subject: SARA Title III, Section 313  
Toxic Chemical Release Inventory

Enclosed are the completed 1990 Toxic Chemical Release Reporting forms for Navistar International Waukesha Manufacturing Facility.

The following chemicals or chemical categories exceeded the applicable threshold limits and were reported:

Chemical	CAS#
Sulfuric Acid	7664-93-9
1,1,1-Trichloroethane	71-55-6
Methylene bis (phenylisocyanate)	101-68-8
Copper	7440-50-8
Manganese	7439-96-5
Glycol Ethers	NA

The information contained in these reports is believed to be true, accurate and complete to the best of our knowledge and abilities. Any questions regarding these reports should be directed to the technical or public contact indicated on the forms.

Sincerely,

*Steve Ziesmann*

Steve Ziesmann  
 Environmental Engineer

SZ/dk

Enclosures

- c E. Ardiente
- D. Linn
- T. Opar



P 318 067 173

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
State of Wisconsin  
Department of Natural Resources  
P.O. Box 7921  
Madison, WI 53707  
Attn: Mr. Russ Durnst

4. Article Number  
P 318 067 173

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X

6. Signature - Agent  
X

7. Date of Delivery  
JUL - 1 1991

8. Addressee's Address (ONLY if requested and fee paid)

U.S. G.P.O. 1989-234-555  
PS Form 3800, June 1985

Sent to State of Wisconsin	
DNR - Mr. Russ Durnst	
Street and No. P.O. Box 7921	
P.O. State and ZIP Code Madison, WI 53707	
Postage	\$ 1.67
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.00
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$ 3.67
Postmark or Date	

June 28, 1991

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-234-515 DOMESTIC RETURN RECEIPT


Subject: SARA Title III, Section 313  
Toxic Chemical Release Inventory -- 19

Enclosed are the completed 1990 Toxic Chemical Reporting forms for Navistar International Transi Waukesha Manufacturing Facility.

The following chemicals or chemical categories exceeded the applicable threshold limits and were reported:

<u>Chemical</u>	<u>CAS#</u>
Sulfuric Acid	7664-93-9
1,1,1-Trichloroethane	71-55-6
Methylene bis (phenylisocyanate)	101-68-8
Copper	7440-50-8
Manganese	7439-96-5
Glycol Ethers	NA

The information contained in these reports is believed to be true, accurate and complete to the best of our knowledge and abilities. Any questions regarding these reports should be directed to the technical or public contact indicated on the forms.

Sincerely,  


Steve Ziesmann  
Environmental Engineer


SZ/dk

Enclosures

- c E. Ardiente
- D. Linn
- T. Opar



(Important: Type or print; read instructions before completing form.)

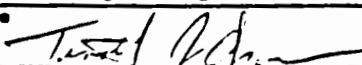
 <b>EPA</b> U.S. Environmental Protection Agency <b>TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM</b> Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act	<b>PART I.</b> <b>FACILITY IDENTIFICATION INFORMATION</b>	(This space for your optional use.)
	<b>EPA FORM</b> <b>R</b>	

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

1.1 Are you claiming the chemical identity on page 3 trade secret? <input type="checkbox"/> Yes (Answer question 1.2; Attach substantiation forms.) <input checked="" type="checkbox"/> No (Do not answer 1.2; Go to question 1.3)	1.2 If "Yes" in 1.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	1.3 Reporting Year 19 <u>90</u>
--	---	------------------------------------

**2. CERTIFICATION (Read and sign after completing all sections.)**  
 I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparer of this report.

Name and official title of owner/operator or senior management official  
 Timothy J. Opar -- Plant Manager

Signature:  Date signed: 6/27/91

<b>3. FACILITY IDENTIFICATION</b>		<b>WHERE TO SEND COMPLETED FORMS:</b>  1. EPCRA REPORTING CENTER P.O. BOX 23778 WASHINGTON, DC 20026-3779 ATTN: TOXIC CHEMICAL RELEASE INVENTORY  2. APPROPRIATE STATE OFFICE (See instructions in Appendix G)												
3.1	Facility or Establishment Name Navistar International Transportation Corp.  Street Address 1401 Perkins Ave., P.O. Box 907  City Waukesha County Waukesha  State WI Zip Code 53187  TRI Facility Identification Number 53186NVSTR1401P													
3.2	This report contains information for (Check only one): a. <input checked="" type="checkbox"/> An entire facility      b. <input type="checkbox"/> Part of a facility.													
3.3	Technical Contact Steve Ziesmann	Telephone Number (include area code) (414) 548-1683												
3.4	Public Contact W. H. Greenhill	Telephone Number (include area code) (312) 836-3084												
3.5	SIC Code (4 digit) a. 3321      b. NA      c.      d.      e.      f.													
3.6	Latitude      Longitude <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Degrees</td> <td style="width: 33%;">Minutes</td> <td style="width: 33%;">Seconds</td> <td style="width: 33%;">Degrees</td> <td style="width: 33%;">Minutes</td> <td style="width: 33%;">Seconds</td> </tr> <tr> <td>088</td> <td>14</td> <td>05</td> <td>043</td> <td>02</td> <td>25</td> </tr> </table>		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	088	14	05	043	02	25
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds									
088	14	05	043	02	25									
3.7	Dun & Bradstreet Number(s) a. 00-611-8004      b. NA													
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. WID006118004      b. NA													
3.9	NPDES Permit Number(s) a. WI-0000566-5      b. NA													
3.10	Receiving Streams or Water Bodies (enter one name per box) a. Fox River      b. NA  c.      d.      e.      f.													
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. NA      b.													

