

445 Brook Avenue, Deer Park, New York 11729

(516) 586-4900 • (718) 204-4993

Gasoline Pump & Tank • Environmental Services

July 12, 1991

Mr. Robert Marino New York State Department of Environmental Conservation 50 Wolf Road, Room 220 Albany, New York 12233

JUL | 6 1991

RE:

Remedial Activity Program at Bowe Systems & Machinery 200 Frank Road, Hicksville, N.Y.

Dear Mr. Marino:

As discussed during your July 9, 1991 telephone conversation with Stanley Rosenthal, the following is a brief summary regarding the background and current status of the remedial action program initiated and undertaken voluntarily by Bowe Systems & Machinery (Bowe).

In addition to its many other businesses, a division of Bowe manufactures dry cleaning machines in Germany and markets them under the "Permal" trade name in the United States. The machines were shipped in containers from Germany and warehoused in the Hicksville facility. Prior to shipping a machine to the end user, they were tested to make certain they were not damaged during shipment. When a new model was introduced it might be tested with perchloroethylene dry cleaning solvent, the most popular solvent used in dry cleaning plants throughout the United States.

Apparently during one of these test runs, a service technician accidentally allowed a tank to overflow or leak its contents (about 50-75 gal.) onto the floor and into a floor drain connected to one of eight drywells on the property. Management was never aware that this accidental spill had occurred.

In 1990, Bowe decided to relocate the dry cleaning machinery division and consolidate it with the laundry machinery division in Wichita Falls, Texas and sell the Hicksville facility. To satisfy any potential buyer or bank that the property was free and clear, they hired a company to do an environmental site assessment report. The test results in that report was the first indication to management that an accidental spill had ever occurred and management was quick to take steps to voluntarily correct the problem.

In September, 1990, they hired Fenley & Nicol Co., Inc. (F&N) to produce an extensive Phase I report to determine the extent of the soil contamination and the cost to remove and dispose of the soil. After the Phase I test results were obtained and analyzed, Bowe contacted F&N to do all the soil remediation work required to satisfy the NYS-DEC. This work was started on March 4, 1991 and completed on March 7, 1991, with a NYS-DEC representative present to observe all procedures. In addition, a mobile

laboratory and chemist was provided on site by Pedneault Associates to analyze immediately all excavation samples. A complete report was prepared by F&N dated April 17, 1991 and submitted to NYS-DEC, copy enclosed.

In addition to testing the soil, groundwater was sampled and analyzed from monitoring wells. At one point only the level of tetrachloroethylene was 471 ppb. We believe that since the source of this contamination caused by the accidental spill has now been eliminated, no increase in groundwater contamination should occur. Bowe has already relocated and the facility is now vacant.

In light of all remedial measures and accomplishments of the field work undertaken by Bowe voluntarily, we now request that NYS-DEC provides us confirmation that the site is classified as "Site Classification Code 5" defined as follows:

Site Classification Code 5: The site has been properly closed, no evidence of present or potential adverse impact - no further action required.

Bowe needs such documentation in order to divest the property.

Regarding the known groundwater contamination, if deemed necessary, Bowe would agree to a continued monitoring program for a period of one year (four sampling events) and this would be implemented within two weeks of your request. If after a twelve month period, the contamination levels have remained the same or have decreased in the monitoring wells, a recommendation will be made to discontinue monitoring, and close the file.

If you have any question or comments regarding the field work performed or site history, please contact Stanley Rosenthal at (516) 483-6111, or myself.

cc:

A. Candela, NYS-DEC

J. Ascher, NYS-DEC W. Mahoney, Bowe

J. Nelson



445 Brook Avenue, Deer Park, New York 11729

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Gasoline Pump & Tank • Environmental Services

### **SOIL EXCAVATION REPORT**

**AT** 

BOWE SYSTEMS & MACHINERY 200 FRANK ROAD HICKSVILLE, NEW YORK

PREPARED FOR:

**BOWE SYSTEMS & MACHINERY** 

200 Frank Avenue

Hicksville, New York

**PREPARED BY:** 

FENLEY & NICOL CO., INC.

445 Brook Avenue

Deer Park, New York 11729

(516) 586-4900

PREPARED ON:

April 17, 1991

#### INTRODUCTION

Fenley & Nicol Co., Inc. was retained by Bowe Systems & Machinery of 200 Frank Avenue, Hicksville, N.Y. to review historical information and previously collected data on possible soil contamination caused by the activities at this site. Fenley & Nicol's objectives were to confirm the findings in the Environmental Site Assessment Report prepared by Soil Mechanics Drilling Corp. dated January, 1990, and supplemental investigations. Fenley & Nicol's recommendations included additional soil borings to delineate the horizontal and vertical extent of the contamination and to develop a work plan to perform the necessary soil removal and disposal to satisfy the NYS-DEC.

#### **WORK PERFORMED**

Fenley & Nicol (F&N) drilled eight soil borings near the west group of four interconnected leaching pools to confirm the findings in the Environmental Site Assessment Report and to determine the extent of the soil remediation work plan. The locations and depths of the borings were based on the location and total depths of the leaching pools.

Soil cuttings were collected by a geologist on site and screened using a Photovac portable field gas chromatograph targeting tetrachloroethylene. Health and safety air monitoring at the drill rig was also performed using the field gas chromatograph. The workers were able to maintain OSHA level D protection during the drilling and sampling of the borings. The results of the borings and soil head space analysis indicated elevated levels of tetrachloroethylene in the soils around leaching pools #1, #2 and #3 (see site sketch) to a depth of approximately 20 feet and a horizontal distance of approximately 12 feet from each leaching pool.

A work plan in the form of a bid package was prepared describing the scope of work required to remediate the contaminated soil. The method of soil remediation preferred by Bowe was to excavate and dispose of all contaminated soils associated with the discharge from the leaching pools. After acceptance of the scope of work and the bid package by Bowe, Fenley & Nicol contacted the New York State Department of Environmental Conservation Hazardous Waste Remediation Division and the Nassau County Department of Health Services to review the work plan and provide guidance.

The soil excavation commenced on March 4, 1991, with the removal of the surface asphalt. Based on the Soil Mechanics reports and F&N's soil borings, the soils from grade to a depth of five feet were considered to be clean, laboratory analysis confirmed this. The soil was stock pilled on plastic for future use as backfill material. On March 5, 1991, soil excavation continued with a NYS-DEC Hazard-ous Waste Remediation Division representative present to observe the soil removal handling and sample location and collection procedures.

Fenley & Nicol contracted Pedneault Associates of Bohemia, N.Y. to provide a mobile laboratory and chemist to analyze the excavation samples on site for immediate determination of contamination levels. The soils were segregated into contaminated (>1.0 ppb) and non-contaminated (<1.0 ppb) piles on plastic for disposal or use as backfill material.

Soil samples were collected approximately every 4 feet (depth of each pool ring) and analyzed. Excavation continued in depth until the analysis indicated <1.0 ppb tetrachloroethylene or until NYS-DEC approval to backfill. With the end point samples meeting NYS-DEC approval, side wall samples were collected from the excavations at the depth of greatest concentration of tetrachloroethylene penetraction to insure complete horizontal soil removal.

The excavation of all contaminated soils was completed on March 7, 1991. The excavation was back-filled using available materials on site, with additional clean fill material delivered to the site as needed. The leaching pools were steam cleaned, reinstalled and connected for service. New asphalt returned the site to original condition.



The stock pilled contaminated soil was sampled and tested for TCLP Volatiles, TCLP Semi-volatiles, TCLP Pesticides/Herbicides, EP Toxicity for heavy metals and PCB's for landfill disposal facility approval. Approximately 450 tons of soil was manifested to Athens Hocking Landfill in Ohio.

#### LABORATORY RESULTS

The laboratory results of all the samples collected is tabulated below. The locations of the leaching pools are indicated on the site sketch.

Le	aching Pool #1	Le	Leaching Pool #2		Leaching Pool #3		
Depth (ft.)	Tetrachloroethylene (ppb)	Depth (ft.)	Tetrachloroethylene (ppb)	Depth (ft.)	Tetrachloroethylene (ppb)		
4	<1.0	4	<1.0	4	<1.0		
8	1.11						
12	0.95	12	0.29				
16	6.96	17	2.67	17	0.18		
20	11.23	20	0.73				
25	6.43	20	0.73				
29	5.00						
East	0.78	East	<1.0				
West	0.02	West	0.03				
North	n 0.06	Sout	h 0.37				

During the soil excavation and in addition to the scope of work, Pedneault Associates sampled and analyzed the groundwater collected from four existing monitoring wells installed by Soil Mechanics Drilling Corp. as part of the site assessment. The results of this testing is listed below:

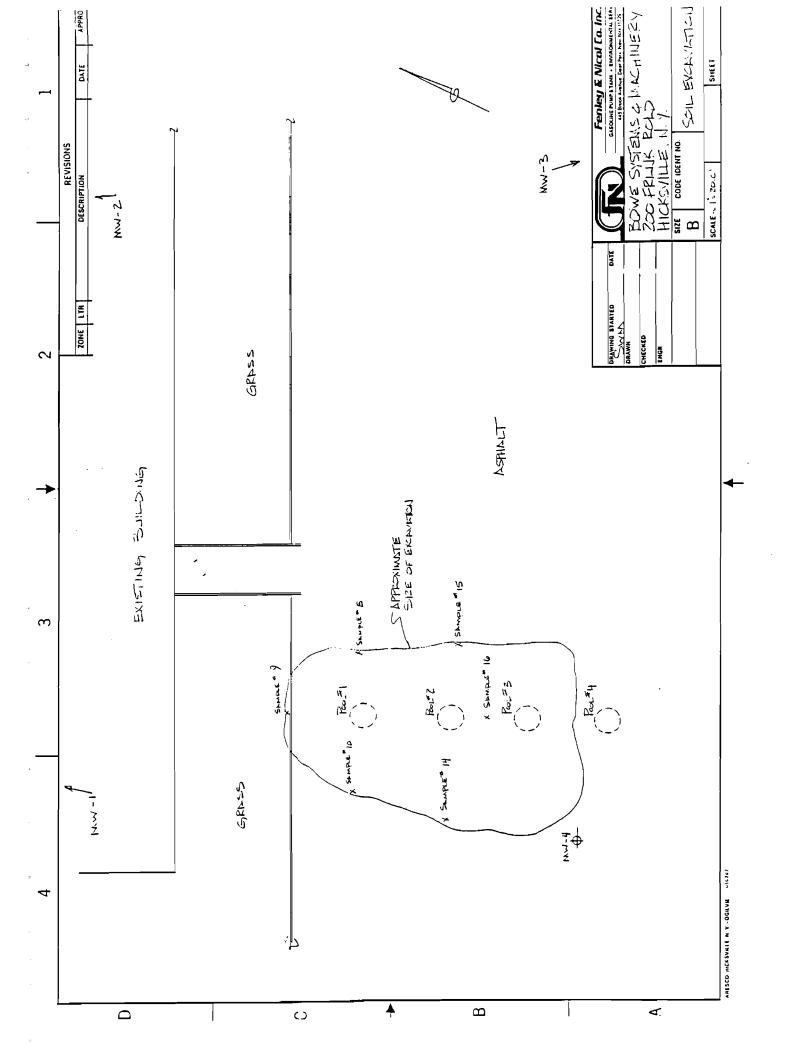
•	Tetrachloroethylene
Well #	(ppb)
1	0.37
2	0.06
3	0.57
4	471

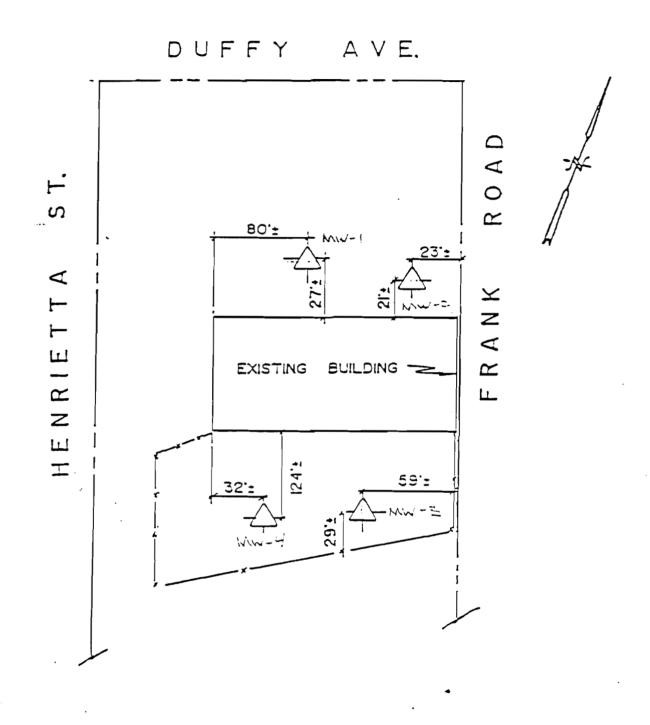
### CONCLUSION

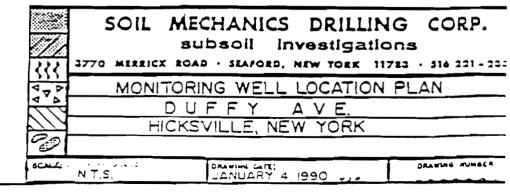
The soil excavation project performed at this site has removed all contaminated soil in the vicinity of the leaching pools per NYS-DEC requirements. This was demonstrated through the use of an on-site certified mobile laboratory collecting and analyzing end point samples. The width and total depth of the excavation was approved by the NYS-DEC representative who was present during the excavation and approved the backfilling and restoration of the site.

The sampling and analysis of the groundwater has indicated elevated levels above 1.0 ppb tetrachloroethylene in well #4, located down gradient from the leaching pools. Detectable levels below 1.0 ppb were indicated in wells #1 through #3. Since well #4 is the most down gradient well from the source of the contamination, Fenley & Nicol recommends the installation of additional groundwater monitoring wells down gradient of well #4. A complete proposal with specifications and work plan will be prepared under a separate cover.









LABORATORY DATA



## PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES 1615 NINTH AVENUE PO BOX 205 - BOHEMIA, N.Y. 11718 - (516) 467-8477

AFTER 5 P.M. (518) 587-5579

March 11, 1991

TO: Fenley and Nicol Company, Inc.

445 Brook Avenue Deer Park, NY 11729

RE: Bowe Systems 200 Frank Road Hicksville, NY

Date: Collected3/05/91	Analyz	ed <sup>3/05/</sup>	91	. Report	3/11/91	
,	San	npling Point				
Sample #1 - Soil Samp	ole #1 (Dry)	well ! at 4'	deep)			
2 Sample #2 - Well #3.						
Sample #3 - Well #4						
:						
5 Sample #5 - Well #1.						
Parameters Parameters	<u> </u>	1	2	3_	4	5
<u>Tetrachloroethulene</u>	daa	< 1.0	0.57	471	0.06	0.37
				1		
<u> </u>				<u> </u>		•
*						
<u>-</u>					-	
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, <del></del>					<u> </u>	
				<u> </u>		
<u> </u>						
4						

P.O.# E-38597

JOHN PEDNEAULT
Lab Director



### PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES

1615 NINTH AVENUE PO BOX 205 BOHEMIA, NY 11716 (518) 467-8477 AFTER 5 PM (518) 587-5579

March 11, 1991

TO: Fenley and Nicol Company, Inc.

445 Brook Avenue Deer Park, NY 11729

RE: Bowe Systems 200 Frank Road Hicksville, NY

		ling Point				
Sample #6 - Soil Sample	#2 (Dry Well )	'at 8' deep	o) · · · · · ·			
2Sample #7 - Soil Sample	#3 (Dry Well)	! at 12' dec	zp)			
·						<b></b>
•						
5		• • • • • • • • •				• • • • • • • •
Parameters		1	2	3	4	5
Tetrachloroethulene	ррь	1.11	0.95			
<u> </u>						
			1			
·	<u> </u>					
	<del></del> _					
						-
ė						
·						

Pate: Collected ... 3/05/91 ...... Analyzed .... 3/05/91 ...... Report ... 3/11/91

P.O.# E-38597

JOHN PEDNEAULT

Lab Director



## PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES 1615 NINTH AVENUE PO BOX 205 - BOHEMIA, N.Y 11716 - (516) 467-8477

AFTER 5 P.M. (518) 587-5579

March 11, 1991

TO: Fenley and Nicol Company, Inc. 445 Brook Avenue Deer Park, NY 11729

RE: Bowe Systems 200 Frank Road Hicksville, NY

3/06/	91	Report .	3/11/9	) ]
ling Point				
at 16' de	ep)			
at 20' de	.ep)			
1 at 25' d	leep)			
1	2	3	4	5
6.96	11.23	6.43	5.00	0.78
				<u> </u>
	•			
	<del> </del>	<del>}</del> 		
	ling Point at 16' de at 20' de 1 at 25' a 1 at 29' a Well 1 at	ling Point  at 16' deep!  at 20' deep!  1 at 25' deep!  1 at 29' deep!  Well 1 at 20' deep!	ling Point  at 16' deep)  at 20' deep)  1 at 25' deep)  1 at 29' deep)  Well 1 at 20' deep)  1 2 3  6.96 11.23 6.43	at 16' deep)  at 20' deep)  1 at 25' deep)  1 at 29' deep)  Well 1 at 20' deep)  1 2 3 4  6.96 11.23 6.43 5.00

P.O.# E-38597

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# PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES 1615 NINTH AVENUE P.O. BOX 205 BOHEMIA, N Y 11716 (516) 467-8477 AFTER 5 PM (516) 567-5579

March 11, 1991

TO: Fenley and Nicol Company, Inc.

445 Brook Avenue Deer Park, NY 11729

RE: Bowe Systems 200 Frank Road Hicksville, NY

	Samp	ling Point				
Sample #13 - Soil Samp	e #9 (North Dr	y Well 1 at	20' deep	) 		
2. Sample #14 - Soil Samp	Ee #10 (West Dr.	y Well 1 at	20' deep	)		
3 Sample #15 - Soil Samp	ce #11 long wer	C. 2. W.C. 7.3	* · · · · · · · · · · · · · · · · · · ·	• • • • • • • • •	• • • • • • •	• • • • • • • •
<b>t</b>						
Parameters	i	1	2	3	4	5
Tetrachloroethylene	bpb	0.06	0.02	0.29		
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4 -						
<del>,</del>						
<u></u>						
· 	-					

Date: Collected .... 3/06/91 ..... Analyzed ... 3/06/91 ..... Report ..

P.O.# E-38597

JOHN PEDNEAULT
Lab Director



## PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES 1815 NINTH AVENUE PO. BOX 205 BOHEMIA, N.Y 11718 (518) 467-8477

AFTER 5 PM. (516) 587-5579

March 11, 1991

TO: Fenley and Nicol Company, Inc. 445 Brook Avenue

Deer Park, NY 11729

RE: Bowe Systems 200 Frank Road Hicksville, NY

Tate: Collected 3/07/91 Analyzed	3/07/9	9.1	. Report	3/11/91	
Sampl	ing Point				
Sample #16 - Soil Sample #12 (Dry Well	2 at 17'	deep)			
2. Sample #17 - Soil Sample #13 (Dry Well	2 at 20'	deep)			
Sample #18 - Soil Sample #14 (West Dry	Well 2 at	20' deep	)		
* Sample #19 - Soil Sample #15 (East Dry					
5. Sample #20 - Soil Sample #16 (South Dr.					
Parameters	1	2	3	4	5
Tetrachloroethulene ppb	2.67	0.73	0.03	<1.0	0.37
·					
, <u> </u>			<u>'</u>		
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F.O.# E-38597

JOHN PEDNEAULT

Lab Director

Lab Number 69798

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# PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES 1815 NINTH AVENUE P.O. BOX 205 BOHEMIA, N.Y 11716 (516) 467-8477 AFTER 5.P.M. (516) 567-5579

March 11, 1991

TO: Fenley and Nicol Companii, Inc. 445 Brook Avenue

Deer Park, NY 11729

RE: Bowe Systems 200 Frank Road Hicksville, NY

Date: Collected 3/07/91	Апаіузе	<b>d</b>		Report .	3/11/91	
	Samı	oling Point				
1 Sample #21 - Soil Samp	le #17 (Dry Wel	£ 3 at 16' d	eep)			
2				· • • • • • • • • • • • • • • • • • • •		
3						
<b>4.</b>						
5						
Parameters		1	2	3	4	5
Tetrachloroethylene	ррь	0.18				
-			<del></del>			
	·					
· · ·						
					_	
		•			-	
	<u> </u>				-	
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P.O.# E-38597

JOHN PEDNEAULT
Lab Director



# PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES 1615 NINTH AVENUE - P.O. BOX 205 - BOHEMIA, N.Y. 11716 - (516) 467-8477 AFTER 5 PM. (516) 567-5579

March 6, 1991

TO: Fenley and Nicol Company, Inc. 445 Brook Avenue

Deer Park, NY 11729

Date: Collected 3/	Analy	/zed <sup>3/5-3/6/9</sup>	<i>ī</i>	Report .	3/6/91	
	Sa	mpling Point				
1. Bowe Systems, 200 F	rank Road, Hicksvil	lle, NY (soil) -	EP Toxi	city		
2			• • • • • • •			
3						
4				· • • • • • • • •		
, <b>5.</b> ,						
Para	meters	1	2_	3	4_	5
Silver	mg/L	< 0.0005				
Arsenic	mg/£	< 0.0005				
Lead	ma/£	< 0.0005				
Cadmium	ma/£	0.0001				
Chromium	ma/L	₹ 0.02				
Mercury	ma/£	< 0.0005				
Selenium	ma/L	< 0.001				
Barium	mg/L	< 0.1				
Flash Point	°C	> 100°				
	°₹	> 212°				
	<u> </u>					
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<sup>\*</sup> Job No. 53575