<b>4. PARENT COMPANY INFORMATION</b>	
4.1	Name of Parent Company Navistar International Corp.
4.2	Parent Company's Dun & Bradstreet Number 16-198-4646



EPA FORM R  
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC  
CHEMICALS ARE TRANSFERRED IN WASTES

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name Waukesha Wastewater Treatment Plant		1.2 POTW name NA	
Street Address 600 Sentry Drive		Street Address	
City Waukesha	County Waukesha	City	County
State WI	Zip 53186	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name Waste Management -- Metro Landfill		2.2 Off-site location name NA	
EPA Identification Number (RCRA ID. No.) WID098547854		EPA Identification Number (RCRA ID. No.)	
Street Address 10712 South 124th Street		Street Address	
City Franklin	County Milwaukee	City	County
State WI	Zip 53132	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Check if additional pages of Part II are attached. How many? \_\_\_\_\_



(Important: Type or print; read instructions before completing form.)



EPA FORM R  
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1,1,1-TCE

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)	
1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 71-55-6
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) 1,1,1-Trichloroethane (Methyl Chloroform)
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)	
2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)				
3.1	Manufacture the chemical:	a. <input type="checkbox"/> Produce	c. <input type="checkbox"/> For on-site use/processing	d. <input type="checkbox"/> For sale/distribution
		b. <input type="checkbox"/> Import	e. <input type="checkbox"/> As a byproduct	f. <input type="checkbox"/> As an impurity
3.2	Process the chemical:	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component
		d. <input type="checkbox"/> Repackaging only		
3.3	Otherwise use the chemical:	a. <input type="checkbox"/> As a chemical processing aid	b. <input checked="" type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR	
<input type="text" value="03"/> (enter code)	

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE		A. Total Release (pounds/year)		B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges 1-10 11-499 500-999	A.2 Enter Estimate		
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)					
5.1 Fugitive or non-point air emissions	5.1a	[ ] [ ] [ ]	45,000	5.1b <input type="checkbox"/>	
5.2 Stack or point air emissions	5.2a	[ ] [ ] [ ]	11,000	5.2b <input type="checkbox"/>	
5.3 Discharges to receiving streams or water bodies (Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.1 <input type="checkbox"/> a	5.3.1a [ ] [ ] [ ]	-0-	5.3.1b <input type="checkbox"/>	5.3.1c NA %
	5.3.2 <input type="checkbox"/>	5.3.2a [ ] [ ] [ ]	NA	5.3.2b <input type="checkbox"/>	5.3.2c NA %
	5.3.3 <input type="checkbox"/>	5.3.3a [ ] [ ] [ ]		5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground Injection	5.4a	[ ] [ ] [ ]	NA	5.4b <input type="checkbox"/>	
5.5 Releases to land	5.5.1a	[ ] [ ] [ ]	NA	5.5.1b <input type="checkbox"/>	
	5.5.2a	[ ] [ ] [ ]	NA	5.5.2b <input type="checkbox"/>	
	5.5.3a	[ ] [ ] [ ]	NA	5.5.3b <input type="checkbox"/>	
	5.5.4a	[ ] [ ] [ ]	NA	5.5.4b <input type="checkbox"/>	

[ ] (Check if additional information is provided on Part IV-Supplemental Information.)



(Important: Type or print; read instructions before completing form.)

**EPA** **EPA FORM R**  
**PART III. CHEMICAL-SPECIFIC INFORMATION**  
 (continued)

(This space for your optional use.)  
1,1,1-TCE

**6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS**

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/yr)			B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges				
	1-10	11-499	500-999		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.1.1b <input type="checkbox"/>	
6.2.1 Other off-site location (enter location number from Part II, Section 2.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.1b <input type="checkbox"/>	6.2.1c M 7 2
6.2.2 Other off-site location (enter location number from Part II, Section 2.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.2b <input type="checkbox"/>	6.2.2c M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.3b <input type="checkbox"/>	6.2.3c M <input type="checkbox"/>

(Check if additional information is provided on Part IV-Supplemental Information.)