` P.O.# E-38597

Lab Number 69674

JOHN PEDNEAULT
Lab Director

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# PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES 1615 NINTH AVENUE PO BOX 205 BOHEMIA NY 11716 (516) 467-8477 AFTER 5 PM (516) 567-5579

March 6, 1991

TO: Fenley and Nicol Company, Inc. 445 Brook Avenue
Deer Park, NY 11729

Date: Collecte	<b>d</b> 3/5/91	Analyzed	3/5-3/	6/91	Report .	3/6/91	
		Sampli	ing Point				
1. Bowe System	is, 200 Frank Road	, Hicksville,	NY (soil)				
2	<b>.</b>		<b>.</b>				
4	· · · · · · · · · · · · · · · · · · ·		<b></b>	• • • • • • • • • • • • • • • • • • • •			• • • • • • • •
5			<b></b>				
	Parameters		1	2	3	4 _	_ 5
PCBs							
	1016	ua/ka_	< 1.0				
·	1221	ua/ka	< 1.0				
	1232	ua/ka	< 1.0				
	1242	ua/ka	< 1.0				
	1248	ug/kg	< 1.0				
	1254	ug/kg	< 1.0				
	1260	ug/kg	<1.0				
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	<del></del>						<del></del>
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Job No. 53575 P.O.# E-38597

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Lab Number 69674

JOHN PEDNEAULT
Lab Director



# PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES 1615 NINTH AVENUE - PO BOX 205 BOHEMIA, N.Y. 11716 - (516) 467-8477 AFTER 5 PM. (516) 567-5579

March 13, 1991

TO: Fenley and Nicol Company, Inc. 445 Brook Avenue Deer Park, New York 11729

Date: Collected 3/.7./	91	Analyzed	3/.73/.1.3	1/91	Report .	. 3/13/91	
		Sampl	ing Point				
1. Bowe Systems	- 200 Fra	nk Road, Hic	ksville. Ne	w York -	TCLP E	ctraction	
2							
<b>3.</b>			• • • • • • • • • •		• • • • • • • •	• • • • • • • •	• • • • • • •
4							
· · <b>5.</b>	<i>.</i>						
		Regulatory	ď				-
<u>CONTAMINANT</u>	<del></del> -	Level (ma)		2	3	4	5
Acetone	mg/£	NA	<0.01			_	
Benzene	mg/L_	0.5	<0.01			<u> </u>	
n-Butylalcohol .	mg/£	NA _	<0.01				
Carbon disulfide	mg/2	NA	<0.01		· .		
Carbon tetrachloride	mg/L	0.5	<0 <u>.</u> 01				
Chlorobenzene	ma/L	100.0	<0.01				
Chloroform	ma/L	6.0	<0.01	_			
1,2-Dichloroethane	ma/£	0.5	<0.01				
1,1-Dichloroethylene	mg/L	0.7	<0.01				
Ethul acetate	mg/L	NA	<0.01				
Ethyl benzene	mg/£	NA	<0.01				
Ethul ether	mg/£	NA	<0.01				
Isobutanol	mq/L	NA	<0.01				
Methanol	ma/£	NA	<0.01				
Methylene chloride	ma/£	NA	<0.01				

NA = Not Available

P.O. #E-38597 -Job #53575

T.C.L.P. Volatile Analytes

JOHN PEDNEAULT Lab Director

Lab Number 69738 mts



# PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES 1615 NINTH AVENUE PO BOX 205 BOHEMIA, N.Y. 11716 (516) 467-8477 AFTER 5 PM. (516) 567-5579

March 13, 1991

TO: Fenley and Nicol Comapany, Inc. 445 Brook Avenue Deer Park, New York 11729

Date: Collected 3/7/	/91	. Analyzed .	. 3/7-3/1	3/91	Report .	3/13/91	
		Sampling	g Point				
1. Bowe Systems.	200 Frank	.Road, Hicksi	iille, Ne	w York -	TCLP Ext	raction	
<b>2.</b>		• • • • • • • • • • • •					
<b>3.</b>							
4							
° <b>5.</b>		Regulatory		• • • • • • •		• • • • • • •	• • • • • • • •
CONTAMINANT	·	Level (ma/l)	1		3	4	55
Methyl ethyl ketone	mg/L	200.0	<0.01				
Methyl isobutyl retone	mg/£	NA	<0.01				
Tetrachloroethulene_	mg/L	0.7	<0.01				
Toluene	mg/L	NA	<0.01				
1,1,1-Trichloroethane	. mg/£	NA	<0.01				
Trichloroethylene	ma/L	0.5	<0.01				
Trichlorofluoromethane	ma/L	NA	<0.01				
1,1,2-Trichloro-1,2,2-triflu	oroethane	NA	<0.01			_	
Vinul chloride	mg/£	0.2	<0.01				-
Xulene	ma/£	NA	<0.01				
*		,					
						•	
						_	

NA = Not Available P.O. #E-38597 Job #53575

T.C.L.P. Volatile Analytes

JOHN PEDNEAULT
Lab Director

Lab Number

69738

mts



### PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES 1615 NINTH AVENUE - P.O. BOX 205 - BOHEMIA, N.Y. 11716 - (516) 467-8477 AFTER 5 PM. (516) 567-5579

March 13, 1991

TO: Fenley and Nicol Company, Inc. 445 Brook Avenue Deer Park, New York 11729

A	nalyzed	3/7 - 3/1	3/.9.1	Report .	3/13/91	
	Sampli	ng Point				
) Frank Ro	pad, Hick	sville. Ne	w York - ]	TCLP Extra	action	
			· • • • • • • • •			
			· • • • • • • • •			
R	egulatory		2	3	4	5
mg/L	200.0	<0.01				
mg/L	7.5	<0.01				
mg/£	0.13	<0.01				
mg/L	0.13	<0.01				
mg/£	0.5	<0.01				
mg/L	3.0	<0.01				
ma/£	2.0	<0.01				
mq/L	100.0	<0.01			_	
mq/L	5.0	<0.01				
mg/L	400.0	<0.01				
ma/L	2.0	<0.01	_			
_						<u> </u>
						<u> </u>
	<del></del>					
	Frank Ro   Frank Ro   Ro   Ro   Ro   Lo   mg/L   mg/L   mg/L   mg/L   mg/L   mg/L   mg/L   mg/L	Regulatory   Level (mg/stant)   Frank Road, Hicks   Regulatory   Level (mg/stant)   Regulatory   Level (mg/stant)   Regulatory   Level (mg/stant)   Regulatory   Regulatory	Regulatory   Level (mg/l)   1	Regulatory   Level (mg/l)   1   2	Regulatory   Level (mg/l)   1   2   3	Regulatory Level (mg/l) 1 2 3 4  mg/l 200.0 <0.01  mg/l 7.5 <0.01  mg/l 0.13 <0.01  mg/l 0.5 <0.01  mg/l 3.0 <0.01

P.O. #E-38597 Job #53575

T.C.L.P. Semi-Volatile Analytes

JOHN PEDNEAULT Lab Director

Lab Number mts

69738



# PEDNEAULT ASSOCIATES, INC. TESTING LABORATORIES 1615 NINTH AVENUE - P.O. BOX 205 BOHEMIA, N.Y. 11716 - (516) 467-8477 AFTER 5 PM. (516) 567-5579

March 13, 1991

TO: Fenley and Nicol Company, Inc. 445 Brook Avenue
Deer Park, New York 11729

Date: Collected3/2	7/91	Analyzed .	3/7-3/13	/91	Report .	.3/13/91	
		Samplin	g Point				
1. Bowe Systems:	- 200 Fran	ık Road. Hicksy	ille. New	York -	TCLP Extr	action	
2			• • • • • • •		• • • • • • • •	. <b></b> .	
3						· • • • • • • •	
4							
5							
CONTAMINANT		Regulatory Level (ma/l)			3	4	5
Chlordane	mg/£	0.03	<0.001				
Endrin	mg/L	0.02	<0.001				
Heptachlor	mg/L	0.008	<0.001				
Heptachlor epoxide	mg/L	0.008	<0.001	<u>-</u>			
Lindane	mg/L	0.4	<0.001				·
Methoxychlor	mg/£	10.0	<0.001				
Toxaphene	ma/l.	0.5	<0.001				
2,4-0	mq/L	10.0	<0.001				
2,4,5-TP (Silvex)	mg/£	1.0	<0.001				
		•					