**7. WASTE TREATMENT METHODS AND EFFICIENCY**

Not Applicable (NA) - Check if no on-site treatment is applied to any waste stream containing the chemical or chemical category

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/>	7.1b <input type="checkbox"/>	7.1c <input type="checkbox"/>	7.1d <input type="checkbox"/>	7.1e %	7.1f <input type="checkbox"/>
7.2a <input type="checkbox"/>	7.2b <input type="checkbox"/>	7.2c <input type="checkbox"/>	7.2d <input type="checkbox"/>	7.2e %	7.2f <input type="checkbox"/>
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d <input type="checkbox"/>	7.3e %	7.3f <input type="checkbox"/>
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d <input type="checkbox"/>	7.4e %	7.4f <input type="checkbox"/>
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d <input type="checkbox"/>	7.5e %	7.5f <input type="checkbox"/>
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d <input type="checkbox"/>	7.6e %	7.6f <input type="checkbox"/>
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d <input type="checkbox"/>	7.7e %	7.7f <input type="checkbox"/>
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d <input type="checkbox"/>	7.8e %	7.8f <input type="checkbox"/>
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d <input type="checkbox"/>	7.9e %	7.9f <input type="checkbox"/>
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d <input type="checkbox"/>	7.10e %	7.10f <input type="checkbox"/>

(Check if additional information is provided on Part IV-Supplemental Information.)

**8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION**  
(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal	C. Index	D. Reason for Action (enter code)
M <input type="checkbox"/>	Current reporting year (pounds/year)   Prior year (pounds/year)   Or percent change (Check (+) or (-)) <input type="checkbox"/> + <input type="checkbox"/> -	<input type="checkbox"/> <input type="checkbox"/>	R <input type="checkbox"/>



EPA FORM R  
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.  
Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE  
(Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/yr)			B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 1-10 11-499 500-999	A.2 Enter Estimate			
5.3 Discharges to receiving streams or water bodies 5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]			5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]			5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]			5.3. ___ b <input type="checkbox"/>	5.3. ___ c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS  
(Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/yr)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 1-10 11-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) 1 ___ <input type="checkbox"/>	[ ] [ ] [ ]		6.1. ___ b <input type="checkbox"/>	
6.2. Other off-site location (enter location number from Part II, Section 2.) 2 ___ <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M ___
6.2. Other off-site location (enter location number from Part II, Section 2.) 2 ___ <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M ___
6.2. Other off-site location (enter location number from Part II, Section 2.) 2 ___ <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M ___

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. ___ a <input type="checkbox"/>	7. ___ b [ ] [ ] [ ]	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b [ ] [ ] [ ]	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b [ ] [ ] [ ]	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b [ ] [ ] [ ]	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b [ ] [ ] [ ]	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b [ ] [ ] [ ]	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b [ ] [ ] [ ]	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b [ ] [ ] [ ]	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]



Navistar International  
Transportation Corp

PO Box 907  
1401 Perkins Avenue  
Waukesha WI 53187  
414 548 1600

EPCRA Reporting Center  
470 L'Enfant Plaza East  
Suite 7103, SW  
Washington, DC 20024

Attn: Toxic Chemical Release Inventor  
June 29, 1990

**NAVISTAR**

Dear Sir or Madam:

Subject: SARA Title III, Section 313  
Toxic Chemical Release Inventor

Enclosed are the completed 1989 Toxic Reporting Forms for Navistar International, Waukesha, WI, EPA ID Number WID0061.

Eight listed chemicals or chemical categories exceeded threshold limits and were reported.

Chemical

Sulfuric Acid	7664-93-9
1,1,1-Trichloroethane	71-55-6
Bis (2-ethylhexyl) adipate	103-23-1
Methylene bis (phenylisocyanate)	101-68-8
Phenol	108-95-2
Copper	7440-50-8
Manganese	7439-96-5
Glycol Ethers	N/A

The information contained in these reports is believed to be true, accurate and complete to the best of our knowledge and abilities. Any questions regarding these reports should be directed to the technical or public contact indicated on the forms.

Sincerely,

Steve Ziesmann  
Environmental Engineer

SZ/dk

Enclosures

cc: E. Ardiente  
D. Linn  
T. Opar

P 882 688 275

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to DPCRA Reporting Center	
Attn: Toxic Chem. Release Inventor	
Street and No 470 L'Enfant Plaza East	
Suite 7103, SW	
P.O. State and ZIP Code	
Washington, DC 20024	
Postage	\$ 1.65
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$ 3.40
Postmark or Date	

1985 Form 3800, June 1985

ONLY IF	IN RECEIPT	DELIVERED TO AND	SIGNATURE FOR FEES

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery.