P.O. #E-38597 Job #53575

T.C.L.P. Pesticide/Herbicide Analytes

JOHN PEDNEAULT Lab Director

Lab Number mts

69738

**WASTE MANIFEST** 



## PLEASE TYPE OR PRINT CLEARLY USING A BALLPOINT PEN — PRESS HARD DOCUMENT NO. A.H.

Nº

5133

IATOR ADDRESS — FOR THE SERVICE LOCAT	<u>1A-206 (TRANSTOI</u> Non		<u> ATOR - ROWEC</u>	
65 GLEN COVE AVENUE GL	EN COVE, NEW YORK			
· <del>~</del> ,				
k · <u> </u>				
ATOR CONTACT SUPERVISOR — SERVICE LO	CATION			
NAME JIMMY BYRNE	TITLE _	OWNER		
2 PHONE NUMBER — Area Code ( 516 )	571-7799			
L DATE SHIPPED FROM SERVICE LOCATION .		<del></del> _	<del></del>	
I. TIME SHIPPED FROM SERVICE LOCATION .	<u></u>	<u> </u>	P.M	
GENERATOR SIGNATURE				
IATOR IDENTIFICATION OF WASTE TYPE OR 1	TYPES.			
. ITEM TYPE			<del></del>	
LITEM TYPE	BOWES	275		
LITEM TYPE	FRANK ROAD	) T P T T T T T T T T T T T T T T T T T	_	
I. ITEM TYPE	HICKSVILLE.	NEW YORK		
CUBIC YARDS	TONS	OTHER	<del></del>	
CHECK ONE (V)	37.07		<del>_</del>	
SHIPPED IN CONTAINER TYPE TRAILER	3	ID NO	<del></del>	
	<u> </u>			
PORTER NAME AND ADDRESS				
JIMMY BYRNE			_ <del></del>	
7 CARLISLE DRIVE				
OLD BROOKVILLE, N.Y. 1154	<u></u>			
. <u></u>				
PORTER CONTACT SUPERVISOR		ON THE PARTY OF TH		
NAME JIMMY BYRNE	TITLE	OWNER		
. PHONE NUMBER — Area code ( 516) - <u>67</u>				
DATE OF THE LOAD PICKUP				
. TIME OF THE LOAD PICKUP	A.M		P.M	
DRIVER'S NAME	7 F O			
	<del></del>			
ORIVER'S SIGNATURE	<u> </u>			
ORIVER'S SIGNATURE	3.0.2.			
ORIVER'S SIGNATURE	A.M.		P.M	
ORIVER'S SIGNATURE			P.M	
ORIVER'S SIGNATURE  PORTER DELIVERY SCHEDULE  DATE OF THE DELIVERY  TIME OF THE DELIVERY  DRIVER'S NAME	*		P.M	
ORIVER'S SIGNATURE  PORTER DELIVERY SCHEDULE  DATE OF THE DELIVERY  TIME OF THE DELIVERY  DRIVER'S NAME  DRIVER'S SIGNATURE	*0	ID NO	P.M	
ORIVER'S SIGNATURE  PORTER DELIVERY SCHEDULE  DATE OF THE DELIVERY  TIME OF THE DELIVERY  DRIVER'S NAME  DRIVER'S SIGNATURE  TRAILE  TRAILE	F O	ID NO		
ORIVER'S SIGNATURE  PORTER DELIVERY SCHEDULE  DATE OF THE DELIVERY  TIME OF THE DELIVERY  DRIVER'S NAME  DRIVER'S SIGNATURE	F O		P.M	
ORIVER'S SIGNATURE  PORTER DELIVERY SCHEDULE  DATE OF THE DELIVERY  TIME OF THE DELIVERY  DRIVER'S NAME  DRIVER'S SIGNATURE  TRAILE  TRAILE	ER SAME AS GENERATOR IDENTIFE			
ORIVER'S SIGNATURE  PORTER DELIVERY SCHEDULE  DATE OF THE DELIVERY  TIME OF THE DELIVERY  DRIVER'S NAME  DRIVER'S SIGNATURE L'  DELIVERY IN CONTAINER TYPE TRAILE  IDENTIFICATION OF WASTE MUST BE THE S	F O			
ORIVER'S SIGNATURE  PORTER DELIVERY SCHEDULE  DATE OF THE DELIVERY  TIME OF THE DELIVERY  DRIVER'S NAME  DRIVER'S SIGNATURE  TRAILE  DELIVERY IN CONTAINER TYPE  TRAILE  IDENTIFICATION OF WASTE MUST BE THE S  AL FACILITY — A.H. LANDFILL  DELIVERY RECEIVED DATE	ER SAME AS GENERATOR IDENTIFE			
ORIVER'S SIGNATURE  PORTER DELIVERY SCHEDULE  DATE OF THE DELIVERY  TIME OF THE DELIVERY  DRIVER'S NAME  DRIVER'S SIGNATURE  DELIVERY IN CONTAINER TYPE  TRAILE  IDENTIFICATION OF WASTE MUST BE THE S  AL FACILITY — A.H. LANDFILL  DELIVERY RECEIVED DATE  TIME OF DELIVERY	ER SAME AS GENERATOR IDENTIFE		NO	
ORIVER'S SIGNATURE  PORTER DELIVERY SCHEDULE  DATE OF THE DELIVERY  TIME OF THE DELIVERY  DRIVER'S NAME  DRIVER'S SIGNATURE L'  DELIVERY IN CONTAINER TYPE TRAILE  IDENTIFICATION OF WASTE MUST BE THE S  AL FACILITY — A.H. LANDFILL  DELIVERY RECEIVED DATE  TIME OF DELIVERY  A.H. SUPERVISOR INSPECTOR NAME	ER SAME AS GENERATOR IDENTIFICATION OF AM.	CATION YES	NO	
ORIVER'S SIGNATURE  PORTER DELIVERY SCHEDULE  DATE OF THE DELIVERY  TIME OF THE DELIVERY  DRIVER'S NAME  DRIVER'S SIGNATURE  DELIVERY IN CONTAINER TYPE TRAILE  IDENTIFICATION OF WASTE MUST BE THE S  AL FACILITY — A.H. LANDFILL  DELIVERY RECEIVED DATE  TIME OF DELIVERY  A.H. SUPERVISOR INSPECTOR NAME  INSPECTOR SIGNATURE	ER SAME AS GENERATOR IDENTIFIED AM.	CATION YES	NO	
ORIVER'S SIGNATURE  PORTER DELIVERY SCHEDULE  DATE OF THE DELIVERY  TIME OF THE DELIVERY  DRIVER'S NAME  DRIVER'S SIGNATURE L'  DELIVERY IN CONTAINER TYPE TRAILE  IDENTIFICATION OF WASTE MUST BE THE S  AL FACILITY — A.H. LANDFILL  DELIVERY RECEIVED DATE  TIME OF DELIVERY  A.H. SUPERVISOR INSPECTOR NAME	AME AS GENERATOR IDENTIFIED AME AS GENERATOR IDENTIFIED AME AME AS GEN	CATION YES	NO	

EaRATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper indition for transportation according to the applicable regulations of the Department of Transportation, U.S. E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS PROVED FOR DISPOSAL AT A.H. LANDFILL, BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing right and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the stor's expense.

#### INSTRUCTIONS

Nº 6461

RATOR NAME  1 JIMMY BYRNE NYS C	DEC 1A-206		
RATOR ADDRESS — FOR THE SERVICE			
1. 65 GLEN COVE AVENUE	GLEN COVE, NEW YO	RK 11542	
2.			
1			
RATOR CONTACT SUPERVISOR — SERV	ICE LOCATION		
1. NAME	TI	TLE	
2 PHONE NUMBER — Area Code ( )  1 DATE SHIPPED FROM SERVICE LOCA	TION 3/18/91		
4. TIME SHIPPED FROM SERVICE LOCAT	TON	_ A.M	P.M
5. GENERATOR SIGNATURE			
RATOR IDENTIFICATION OF WASTE TYP			
1. ITEM TYPE		BOWE SYSTEM	
2. ITEM TYPE		200 FRANK ROAD	
3. ITEM TYPE		HICKSVILLE, NY	
4. ITEM TYPE			
5. QUANTITY - CUBIC YAR		OTHER	<del></del>
CHECK ONE (V) NA	78.45		_
& SHIPPED IN CONTAINER TYPE TR	AILER	ID NO	
<u> </u>			<del></del>
SPORTER NAME AND ADDRESS			
1JIMMY BYRNE			
2 7 CARLISLE DRIVE		<del></del>	
a OLD BROOKVILLE, N.Y.	11545		·
4		<del></del>	
SPORTER CONTACT SUPERVISOR		· · · · · · · · · · · · · · · · · · ·	
1. NAME JIMMY BYRNE	TI	TLE . OWNER	
2 PHONE NUMBER — Area code ( 516)	- <u>671-7799</u>		
DATE OF THE LUAD PICKUP		<u></u>	
4. TIME OF THE LOAD PICKUP	A.M		P.M
5. GENERATOR SERVICE LOCATION			
5. DRIVER'S NAME	<u>, ?</u>		
7. DRIVER'S SIGNATURE			
SPORTER DELIVERY SCHEDULE	3/50/91		
L DATE OF THE DELIVERY	3/2 <b>ッ/</b> 91 <u>い</u>		
2 TIME OF THE DELIVERY	A.M		P.M
3. DRIVER'S NAME			
DRIVER'S SIGNATURE	pt		
DELIVERY IN CONTAINER TYPE TE	RAILER	ID NO	
6. IDENTIFICATION OF WASTE MUST BE	THE SAME AS GENERATOR ID		
a. IDENTIFICATION OF WASTE MOST SE	THE SAME AS SELECTION		
AL FACILITY - A.H. LANDFILL			
L' DELIVERY RECEIVED DATE	3/22/91		
2 TIME OF DELIVERY	A.M		P.M
A.H. SUPERVISOR INSPECTOR NAME	NICH		
INSPECTOR SIGNATURE	21/	1/2-6-6-	
	BY THE GENERATOR YES _	NO	
5. THE LOAD WAS RECEIVED AS STATES		NO	
	NO	NO	

### INSTRUCTIONS

POR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper or transportation according to the applicable regulations of the Department of Transportation, U.S. E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS WED FOR DISPOSAL AT A.H. LANDFILL, BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the or's expense.

### COSTUMEN HAULEH

PLEASE TYPE OR PRINT CLEARLY USING A BALLPOINT PEN — PRESS HARD DOCUMENT NO. A.H.