State of Wisconsin  
Department of Natural Resources  
P.O. Box 7921  
Madison, WI 53707

Attn: Mr. Russ Durnst

June 29, 1990

**NAVISTAR**

Dear Mr. Durnst:

Subject: SARA Title III, Section 313  
Toxic Chemical Release Inventory -- 1989

Enclosed are the completed 1989 Toxic Chemical Release Inventory Reporting Forms for Navistar International Transportation Corp. in Waukesha, WI, EPA ID Number WID006118004.

Eight listed chemicals or chemical categories exceeded the applicable threshold limits and were reported.

<u>Chemical</u>	<u>CAS #</u>
Sulfuric Acid	7664-93-9
1,1,1-Trichloroethane	71-55-6
Bis (2-ethylhexyl) adipate	103-23-1
Methylene bis (phenylisocyanate)	101-68-8
Phenol	108-95-2
Copper	7440-50-8
Manganese	7439-96-5
Glycol Ethers	N/A

The information contained in these reports is believed to be true, accurate and complete to the best of our knowledge and abilities. Any questions regarding these reports should be directed to the technical or public contact indicated on the forms.

Sincerely,



Steve Ziesmann  
Environmental Engineer

SZ/dk

Enclosures

cc: E. Ardiente  
D. Linn  
T. Opar

**EPA** U.S. Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,  
also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460. Attention: Paperwork Reduction Project (2070-0093), Washington, D.C. 20603.

EPA FORM  
**R****PART I.  
FACILITY  
IDENTIFICATION  
INFORMATION**

(This space for your optional use.)

1.1 Are you claiming the chemical identity on page 3 trade secret? <input type="checkbox"/> Yes (Answer question 1.2: Attach substantiation forms.) <input checked="" type="checkbox"/> No (Do not answer 1.2: Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	1.3 Reporting Year 19 <u>89</u>
---	---	------------------------------------

**2. CERTIFICATION (Read and sign after completing all sections.)**

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Mr. Timothy J. Opar - Plant Manager

Signature

Date signed

4/29/90

**3. FACILITY IDENTIFICATION**

3.1	Facility or Establishment Name	<b>WHERE TO SEND COMPLETED FORMS:</b>  1. EPCRA REPORTING CENTER P.O. BOX 23779 WASHINGTON, DC 20026-3779 ATTN: TOXIC CHEMICAL RELEASE INVENTORY  2. APPROPRIATE STATE OFFICE (See instructions in Appendix G)				
	53186NVSTR1401P NAVISTAR INTERNATIONAL TRANSPORTATION CORP. 1401 PERKINS AVE. WAUKESHA WI  53186					
	TRI Facility Identification Number					
3.2	This report contains information for (Check only one): a. <input checked="" type="checkbox"/> An entire facility      b. <input type="checkbox"/> Part of a facility					
3.3	Technical Contact Mr. Steve Ziesmann	Telephone Number (include area code): (414) 548-1683				
3.4	Public Contact Mr. W. H. Greenhill	Telephone Number (include area code): (312) 836-3084				
3.5	SIC Code (4 digit) a. 3321      b. N/A	c.	d.	e.	f.	
3.6	Latitude Degrees      Minutes      Seconds 088      14      05			Longitude Degrees      Minutes      Seconds 043      02      25		
3.7	Dun & Bradstreet Number(s) a. 00-521-4200      b. N/A					
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. WID006118004      b. N/A					
3.9	NPOES Permit Number(s) a. WI-0000566-4      b. N/A					
3.10	Receiving Streams or Water Bodies (enter one name per box)					
	a. Fox (Illinois) River      b. N/A					
	c.	d.	e.	f.		
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. N/A      b.					

**4. PARENT COMPANY INFORMATION**

4.1	Name of Parent Company Navistar International	4.2	Parent Company's Dun & Bradstreet Number 00-521-4200
-----	--	-----	---



EPA FORM R  
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC  
CHEMICALS ARE TRANSFERRED IN WASTES

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name Waukesha Wastewater Treatment Plant		1.2 POTW name NA	
Street Address 600 Sentry Drive		Street Address	
City Waukesha	County Waukesha	City	County
State WI	Zip 53186	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE.)

2.1 Off-site location name Waste Management - Muskego Landfill		2.2 Off-site location name NA	
EPA Identification Number (RCRA ID No.) WID 000713180		EPA Identification Number (RCRA ID No.)	
Street Address W145 S6550 Tess Corners Drive		Street Address	
City Muskego	County Waukesha	City	County
State WI	Zip 53150	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID No.)		EPA Identification Number (RCRA ID No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID No.)		EPA Identification Number (RCRA ID No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Check if additional pages of Part II are attached. How many? \_\_\_\_\_

	<b>EPA FORM R</b> <b>PART III. CHEMICAL-SPECIFIC INFORMATION</b>	(This space for your optional use.)  1,1,1-TCE
--	---	--

<b>1. CHEMICAL IDENTITY</b> (Do not complete this section if you complete Section 2.)	
1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 71-55-6
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) 1,1,1-Trichloroethane (Methyl Chloroform)
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

<b>2. MIXTURE COMPONENT IDENTITY</b> (Do not complete this section if you complete Section 1.)	
2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)

<b>3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY</b> (Check all that apply.)			
3.1	Manufacture the chemical:	a. <input type="checkbox"/> Produce	If produce or import:
		b. <input type="checkbox"/> Import	c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity
3.2	Process the chemical:	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component
		d. <input type="checkbox"/> Repackaging only	c. <input type="checkbox"/> As an article component
3.3	Otherwise use the chemical:	a. <input type="checkbox"/> As a chemical processing aid	b. <input checked="" type="checkbox"/> As a manufacturing aid
			c. <input type="checkbox"/> Ancillary or other use

<b>4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR</b>	
03	(enter code)

		A. Total Release (pounds/year)			B. Basis of Estimate (enter code)	C. % From Stormwater			
		A.1 Reporting Ranges		A.2 Enter Estimate					
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		0	1-499	500-999					
5.1	Fugitive or non-point air emissions	5.1a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20,000	5.1b <input type="checkbox"/>		
5.2	Stack or point air emissions	5.2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31,000	5.2b <input type="checkbox"/>		
5.3	Discharges to receiving streams or water bodies <small>(Enter letter code for stream from Part I, Section 3.10 in the box provided.)</small>	5.3.1 <input checked="" type="checkbox"/> a	5.3.1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3.1b <input type="checkbox"/>	5.3.1c NA %	
		<input type="checkbox"/>	5.3.2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	5.3.2b <input type="checkbox"/>	5.3.2c %
		<input type="checkbox"/>	5.3.3a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5.3.3b <input type="checkbox"/>	5.3.3c %
5.4	Underground Injection on-site	5.4a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	5.4b <input type="checkbox"/>		
5.5	Releases to land on-site	5.5.1	5.5.1a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	5.5.1b <input type="checkbox"/>	
		5.5.2	5.5.2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	5.5.2b <input type="checkbox"/>	
		5.5.3	5.5.3a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	5.5.3b <input type="checkbox"/>	
		5.5.4	5.5.4a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	5.5.4b <input type="checkbox"/>	

<input type="checkbox"/>	(Check if additional information is provided on Part IV-Supplemental Information.)
--------------------------	--



EPA FORM R  
PART III. CHEMICAL-SPECIFIC INFORMATION  
(continued)

(This space for your optional use.)

1,1,1-TCE

**6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS**

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)

	A. Total Transfers (pounds/year)			B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges	A.2 Enter Estimate			
	0	1-499	500-999		
6.1.1 Discharge to POTW (enter location number from Part I, Section 1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.1.1b <input type="checkbox"/> 0	
6.2.1 Other off-site location (enter location number from Part I, Section 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.1b <input type="checkbox"/> 0	6.2.1c M 7 2
6.2.2 Other off-site location (enter location number from Part I, Section 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.2b <input type="checkbox"/>	6.2.2c M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part I, Section 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.3b <input type="checkbox"/>	6.2.3c M <input type="checkbox"/>

(Check if additional information is provided on Part IV-Supplemental Information.)

**7. WASTE TREATMENT METHODS AND EFFICIENCY**

Not Applicable (NA) - Check if no on-site treatment is applied to any wastestream containing the chemical or chemical category.

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/>	7.1b <input type="checkbox"/>	7.1c <input type="checkbox"/>	7.1d <input type="checkbox"/>	7.1e %	7.1f <input type="checkbox"/>
7.2a <input type="checkbox"/>	7.2b <input type="checkbox"/>	7.2c <input type="checkbox"/>	7.2d <input type="checkbox"/>	7.2e %	7.2f <input type="checkbox"/>
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d <input type="checkbox"/>	7.3e %	7.3f <input type="checkbox"/>
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d <input type="checkbox"/>	7.4e %	7.4f <input type="checkbox"/>
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d <input type="checkbox"/>	7.5e %	7.5f <input type="checkbox"/>
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d <input type="checkbox"/>	7.6e %	7.6f <input type="checkbox"/>
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d <input type="checkbox"/>	7.7e %	7.7f <input type="checkbox"/>
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d <input type="checkbox"/>	7.8e %	7.8f <input type="checkbox"/>
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d <input type="checkbox"/>	7.9e %	7.9f <input type="checkbox"/>
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d <input type="checkbox"/>	7.10e %	7.10f <input type="checkbox"/>

(Check if additional information is provided on Part IV-Supplemental Information.)