Nº 6459

JIMMY BYF					
NERATOR ADDRESS - FOR	THE SERVICE LOCATION				
1 65 GLEN CO	OVE AVENUE GLEN	COVE. NEW YOR	K 11542		
2			<u> </u>		
3			` <i>_</i>		
MERATOR CONTACT SUPE	RVISOR — SERVICE LOCATI	ION	f .		
1. NAME			,E		
. 2. PHONE NUMBER - A	rea Code ( )	· <del>//</del>	<u> </u>	<del> </del>	
3. DATE SHIPPED FROM	SERVICE LOCATION	<u> 3/1//91</u>	<del></del>	<u>.</u>	
4. TIME SHIPPED FROM	SERVICE LOCATION		A.M	P.M	
5. GENERATOR SIGNAT	URE				
NERATOR IDENTIFICATION	OF WASTE TYPE OR TYPES	S.	BOMES SYS	MEN	
					_
	<u></u>		200 FRANK		
3. ITEM TYPE			HICKSVILI	E, NI	
4. ITEM TYPE			: 		·
5. QUANTITY —	CUBIC YARDS	TONS	OTHER	<del></del>	
CHECK ONE (V)	N/A	29.16.		<del></del>	
& SHIPPED IN CONTAIN	ER TYPE TRAILER		ID NO		
NSPORTER NAME AND AD					
7 CAPLISH					
2 TOARCISC					
0129900					
	KVILLE, N.Y. 11545				
3. OLD BROO	KVILLE, N.Y. 11545				
3. OLD BROO  4	KVILLE, N.Y. 11545	4	- OWNER	· · · · · · · · · · · · · · · · · · ·	
3. OLD BROO  4  INSPORTER CONTACT SUR  1. NAME JIMMY B	PERVISOR	TITL	e OWNER	· · · · · · · · · · · · · · · · · · ·	
3. OLD BROO  4. LINSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AR	PERVISOR	799 TITI		<b>4.</b>	
3. OLD BROO  4  INSPORTER CONTACT SUR  1. NAME JIMMY B	PERVISOR  YRNE  rea code ( 516) - 671-77  3/12	799 791			
3. OLD BROO  4	PERVISOR  YRNE  rea code ( 516) - 671-77  3/1/2	799 791 A.M.			
3. OLD BROO  4	PERVISOR SYRNE  rea code ( 516) - 671-77 3/1/2 PICKUP ELOCATION	799 // 9 I			
3. OLD BROO  4. INSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AR  3. DATE OF THE LOAD P	PERVISOR SYRNE  rea code ( 516) - 671-77 3/1/2 PICKUP ELOCATION	799 791 A.M.			
3. OLD BROO  4.  ANSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AI  3. DATE OF THE LOAD PI  4. TIME OF THE LOAD PI  5. GENERATOR SERVICE  6. DRIVER'S NAME	PERVISOR SYRNE  Trea code ( 516) - 671-77 3/16 BICKUP ELOCATION	799 // 9 I		P.M	
3. OLD BROO  4. INSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AR  3. DATE OF THE LOAD PR  4. TIME OF THE LOAD PR  5. GENERATOR SERVICE  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE	PERVISOR SYRNE  Trea code ( 516) - 671-77 3/16 CKUP ELOCATION	799 791 A.M.		P.M	
3. OLD BROO  4. INSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AR  3. DATE OF THE LOAD PR  4. TIME OF THE LOAD PR  5. GENERATOR SERVICE  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE	PERVISOR  YRNE  rea code ( 516) - 671-77  3/16  ICKUP  ELOCATION  HEDULE  3/16	799 // 9 I		P.M	
3. OLD BROO  4. UNSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AR  3. DATE OF THE LOAD PR  4. TIME OF THE LOAD PR  5. GENERATOR SERVICE  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  4SPORTER DELIVERY SCH	PERVISOR DYRNE  Trea code ( 516) - 671-77 3/1/ BICKUP ELOCATION HEDULE RY RY	799 791 A.M. 7/100 (/91		P.M	
3. OLD BROO  4. INSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AR  3. DATE OF THE LOAD PR  4. TIME OF THE LOAD PR  5. GENERATOR SERVICE  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  1. DATE OF THE DELIVERY SCH	PERVISOR DYRNE  Trea code ( 516) - 671-77 3/1/ BICKUP ELOCATION HEDULE RY RY	799 791 A.M.  Thua  1/91		Р.М.	
3. OLD BROO 4.  INSPORTER CONTACT SUR 1. NAME JIMMY B 2. PHONE NUMBER — AI 3. DATE OF THE LOAD PI 5. GENERATOR SERVICE 6. DRIVER'S NAME 7. DRIVER'S SIGNATURE ISPORTER DELIVERY SCH 1. DATE OF THE DELIVER 2. TIME OF THE DELIVER 3. DRIVER'S NAME	PERVISOR PYRNE  Trea code ( 516) - 671-77 3/16 PICKUP ELOCATION  HEDULE RY  176	799 791 A.M. 7/100 (/91		Р.М.	
3. OLD BROO 4.  INSPORTER CONTACT SUR 1. NAME JIMMY B 2. PHONE NUMBER — A 3. DATE OF THE LOAD P 4. TIME OF THE LOAD P 5. GENERATOR SERVICE 6. DRIVER'S NAME 7. DRIVER'S SIGNATURE ISPORTER DELIVERY SCH 1. DATE OF THE DELIVER 2. TIME OF THE DELIVER	PERVISOR SYRNE  Tea code ( 516) - 671-77 3/1/ CKUP  ELOCATION  HEDULE  RY  TO ALL FR	799 791 A.M. 7/100 (/91		Р.М.	
3. OLD BROO  4. INSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AI  3. DATE OF THE LOAD PI  4. TIME OF THE LOAD PI  5. GENERATOR SERVICE  6. DRIVER'S SIGNATURE  ISPORTER DELIVERY SCH  1. DATE OF THE DELIVER  2. TIME OF THE DELIVER  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAIN	PERVISOR  YRNE  Tea code ( 516) - 671-77  3/1/  CKUP  ELOCATION  HEDULE  RY  RY  TRAILER	799 791 A.M. 7/102 (90) AM	(A)	P.M	
3. OLD BROO  4. INSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AR  3. DATE OF THE LOAD PR  4. TIME OF THE LOAD PR  5. GENERATOR SERVICE  6. DRIVER'S NAME —  7. DRIVER'S SIGNATURE  1. DATE OF THE DELIVER  2. TIME OF THE DELIVER  3. DRIVER'S NAME —  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAIN	PERVISOR SYRNE  Tea code ( 516) - 671-77 3/1/ CKUP  ELOCATION  HEDULE  RY  TO ALL FR	799 791 A.M. 7/102 (90) AM	(A)	P.M	
3. OLD BROO  4. INSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AR  3. DATE OF THE LOAD PR  4. TIME OF THE LOAD PR  5. GENERATOR SERVICE  6. DRIVER'S NAME ————————————————————————————————————	PERVISOR  YRNE  Tea code ( 516) - 671-77  3/1/  ICKUP  ELOCATION  HEDULE  RY  VASTE MUST BE THE SAME	AM.  Thua  AM.  Thua  AM.  AS GENERATOR IDEN	(A)	P.M	
3. OLD BROO  4. INSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AI  3. DATE OF THE LOAD PI  5. GENERATOR SERVICE  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  ISPORTER DELIVERY SCH  1. DATE OF THE DELIVER  2. TIME OF THE DELIVER  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAIN  6. IDENTIFICATION OF W	PERVISOR SYRNE  Trea code ( 516) - 671-77 3/1/ PICKUP FLOCATION  HEDULE RY  NER TYPE TRAILER VASTE MUST BE THE SAME	799 791 A.M. 7/102 (90) AM	(A)	P.M	
3. OLD BROO  4. INSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AR  3. DATE OF THE LOAD PR  5. GENERATOR SERVICE  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  1. DATE OF THE DELIVER  2. TIME OF THE DELIVER  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAIN  6. IDENTIFICATION OF WEIGHT	PERVISOR  PYRNE  Trea code ( 516) - 671-77  3/1/  PICKUP  ELOCATION  HEDULE  RY  NER TYPE TRAILER  VASTE MUST BE THE SAME  NDFILL  DATE  3//  3//  170  170  170  170  170  170  170  1	AM.  Thua  AM.  Thua  AM.  AS GENERATOR IDEN	ID NOITIFICATION YE	P.M	
3. OLD BROO  4. INSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AR  3. DATE OF THE LOAD PR  4. TIME OF THE LOAD PR  5. GENERATOR SERVICE  6. DRIVER'S NAME — TO DRIVER'S SIGNATURE  1. DATE OF THE DELIVERY SCHOOL  2. TIME OF THE DELIVERY  3. DRIVER'S NAME — TO DRIVER'S NAME — TO DRIVER'S SIGNATURE  5. DELIVERY IN CONTAIN  6. IDENTIFICATION OF WE OSAL FACILITY — A.H. LAN  1. DELIVERY RECEIVED IN	PERVISOR  PYRNE  Trea code ( 516) - 671-77  3/1/  PICKUP  ELOCATION  HEDULE  RY  NER TYPE TRAILER  VASTE MUST BE THE SAME  NDFILL  DATE  3//  3//  176	AM.  AM.  AM.  AM.  AS GENERATOR IDEN	(A)	P.M	
3. OLD BROO  4.  INSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AI  3. DATE OF THE LOAD PI  5. GENERATOR SERVICE  6. DRIVER'S NAME	PERVISOR DYRNE  Tea code ( 516) - 671-77 3/1/ CKUP ELOCATION HEDULE RY AY  VASTE MUST BE THE SAME NOFILL DATE  DECTOR NAME	AM.  AM.  AM.  AM.  AS GENERATOR IDEN	ID NOITIFICATION YE	P.M	
3. OLD BROO  4.  INSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AR  3. DATE OF THE LOAD PR  5. GENERATOR SERVICE  6. DRIVER'S NAME	PERVISOR PYRNE  Trea code ( 516) - 671-77 3/1/ PICKUP ELOCATION  HEDULE RY RY  VASTE MUST BE THE SAME  NOFILL DATE  PECTOR NAME RE	AM.  AS GENERATOR IDEN  A.M.	ID NOITIFICATION YE	P.M	
3. OLD BROO  4.  INSPORTER CONTACT SUR  1. NAME JIMMY B  2. PHONE NUMBER — AR  3. DATE OF THE LOAD PR  5. GENERATOR SERVICE  6. DRIVER'S NAME	PERVISOR SYRNE  TERE CODE ( 516) - 671-77 3/1/ SICKUP SELOCATION  HEDULE RY  NER TYPE TRAILER  VASTE MUST BE THE SAME  NOFILL DATE  PECTOR NAME  RE  IVED AS STATED BY THE GE	AM.  AS GENERATOR IDEN  A.M.	ID NO. THE NO.	P.M	

RATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper addition for transportation according to the applicable regulations of the Department of Transportation, U.S. E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS PROVED FOR DISPOSAL AT A.H. LANDFILL BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the itor's expense.

#### INSTRUCTIONS

	DOCUMENT NO. A.H.	7	i? 64
RATOR NAME  JIMMY BYRNE NYS DEC_1A-206		Jo	B #91-13
1. JIMMY BYRNE NYS DEC 1A-206 RATOR ADDRESS — FOR THE SERVICE LOCATION	<del></del> .		٤.
65 GLEN COVE AVENUE GLEN COVE, NEW YORK 1	1542		~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
2			/
3			
RATOR CONTACT SUPERVISOR — SERVICE LOCATION			
1. NAMETITLE _			
2 DUONE NI IMBER Area Code / ) -			
1 DATE SHIPPED FROM SERVICE LOCATION			
4. TIME SHIPPED FROM SERVICE LOCATIONA.N	<u></u>	P.M	
5. GENERATOR SIGNATURE	<del></del>		
RATOR IDENTIFICATION OF WASTE TYPE OR TYPES.	BOMES SYSTEM		
1. ITEM TYPE	200 FRANK RD.		
2. ITEM TYPE	HICKSVILLE, NY	, <del> </del>	
3. ITEM TYPE	HICKSTIBBL, KI		
4. ITEM TYPE			
5. QUANTITY — CUBIC YARDS TONS N/A 34. //	OTHER		
C/160/ 01-12 (*)			
& SHIPPED IN CONTAINER TYPE TRAILER	ID NO		
PORTER CONTACT SUPERVISOR  I. NAME	OWNER	-	
2 PHONE NUMBER — Area code ( 516) - 671-7799 3/1/291			<del></del>
3. DATE OF THE COAD PICKOP			<del></del>
		_ P.M	
5. GENERATOR SERVICE LOCATION	<del></del>	The state of the s	<del></del>
6. DRIVER'S NAME			
Z. DRIVER'S SIGNATURE			
3//0/91			
		P.M.	
1. DATE OF THE DELIVERY  2. TIME OF THE DELIVERY  3. DRIVER'S NAME  7. DRIVER'S NAME		_ P.M	
2 TIME OF THE DELIVERY / / DAVICE		_ P.M	
2 TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  7. DRIVER'S SIGNATURE	ID NO	P.M	
2 TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAINER TYPE  TRAILER	<del></del>	P.M	
2 TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAINER TYPE  TRAILER	<del></del>		
2 TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAINER TYPE  TRAILER  6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION OF WASTE MUST BE THE SAME AS GENE	<del></del>		
2 TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAINER TYPE  TRAILER  6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIF  SAL FACILITY — A.H. LANDFILL  1. DELIVERY RECEIVED DATE  3//7/91	<del></del>	NO	
2 TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAINER TYPE  TRAILER  6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIF  SAL FACILITY — A.H. LANDFILL  1. DELIVERY RECEIVED DATE  2. TIME OF DELIVERY  A.M.  A.M.	ACATION YES		
2 TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAINER TYPE  6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDE	<del></del>	NO	
2 TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAINER TYPE  6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIF  SAL FACILITY — A.H. LANDFILL  1. DELIVERY RECEIVED DATE  2. TIME OF DELIVERY  3. A.H. SUPERVISOR INSPECTOR NAME  4. INSPECTOR SIGNATURE	MUNK / FLA	NO	
2 TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAINER TYPE TRAILER  6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFINATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION OF WASTE MUST BE THE SAME AS GENER	ACATION YES	NO	
2 TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAINER TYPE  6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIF  SAL FACILITY — A.H. LANDFILL  1. DELIVERY RECEIVED DATE  2. TIME OF DELIVERY  3. A.H. SUPERVISOR INSPECTOR NAME  4. INSPECTOR SIGNATURE	MUNK / FLA	NO	