**8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION**

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal	C. Index	D. Reason for Action (enter code)												
M	<table border="0"> <tr> <td>Current reporting year (pounds/year)</td> <td>Prior year (pounds/year)</td> <td>Or percent change (Check (+) or (-))</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> +</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> -</td> </tr> <tr> <td></td> <td></td> <td>%</td> </tr> </table>	Current reporting year (pounds/year)	Prior year (pounds/year)	Or percent change (Check (+) or (-))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> +			<input type="checkbox"/> -			%	<input type="checkbox"/>	R
Current reporting year (pounds/year)	Prior year (pounds/year)	Or percent change (Check (+) or (-))													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> +													
		<input type="checkbox"/> -													
		%													



EPA FORM R  
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.  
Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE  
(Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies 5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]		5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
(Enter letter code for stream from Part I Section 3.10 in the box provided) 5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]		5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]		5.3. ___ b <input type="checkbox"/>	5.3. ___ c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS  
(Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1) 1 <input type="checkbox"/>	[ ] [ ] [ ]		6.1. ___ b <input type="checkbox"/>	
6.2. Other off-site location (enter location number from Part II, Section 2) 2 <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2) 2 <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2) 2 <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data?	
					Yes	No
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]	
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3-7.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 EPCRA Reporting Center  
 470 L'Enfant Plaza East  
 Suite 7103, SW  
 Washington, DC 20024  
 Attn: Toxic Chemical Release Inventory

4. Article Number  
 P 318 067 174

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
 X EPCRA REPORTING CENTER

6. Signature - Sender  
 X WASHINGTON, D.C. 20026-3779

7. Date of Delivery  
 JUL 01 1991

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

P 318 067 174

**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

To: EPCRA Reporting Center  
 Attn: Toxic Chem. Release Inventory  
 470 L'Enfant Plaza East  
 Suite 7103, SW  
 Washington DC 20024

Postage and Fees

Basic Postage	\$ 1.67
Registered Fee	1.00
Insured Fee	
COD Fee	
Express Mail Fee	
Return Receipt Fee	
Signature Receipt showing name and Date Delivered	1.00
Signature Receipt showing to whom and Address of Delivery	
<b>TOTAL Postage and Fees</b>	<b>\$ 3.67</b>

Postmark or Date  
 June 28, 1991

Subject: SARA Title III, Section 313  
Toxic Chemical Release Inventory

Enclosed are the completed 1990 Toxic Chemical Release Reporting forms for Navistar International Waukesha Manufacturing Facility.

The following chemicals or chemical categories exceeded the applicable threshold limits and were reported:

<u>Chemical</u>	<u>CAS#</u>
Sulfuric Acid	7664-93-9
1,1,1-Trichloroethane	71-55-6
Methylene bis (phenylisocyanate)	101-68-8
Copper	7440-50-8
Manganese	7439-96-5
Glycol Ethers	NA

The information contained in these reports is believed to be true, accurate and complete to the best of our knowledge and abilities. Any questions regarding these reports should be directed to the technical or public contact indicated on the forms.

Sincerely,



Steve Ziesmann  
 Environmental Engineer

SZ/dk

Enclosures

c E. Ardiente  
 D. Linn  
 T. Opar





P 318 067 173

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555  
PS Form 3800, June 1985

Sent to State of Wisconsin	
DNR - Mr. Russ Durnst	
Street and No P.O. Box 7921	
P.O. State and ZIP Code Madison, WI 53707	
Postage	\$ 1.67
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.00
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$ 3.67
Postmark or Date June 28, 1991	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: State of Wisconsin Department of Natural Resources P.O. Box 7921 Madison, WI 53707 Attn: Mr. Russ Durnst	4. Article Number P 318 067 173 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Dave Helm</i>	
7. Date of Delivery JUL - 1 1991	

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-234-815 DOMESTIC RETURN RECEIPT

Subject: SARA Title III, Section 313  
Toxic Chemical Release Inventory -- 1990

Enclosed are the completed 1990 Toxic Chemical Reporting forms for Navistar International Transport Waukesha Manufacturing Facility.

The following chemicals or chemical categories exceeded the applicable threshold limits and were reported:

Chemical	CAS#
Sulfuric Acid	7664-93-9
1,1,1-Trichloroethane	71-55-6
Methylene bis (phenylisocyanate)	101-68-8
Copper	7440-50-8
Manganese	7439-96-5
Glycol Ethers	NA

The information contained in these reports is believed to be true, accurate and complete to the best of our knowledge and abilities. Any questions regarding these reports should be directed to the technical or public contact indicated on the forms.