#### INSTRUCTIONS

GENERATOR'S COPY — Mailed from A.H., Inc. after disposal process, and with the monthly billing. TRANSPORTER'S COPY — Given to the transporter driver when shipment is inspected and unloaded. DISPOSAL FACILITY — Filed in customer - generator master file.

(1) Disposal Facility Copy

(2) Generator's Copy

(3) Transporter's Copy

IERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper purposed from the proper purposed fro

ATOR ADDRESS — FOR THE SERVICE LOCATION	_		RATOR - BOWES
65 GLEN COVE AVENUE GLEN	COVE, NEW YORK		
2			
3			
RATOR CONTACT SUPERVISOR — SERVICE LOCAT	TON		
1. NAME JIMMY BYRNE	TITLE	OWNER	
2 PHONE NUMBER — Area Code ( 516)671-			
1 DATE SHIPPED FROM SERVICE LOCATION	ブー1日ーゲル	,	
4. TIME SHIPPED FROM SERVICE LOCATION	A	.м	P.M
5. GENERATOR SIGNATURE			
RATOR IDENTIFICATION OF WASTE TYPE OR TYPE	**-		
1. ITEM TYPE			
2. ITEM TYPE	BOWES -	21/ "	
3. ITEM TYPE	FRANK EDAD	<u> </u>	
4. ITEM TYPE	<u>HICHSVILLE</u>	NEW YORK	
5. QUANTITY - CUBIC YARDS	TONS -	OTHER	
CHECK ONE (V) M7A	<u> </u>		
6. SHIPPED IN CONTAINER TYPE TRAILER		ID NO	
SPORTER NAME AND ADDRESS			
1. JIMMY BYRNE			<del></del>
2 7 CARLISLE DRIVE	<del></del>		
3. OLD BROOKVILLE, N.Y. 11545	<del></del>		
4			
SPORTER CONTACT SUPERVISOR			٠
			· ·
1. NAMEJIMMY BYRNE	TITLE	OWNER	<u> </u>
2 PHONE NUMBER — Area code ( 516) - 671-77	799		
1. NAME	799		
2 PHONE NUMBER — Area code ( 516) - 671-77	799		
2 PHONE NUMBER — Area code ( 516) - <u>671-77</u> 3 DATE OF THE LOAD PICKUP 4. TIME OF THE LOAD PICKUP	799 A.M		
2. PHONE NUMBER — Area code ( 516)671-77 3. DATE OF THE LOAD PICKUP 4. TIME OF THE LOAD PICKUP 5. GENERATOR SERVICE LOCATION	799 A.M		P.M
2. PHONE NUMBER — Area code ( 516)671-77 3. DATE OF THE LOAD PICKUP 4. TIME OF THE LOAD PICKUP 5. GENERATOR SERVICE LOCATION	799 A.M		P.M
2 PHONE NUMBER — Area code ( 516) - 671-77 3 DATE OF THE LOAD PICKUP 4. TIME OF THE LOAD PICKUP 5. GENERATOR SERVICE LOCATION 6. DRIVER'S NAME 7. DRIVER'S SIGNATURE	799 A.M		P.M
2 PHONE NUMBER — Area code ( 516) - 671-77 3 DATE OF THE LOAD PICKUP 4. TIME OF THE LOAD PICKUP 5. GENERATOR SERVICE LOCATION 6. DRIVER'S NAME 7. DRIVER'S SIGNATURE	799 A.M		P.M
2 PHONE NUMBER — Area code ( 516) - 671-77  3. DATE OF THE LOAD PICKUP  4. TIME OF THE LOAD PICKUP  5. GENERATOR SERVICE LOCATION  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  SPORTER DELIVERY SCHEDULE  1. DATE OF THE DELIVERY	799 A.M		P.M
2 PHONE NUMBER — Area code ( 516) - 671-77  3. DATE OF THE LOAD PICKUP  4. TIME OF THE LOAD PICKUP  5. GENERATOR SERVICE LOCATION  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  SPORTER DELIVERY SCHEDULE  1. DATE OF THE DELIVERY  2. TIME OF THE DELIVERY	799 A.M		P.M
2 PHONE NUMBER — Area code ( 516) - 671-77 3 DATE OF THE LOAD PICKUP 4. TIME OF THE LOAD PICKUP 5. GENERATOR SERVICE LOCATION 6. DRIVER'S NAME 7. DRIVER'S SIGNATURE 5. SPORTER DELIVERY SCHEDULE 1. DATE OF THE DELIVERY 2. TIME OF THE DELIVERY 1. DRIVER'S NAME	A.M		P.M
2 PHONE NUMBER — Area code ( 516) - 671-77 3 DATE OF THE LOAD PICKUP 4. TIME OF THE LOAD PICKUP 5. GENERATOR SERVICE LOCATION 6. DRIVER'S NAME 7. DRIVER'S SIGNATURE SPORTER DELIVERY SCHEDULE 1. DATE OF THE DELIVERY 2. TIME OF THE DELIVERY 3. DRIVER'S NAME 4. DRIVER'S SIGNATURE	A.M		P.M
2 PHONE NUMBER — Area code ( 516)671-77 3 DATE OF THE LOAD PICKUP 4. TIME OF THE LOAD PICKUP 5. GENERATOR SERVICE LOCATION 6. DRIVER'S NAME 7. DRIVER'S SIGNATURE 5. SPORTER DELIVERY SCHEDULE 1. DATE OF THE DELIVERY 2. TIME OF THE DELIVERY 3. DRIVER'S NAME 4. DRIVER'S SIGNATURE 5. DELIVERY IN CONTAINER TYPETRAILER	A.M	ID NO	P.M
2 PHONE NUMBER — Area code ( 516) - 671-77 3 DATE OF THE LOAD PICKUP 4. TIME OF THE LOAD PICKUP 5. GENERATOR SERVICE LOCATION 6. DRIVER'S NAME 7. DRIVER'S SIGNATURE SPORTER DELIVERY SCHEDULE 1. DATE OF THE DELIVERY 2. TIME OF THE DELIVERY 3. DRIVER'S NAME 4. DRIVER'S SIGNATURE	A.M	ID NO	P.M
2 PHONE NUMBER — Area code ( 516)671-77  3. DATE OF THE LOAD PICKUP  4. TIME OF THE LOAD PICKUP  5. GENERATOR SERVICE LOCATION  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  SPORTER DELIVERY SCHEDULE  1. DATE OF THE DELIVERY  2. TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAINER TYPETRAILER  6. IDENTIFICATION OF WASTE MUST BE THE SAME	A.MA.M	ID NO	P.M
2 PHONE NUMBER — Area code ( 516) - 671-77  3 DATE OF THE LOAD PICKUP  4. TIME OF THE LOAD PICKUP  5. GENERATOR SERVICE LOCATION  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  SPORTER DELIVERY SCHEDULE  1. DATE OF THE DELIVERY  2. TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S NAME  5. DELIVERY IN CONTAINER TYPE  6. IDENTIFICATION OF WASTE MUST BE THE SAME  SAL FACILITY — A.H. LANDFILL	A.M	ID NO	P.M
2 PHONE NUMBER — Area code ( 516) - 671-77  3. DATE OF THE LOAD PICKUP  4. TIME OF THE LOAD PICKUP  5. GENERATOR SERVICE LOCATION  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  SPORTER DELIVERY SCHEDULE  1. DATE OF THE DELIVERY  2. TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAINER TYPE  TRAILER  6. IDENTIFICATION OF WASTE MUST BE THE SAME  SAL FACILITY — A.H. LANDFILL  1. DELIVERY RECEIVED DATE	A.MA.M	ID NO	P.M
2 PHONE NUMBER — Area code ( 516)671-77  3. DATE OF THE LOAD PICKUP  4. TIME OF THE LOAD PICKUP  5. GENERATOR SERVICE LOCATION  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  5. SPORTER DELIVERY SCHEDULE  1. DATE OF THE DELIVERY  2. TIME OF THE DELIVERY  3. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAINER TYPETRAILER  6. IDENTIFICATION OF WASTE MUST BE THE SAME  SAL FACILITY — A.H. LANDFILL  1. DELIVERY RECEIVED DATE	A.MA.M	ID NO	P.M
2 PHONE NUMBER — Area code ( 516)671-77 3. DATE OF THE LOAD PICKUP 4. TIME OF THE LOAD PICKUP 5. GENERATOR SERVICE LOCATION 6. DRIVER'S NAME 7. DRIVER'S SIGNATURE 2. TIME OF THE DELIVERY 2. TIME OF THE DELIVERY 3. DRIVER'S NAME 4. DRIVER'S NAME 5. DELIVERY IN CONTAINER TYPETRAILER 6. IDENTIFICATION OF WASTE MUST BE THE SAME SAL FACILITY — A.H. LANDFILL 1. DELIVERY RECEIVED DATE 2. TIME OF DELIVERY 3. A.H. SUPERVISOR INSPECTOR NAME	A.M	ID NO FICATION YES	P.M
2 PHONE NUMBER — Area code ( 516)671-77 3. DATE OF THE LOAD PICKUP 4. TIME OF THE LOAD PICKUP 5. GENERATOR SERVICE LOCATION 6. DRIVER'S NAME 7. DRIVER'S SIGNATURE 2. TIME OF THE DELIVERY 2. TIME OF THE DELIVERY 3. DRIVER'S NAME 4. DRIVER'S SIGNATURE 5. DELIVERY IN CONTAINER TYPETRAILER 6. IDENTIFICATION OF WASTE MUST BE THE SAME SAL FACILITY — A.H. LANDFILL 1. DELIVERY RECEIVED DATE 2. TIME OF DELIVERY 3. A.H. SUPERVISOR INSPECTOR NAME 4. INSPECTOR SIGNATURE	A.M	ID NO	P.M
2 PHONE NUMBER — Area code ( 516)671-77  3. DATE OF THE LOAD PICKUP  4. TIME OF THE LOAD PICKUP  5. GENERATOR SERVICE LOCATION  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  SPORTER DELIVERY SCHEDULE  1. DATE OF THE DELIVERY  2. TIME OF THE DELIVERY  4. DRIVER'S NAME  4. DRIVER'S SIGNATURE  5. DELIVERY IN CONTAINER TYPETRAILER  6. IDENTIFICATION OF WASTE MUST BE THE SAME  SAL FACILITY — A.H. LANDFILL  1. DELIVERY RECEIVED DATE  2. TIME OF DELIVERY  3. A.H. SUPERVISOR INSPECTOR NAME  4. INSPECTOR SIGNATURE  5. THE LOAD WAS RECEIVED AS STATED BY THE G	A.MA.MA.MA.MA.MA.MA.MA.MA.MA.MA.MA.MA.MA.MA.M	ID NO FICATION YES	P.M
2 PHONE NUMBER — Area code ( 516)671-77 3. DATE OF THE LOAD PICKUP 4. TIME OF THE LOAD PICKUP 5. GENERATOR SERVICE LOCATION 6. DRIVER'S NAME 7. DRIVER'S SIGNATURE 2. TIME OF THE DELIVERY 2. TIME OF THE DELIVERY 3. DRIVER'S NAME 4. DRIVER'S SIGNATURE 5. DELIVERY IN CONTAINER TYPETRAILER 6. IDENTIFICATION OF WASTE MUST BE THE SAME SAL FACILITY — A.H. LANDFILL 1. DELIVERY RECEIVED DATE 2. TIME OF DELIVERY 3. A.H. SUPERVISOR INSPECTOR NAME 4. INSPECTOR SIGNATURE	A.MA.MA.MA.MA.MA.MA.MA.MA.MA.MA.MA.MA.MA.MA.M	ID NO	P.M

VERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS APPROVED FOR DISPOSAL AT A.H. LANDFILL BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing a true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the person's expense.

#### INSTRUCTIONS

TOR ADDRESS — FOR THE SERVICE LOCATION	ON		
65 GLEN COVE AVENUE GLE	<u>EN COVE, NEW YORK</u>		
TOR CONTACT SUPERVISOR — SERVICE LOC			
NAME JIMMY BYRNE	TITLE	OWNER	
PHONE NUMBER — Area Code ( 516 ) - <u>67</u>	71-7799		
DATE SHIPPED FROM SERVICE LOCATION _		<u></u>	
TIME SHIPPED FROM SERVICE LOCATION $\ oldsymbol{\perp}$	_ <del></del>	М	P.M
GENERATOR SIGNATURE			
TOR IDENTIFICATION OF WASTE TYPE OR TY	PES.		
TEM TYPE	EDWES 5		
TEM TYPE	CDANK DOAD	Y5	
TEM TYPE	HICKSVILLE.	NEW YORK	<del></del>
TEM TYPE			<u></u>
QUANTITY — CUBIC YARDS	tons 40.79	OTHER	
CHECK ONE (V)			
SHIPPED IN CONTAINER TYPETRAILER		ID NO	
ORTER NAME AND ADDRESS JIMMY BYRNE			
7 CARLISLE DRIVE		_	
OLD BROOKVILLE, N.Y. 11545			
OLD BITOOKYTELL, TKIT TIO IS			
ORTER CONTACT SUPERVISOR NAME	TITLE	OWNER	•
			<del></del>
PHONE NUMBER — Area code ( 516) - 671		_	• • •
DATE OF THE LOAD PICKUP	A.14		
TIME OF THE LOAD PICKUP			
GENERATOR SERVICE LOCATION	<del>- 11 </del>		
DRIVER'S NAME	1=		··
DRIVERS SIGNATORE	<del></del>		<del></del>
ORTER DELIVERY SCHEDULE			
DATE OF THE DELIVERY			
DRIVER'S NAME	A.M.:		Р.М
DRIVER'S NAME	<del></del>		<u> </u>
DRIVER'S SIGNATURE			
DELIVERY IN CONTAINER TYPE I HAILE!	<u> </u>	ID NO	
DENTIFICATION OF WASTE MUST BE THE SA	ME AS GENERATOR IDENTI	FICATION YES	NO
PAGE TO A LE LANGUET :		<del></del>	
L FACILITY — A.H. LANDFILL	3+ <b>17</b> +51		
DELIVERY RECEIVED DATE			P.M
TIME OF DELIVERY	THE CONTRACTOR		F.IVI,
A.H. SUPERVISOR INSPECTOR NAME	11/1/2 3/1	1.4	
NSPECTOR SIGNATURE			
	FIGENERATOR YES	NO	_
THE LOAD WAS RECEIVED AS STATED BY THI REJECTED LOAD — YES NO			

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#### INSTRUCTIONS

	JIMMY BYR	NE NYS DEC 1A	-206 CTF/C/N/CF/C)	<u> BINDS (BRNDS)</u>	<u> </u>	
 ENER	NATOR ADDRESS - FOR	THE SERVICE LOCATIO	N	_		
s 1	. <u>65 GLEN CO</u>	<u>VE AVENUE GLEI</u>	N COVE, NEW YORK	<u> </u>		
2	2				<del></del>	
# 3	3				<del></del>	
	LATOR CONTACT SUPER		ATION	- OWNER		
1	I. NAME JIMMY BYR	NC 671	TITL	E OVVINCE		
. 2	2. PHONE NUMBER — Are 3. DATE SHIPPED FROM S	ia Code ( 516 )	E-18-91			
3	DATE SHIPPED FROM	SERVICE LOCATION			P.M.	
	I. TIME SHIPPED FROM S			······	P.M	
	5. GENERATOR SIGNATULATION (			~		
			- E-3-			
	I. ITEM TYPE 2. ITEM TYPE		BIOWES	<u>کرد</u>		
	LITEM TYPE			<del></del>	<del></del>	
	LITEM TYPE		HICKSVILLE	- NEW YOR!	<del></del>	
			TONS	OTHER		
•	S. QUANTITY — CHECK ONE (7)	<b>b.</b> 1. 7.	30.17	OTREA	<del></del>	
	SHIPPED IN CONTAINE			ID NO	<del>-</del>	
	2 SHIPPED IN CONTAINS	A 1176				
INS	PORTER NAME AND AD	DRESS				
	JIMMY BYR	NE			<del></del>	
2	7 CARLISLE					
3	OLD BROOK	(VILLE, N.Y. 11545		<del></del>		
4	·					
RANS	PORTER CONTACT SUP	ERVISOR				
1	I. NAME JIMMY BY	'RNE	TITL!	OWNER	<del></del>	
2	2 PHONE NUMBER - Are	a code ( 516) - <u>671-</u>	·7799			
3	LOATE OF THE LOAD PI	CXUP	<u> </u>			
	I. TIME OF THE LOAD PIC		/ '		P.M	
5	. GENERATOR SERVICE	LOCATION			<del></del>	
<b>∠</b> 6	GENERATOR SERVICE DRIVER'S NAME	F.18/4510.	<u>t. 6</u>			
X	DRIVER'S NAME DRIVER'S SIGNATURE	<u>net world</u>	motor			
	PORTER DELIVERY SCHI		_			
1	. DATE OF THE DELIVER	Y	<u> </u>		<del></del>	
2	L TIME OF THE DELIVERY	/			P.M	
	DRIVER'S NAME	- 12MS				
	. DRIVER'S SIGNATURE	مذح سالمصر	drainter		<del></del>	
	. DELIVERY IN CONTAIN			ID NO		
/ 5			ME AS GENERATOR IDENT	TIFICATION YES	NO	
	LIDENTIFICATION OF W.					
	LIDENTIFICATION OF W	<del></del>				
- <del>-</del>	S. IDENTIFICATION OF W.	DFILL				
 - OS	<del></del>		3.45/2			
	SAL FACILITY — A.H. LAN	ATE	AM.		P.M	
	SAL FACILITY — A.H. LAN . DELIVERY RECEIVED D	ATE	AM MINISTER		P.M	
0s 1 2	AL FACILITY — A.H. LAN DELIVERY RECEIVED D TIME OF DELIVERY	CTOR NAME	AM. 1		P.M	
6 2 0s 1 2 3	AL FACILITY — A.H. LAN DELIVERY RECEIVED D TIME OF DELIVERY A.H. SUPERVISOR INSPE	CTOR NAME	The Control of the Co	NO	P.M	
6 OS 1 2 3 4 5	AL FACILITY — A.H. LAN DELIVERY RECEIVED D TIME OF DELIVERY A.H. SUPERVISOR INSPECTOR SIGNATUR	ECTOR NAME E VED AS STATED BY THE	GENERATOR YES	NO	P.M	

ENATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper custom for transportation according to the applicable regulations of the Department of Transportation, U.S. E.P.A. and the Ohio O.E.R. THE WASTE DESCRIBED ABOVE WAS PROVED FOR DISPOSAL AT A.H. LANDFILL, BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY, I certify that the foregoing rue and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the stor's expense.