Sincerely,  
*Steve Ziesmann*

Steve Ziesmann  
Environmental Engineer

SZ/dk

Enclosures

- c. E. Ardiente
- D. Linn
- T. Opar



(Important: Type or print; read instructions before completing form.)

**EPA** U.S. Environmental Protection Agency  
**TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM**  
 Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,  
 also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

EPA FORM  
**R**


**PART I.  
 FACILITY  
 IDENTIFICATION  
 INFORMATION**

(This space for your optional use.)

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? <input type="checkbox"/> Yes (Answer question 1.2; Attach substantiation forms.) <input checked="" type="checkbox"/> No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	1.3 Reporting Year 19 <u>90</u>
----	--	---	------------------------------------

**2. CERTIFICATION (Read and sign after completing all sections.)**  
 I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official  
 Timothy J. Opar -- Plant Manager

Signature  Date signed 6/27/91

**3. FACILITY IDENTIFICATION**

Facility or Establishment Name  
 Navistar International Transportation Corp.

Street Address  
 1401 Perkins Ave., P.O. Box 907

City  
 Waukesha

County  
 Waukesha

State  
 WI

Zip Code  
 53187

TRI Facility Identification Number  
 53186NVSTR1401P

**WHERE TO SEND COMPLETED FORMS:**

1. EPCRA REPORTING CENTER  
 P.O. BOX 23779  
 WASHINGTON, DC 20026-3779  
 ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE (See Instructions In Appendix G)

3.2 This report contains information for (Check only one):  
 a.  An entire facility b.  Part of a facility.

3.3 Technical Contact  
 Steve Ziesmann Telephone Number (include area code)  
 (414) 548-1683

3.4 Public Contact  
 W. H. Greenhill Telephone Number (include area code)  
 (312) 836-3084

3.5 SIC Code (4 digit)  
 a. 3321 b. NA c. d. e. f.

3.6 Latitude Longitude  
 Degrees Minutes Seconds Degrees Minutes Seconds  
 088 14 05 043 02 25

3.7 Dun & Bradstreet Number(s)  
 a. 00-611-8004 b. NA

3.8 EPA Identification Number(s) (RCRA I.D. No.)  
 a. WID006118004 b. NA

3.9 NPDES Permit Number(s)  
 a. WI-0000566-5 b. NA

3.10 Receiving Streams or Water Bodies (enter one name per box)  
 a. Fox River b. NA  
 c. d. e. f.

3.11 Underground Injection Well Code (UIC) Identification Number(s)  
 a. NA b.

**4. PARENT COMPANY INFORMATION**

4.1 Name of Parent Company  
 Navistar International Corp.

4.2 Parent Company's Dun & Bradstreet Number  
 16-198-4646



(Important: Type or print; read instructions before completing form.)



EPA FORM R  
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC  
CHEMICALS ARE TRANSFERRED IN WASTES

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name Waukesha Wastewater Treatment Plant		1.2 POTW name NA	
Street Address 600 Sentry Drive		Street Address	
City Waukesha	County Waukesha	City	County
State WI	Zip 53186	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name Waste Management -- Metro Landfill		2.2 Off-site location name NA	
EPA identification Number (RCRA ID. No.) WID098547854		EPA identification Number (RCRA ID. No.)	
Street Address 10712 South 124th Street		Street Address	
City Franklin	County Milwaukee	City	County
State WI	Zip 53132	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.3 Off-site location name		2.4 Off-site location name	
EPA identification Number (RCRA ID. No.)		EPA identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.5 Off-site location name		2.6 Off-site location name	
EPA identification Number (RCRA ID. No.)		EPA identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Check if additional pages of Part II are attached. How many? \_\_\_\_\_



(Important: Type or print; read instructions before completing form.)



EPA FORM R  
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1,1,1-TCE

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1 [Reserved]

1.2 CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.)  
71-55-6

1.3 Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.)  
1,1,1-Trichloroethane (Methyl Chloroform)

1.4 Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1 Manufacture the chemical:  
 a.  Produce  
 b.  Import  
 If produce or import:  
 c.  For on-site use/processing  
 d.  For sale/distribution  
 e.  As a byproduct  
 f.  As an impurity

3.2 Process the chemical:  
 a.  As a reactant  
 b.  As a formulation component  
 c.  As an article component  
 d.  Repackaging only

3.3 Otherwise use the chemical:  
 a.  As a chemical processing aid  
 b.  As a manufacturing aid  
 c.  Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

(enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/year)		B. Basis of Estimate (enter code)	C. % From Stormwater
	A.1 Reporting Ranges 1-10 11-499 500-999	A.2 Enter Estimate		
5.1 Fugitive or non-point air emissions	5.1a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	45,000	5.1b <input type="checkbox"/>	
5.2 Stack or point air emissions	5.2a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11,000	5.2b <input type="checkbox"/>	
5.3 Discharges to receiving streams or water bodies (Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.1 <input type="checkbox"/> a 5.3.1a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	-0-	5.3.1b <input type="checkbox"/>	5.3.1c NA %
	5.3.2 <input type="checkbox"/> 5.3.2a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.3.2b <input type="checkbox"/>	5.3.2c NA %
	5.3.3 <input type="checkbox"/> 5.3.3a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground Injection	5.4a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.4b <input type="checkbox"/>	
5.5 Releases to land	5.5.1a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.1b <input type="checkbox"/>	
	5.5.2a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.2b <input type="checkbox"/>	
	5.5.3a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.3b <input type="checkbox"/>	
	5.5.4a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NA	5.5.4b <input type="checkbox"/>	

(Check if additional information is provided on Part IV-Supplemental Information.)

**EPA** **EPA FORM R**  
**PART III. CHEMICAL-SPECIFIC INFORMATION**  
 (continued)

(This space for your optional use.)  
 1,1,1-TCE

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS					
You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/yr)			B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges		A.2 Enter Estimate		
	1-10	11-499	500-999		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.)	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	6.1.1b <input type="checkbox"/> 0	
6.2.1 Other off-site location (enter location number from Part II, Section 2.)	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	6.2.1b <input type="checkbox"/> 0	6.2.1c <input type="checkbox"/> M <input type="checkbox"/> 7 <input type="checkbox"/> 2
6.2.2 Other off-site location (enter location number from Part II, Section 2.)	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part II, Section 2.)	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>

(Check if additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY					
<input checked="" type="checkbox"/> Not Applicable (NA) - Check if no on-site treatment is applied to any waste stream containing the chemical or chemical category					
A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/>	7.1b <input type="checkbox"/>	7.1c <input type="checkbox"/>	7.1d <input type="checkbox"/>	7.1e %	7.1f <input type="checkbox"/>
7.2a <input type="checkbox"/>	7.2b <input type="checkbox"/>	7.2c <input type="checkbox"/>	7.2d <input type="checkbox"/>	7.2e %	7.2f <input type="checkbox"/>
7.3a <input type="checkbox"/>	7.3b <input type="checkbox"/>	7.3c <input type="checkbox"/>	7.3d <input type="checkbox"/>	7.3e %	7.3f <input type="checkbox"/>
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d <input type="checkbox"/>	7.4e %	7.4f <input type="checkbox"/>
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d <input type="checkbox"/>	7.5e %	7.5f <input type="checkbox"/>
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d <input type="checkbox"/>	7.6e %	7.6f <input type="checkbox"/>
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d <input type="checkbox"/>	7.7e %	7.7f <input type="checkbox"/>
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d <input type="checkbox"/>	7.8e %	7.8f <input type="checkbox"/>
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d <input type="checkbox"/>	7.9e %	7.9f <input type="checkbox"/>
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d <input type="checkbox"/>	7.10e %	7.10f <input type="checkbox"/>

(Check if additional information is provided on Part IV-Supplemental Information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION			
(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)			
A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C. Index
<input type="checkbox"/> M	Current reporting year (pounds/year)	Prior year (pounds/year) <input type="checkbox"/> + <input type="checkbox"/> -	<input type="checkbox"/> . <input type="checkbox"/>
		Or percent change (Check (+) or (-))	<input type="checkbox"/> R



EPA FORM R  
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.  
Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE  
(Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/yr)			B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 1-10 11-499 500-999	A.2 Enter Estimate			
5.3 Discharges to receiving streams or water bodies 5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]			5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]			5.3. ___ b <input type="checkbox"/>	5.3. ___ c %
5.3. ___ <input type="checkbox"/>	5.3. ___ a [ ] [ ] [ ]			5.3. ___ b <input type="checkbox"/>	5.3. ___ c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS  
(Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/yr)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
	A.1 Reporting Ranges 1-10 11-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) 1. ___ <input type="checkbox"/>	[ ] [ ] [ ]		6.1. ___ b <input type="checkbox"/>	
6.2. Other off-site location (enter location number from Part II, Section 2.) 2. ___ <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) 2. ___ <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) 2. ___ <input type="checkbox"/>	[ ] [ ] [ ]		6.2. ___ b <input type="checkbox"/>	6.2. ___ c M <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]
7. ___ a <input type="checkbox"/>	7. ___ b <input type="checkbox"/>	7. ___ c <input type="checkbox"/>	7. ___ d [ ]	7. ___ e %	7. ___ f [ ] [ ]