#### INSTRUCTIONS

RATOR NAME  ■1 JIMMY BY	RNE NYS DEC 1A-2	206 CTRANSPO	DRITER) GENER	RATOR - BONES
	OR THE SERVICE LOCATION			
	OVE AVENUE GLEN		K	
3				
	ERVISOR - SERVICE LOCAT	TION		
1. NAME JIMMY BY		TITL	E OWNER	
* 2 PHONE NUMBER -	Area Code ( 516 ) - 671-	-7799		
3. DATE SHIPPED FROM	A SERVICE LOCATION	D-18-91		
4. TIME SHIPPED FROM	SERVICE LOCATION		AM	P.M
	TURE		7	<u> </u>
	N OF WASTE TYPE OR TYPE			
1. ITEM TYPE				
2 ITEM TYPE		BOWES	Svs	
i.e.		FRANK ROAL		
4. ITEM TYPE		HICKSVILLE	. NEW YORK	
5. QUANTITY —		TONS	OTHER	
CHECK ONE (V)	M / / /	36.67	• • • • • • • • • • • • • • • • • • •	
	NER TYPE TRAILER		ID NO	<del></del>
- CONTAIN				
ISPORTER NAME AND A	DORESS			
1. JIMMY BY	RNE			
27 CARLISU				
OLD BROO	DKVILLE, N.Y. 11545			
* 4				
NSPORTER CONTACT SU	IPERVISOR		į.	
1. NAME JIMMY	BYRNE	τίπι	E OWNER	
	Area code ( 516) - <u>671-7</u>	<u> 799</u>		
3 DATE OF THE LOAD	PICXUP	· • • • <u> </u>		
	PICKUP			P.M
E CENERATOR SERVIC	ELOCATION :			
GENERALOR SERVIC	E LOCATION	· <u>C</u> · ./ 1		
4 DOWER'S NAME	E Jarry Le	1		
				<del></del>
ASPORTER DELIVERY SC	RY	e e e	•	
1. DATE OF THE DELIVE		A 14		
2. TIME OF THE DELIVE	RY	1-172 V		F.M
1 DRIVER'S NAME		<del></del>		<del>-</del>
	E TOAN CO	<u>unu</u>		<del></del>
. 💘 DRIVER'S SIGNATUR	NICO TVOC I NAILEN		ID NO	<del></del>
5. DELIVERY IN CONTA				NO.
5. DELIVERY IN CONTA	WASTE MUST BE THE SAME	E AS GENERATOR IDEN	TIFICATION YES	NO
5. DELIVERY IN CONTA 6. IDENTIFICATION OF	WASTE MUST BE THE SAME	E AS GENERATOR IDEN	TIFICATION YES	
5. DELIVERY IN CONTA 6. IDENTIFICATION OF OSAL FACILITY — A.H. LA	WASTE MUST BE THE SAME	E AS GENERATOR IDEN	TIFICATION YES	
5. DELIVERY IN CONTA 6. IDENTIFICATION OF OSAL FACILITY — A.H. LA 1. DELIVERY RECEIVED	WASTE MUST BE THE SAME	E AS GENERATOR IDEN	TIFICATION YES	
5. DELIVERY IN CONTA 6. IDENTIFICATION OF OSAL FACILITY — A.H. LA 1. DELIVERY RECEIVED 2. TIME OF DELIVERY _	WASTE MUST BE THE SAME	E AS GENERATOR IDEN		. P.M
5. DELIVERY IN CONTA 6. IDENTIFICATION OF COSAL FACILITY — A.H. LA 1. DELIVERY RECEIVED 2. TIME OF DELIVERY _ 3. A.H. SUPERVISOR INS	WASTE MUST BE THE SAME	7-17-51 AM /		
5. DELIVERY IN CONTA 6. IDENTIFICATION OF  OSAL FACILITY — A.H. LA 1. DELIVERY RECEIVED 2. TIME OF DELIVERY _ 3. A.H. SUPERVISOR INS 4. INSPECTOR SIGNATURE	WASTE MUST BE THE SAME NOFILL DATE PECTOR NAME JRE	7-19-91 	11.66	
5. DELIVERY IN CONTA 6. IDENTIFICATION OF  POSAL FACILITY — A.H. LA 1. DELIVERY RECEIVED 2. TIME OF DELIVERY _ 3. A.H. SUPERVISOR INS 4. INSPECTOR SIGNATU 5. THE LOAD WAS RECE	WASTE MUST BE THE SAME  NOFILL  DATE  PECTOR NAME  JRE  EIVED AS STATED BY THE G	AM./	NO	
6. IDENTIFICATION OF  FOSAL FACILITY — A.H. LA  1. DELIVERY RECEIVED  2. TIME OF DELIVERY _  3. A.H. SUPERVISOR INS  4. INSPECTOR SIGNATURE  5. THE LOAD WAS RECEIVED	WASTE MUST BE THE SAME  NOFILL  DATE  PECTOR NAME  JRE  EIVED AS STATED BY THE G  YES NO	AM./	NO	

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#### INSTRUCTIONS

RATOR NAME  JIMMY BYRNE NYS DEC 1A-	206 (TRANCROL	RTER) GENERA	TOR - BOUES	
NERATOR ADDRESS - FOR THE SERVICE LOCATION	1			
1. 65 GLEN COVE AVENUE GLEN	1 COVE, NEW YORK	<u> </u>		
2				
* 3		<del></del>		
NERATOR CONTACT SUPERVISOR — SERVICE LOCA	TION	<b>014/11/2</b>		
1. NAME JIMMY BYRNE	TITL	E <u>OWNER</u>		
	-7799 			
1 DATE SHIPPED FROM SERVICE LOCATION	372-4.1	· · · · · · · · · · · · · · · · · · ·		
4. TIME SHIPPED FROM SERVICE LOCATION		Á.M	Р.М	
5. GENERATOR SIGNATURE				
NERATOR IDENTIFICATION OF WASTE TYPE OR TYPE	ES.			\
1. ITEM TYPE	EOWES .	27.6		<u> </u>
2 ITEM TYPE		2 A 7.		
~ 3 ITEM TYPE		NEW YORK		
4. ITEM TYPE	HILLEYILLE.		<u> </u>	
5. QUANTITY CUBIC YARDS	38,44	OTHER		ني. ب
CHECK ONE (V)	38.44			•
& SHIPPED IN CONTAINER TYPE TRAILER		ID NO		<del>.</del>
SPORTER NAME AND ADDRESS				
1. JIMMY BYRNE				
7 CARLISLE DRIVE				
OLD BROOKVILLE, N.Y. 11545				
4				
ANSPORTER CONTACT SUPERVISOR				
1. NAME JIMMY BYRNE		E OWNER	:	
2 PHONE NUMBER — Area code ( 516) - 671-7	779 <u>9                                  </u>			
3. DATE OF THE LOAD PICKUP	<u> </u>			
4. TIME OF THE LOAD PICKUP	A.M		P.M	_
5. GENERATOR SERVICE LOCATION	1"			
6. DRIVER'S NAME	<u> </u>			
7. DRIVER'S SIGNATURE	·			
SPORTER DELIVERY SCHEDULE				
. DATE OF THE DELIVERY	್ <u>ಕ</u> ರ್. ಕ್ಕ		_	
2 TIME OF THE DELIVERY	A.M.	<u> </u>	P.M	
3. DRIVER'S NAME				
ADRIVER'S SIGNATURE				
S. DELIVERY IN CONTAINER TYPE TRAILER		ID NO		
6. IDENTIFICATION OF WASTE MUST BE THE SAM	E AS GENERATOR IDEN		NO	
OSAL FACILITY - A.H. LANDFILL	J 15-71			
1. DELIVERY RECEIVED DATE				
2. TIME OF DELIVERY	A.M		P.M	
3. A.H. SUPERVISOR INSPECTOR NAME	142 67 1 (11)271 611	<del>, , , , , , , , , , , , , , , , , , , </del>		
4. INSPECTOR SIGNATURE	1/2 1 1/1	1.2		
5. THE LOAD WAS RECEIVED AS STATED BY THE	GENERATOR YES	NO		
6. REJECTED LOAD - YES NO	. ХА.			
IF YES PLEASE REMARK				
P				

ERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper official for transportation according to the applicable regulations of the Department of Transportation. U.S. E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS PROVED FOR DISPOSAL AT A.H. LANDFILL BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing the and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the careful restor's expense.

#### INSTRUCTIONS

GENERATOR'S COPY:— Mailed from A.H., Inc. after disposal process, and with the monthly billing, TRANSPORTER'S COPY — Given to the transporter driver when shipment is inspected and unloaded. DISPOSAL FACILITY — Filed in customer - generator master file.

(1) Disposal Facility Copy

(2) Generator's Copy

(3) Transporter's Copy

## PLEASE TYPE OR PRINT CLEARLY USING A BALLPOINT PEN — PRESS HARD DOCUMENT NO. A.H.

 $N_{i}$ 

5134

1 JIMMY BYRNE	NYS DEC 1A-20	6 (TRAPP)	CATER) GENE	RATOR - BOWE	5
SENERATOR ADDRESS - FOR THE SE	RVICE LOCATION				
1. 65 GLEN COVE AV	ENUE GLEN C	OVE, NEW YOR	K		
2				·	
3					
ENERATOR CONTACT SUPERVISOR	- SERVICE LOCATIO	)N	- OWNER		
1. NAME JIMMY BYRNE	671 7	TITU	E OVINER	· · · · · · · · · · · · · · · · · · ·	
2. PHONE NUMBER — Area Code		3-18-91	<del>,</del>		
3 DATE SHIPPED FROM SERVICE	E LOCATION			<del></del>	
4. TIME SHIPPED FROM SERVICE	LOCATION	<del></del> '	A.M.:	P.M.:	<del></del>
5. GENERATOR SIGNATURE		<del></del>	<del></del>		<del></del>
BENERATOR IDENTIFICATION OF WAS		•			
1. ITEM TYPE		BOWES	J., ;	<del></del>	
2. ITEM TYPE		EECNIE COO			
3. ITEM TYPE		HICKSVILL			
4. ITEM TYPE		HILL WOARDE			<del></del>
5. QUANTITY CUE	BIC YARDS	Z TONS	OTHER		
CHECK ONE (Y)		72-1-4			
& SHIPPED IN CONTAINER TYPE	TRAILEH		ID NO	<del></del>	
				<del></del>	<del></del>
NSPORTER NAME AND ADDRESS 1. JIMMY BYRNE			•		
7 CARLISLE DRIV			<del></del>		
OLD BROOKVILLI					
3OLD BROOKVILL	2, 14.1.11040		<del></del>		·
» 4	<del></del>			<del></del>	<del></del> _
MANSPORTER CONTACT SUPERVISO	R		- OWNED		
1. NAME JIMMY BYRNE	674 770		E OWNER		
2 PHONE NUMBER — Area code	(516) - <u>6/1-//</u> 9	<u> </u>			
1 DATE OF THE LOAD PICKUP					
4, TIME OF THE LOAD PICKUP _					
5. GENERATOR SERVICE LOCAT	ION				
6. DRIVER'S NAME	77775			<del></del>	
7. DRIVER'S SIGNATURE	- 1/ ×20 1	West of the second			<del></del>
SPORTER DELIVERY SCHEDULE					
1. DATE OF THE DELIVERY		<u> </u>			
2 TIME OF THE DELIVERY			<del>//</del>	P.M	
2 TIME OF THE DELIVERY 3. DRIVER'S NAME	- <del>1151/19</del> t	War E TUL	01.911		
4. DRIVER'S SIGNATURE			<del></del>		
5. DELIVERY IN CONTAINER TYP	E TRAILER		ID NO		
S. IDENTIFICATION OF WASTE M	UST BE THE SAME A	S GENERATOR IDEN	TIFICATION YES	NO	
				<del></del>	
BAL FACILITY — A.H. LANDFILL		7-17-71			
1. DELIVERY RECEIVED DATE	<del></del>			<del></del>	
TIME OF DELIVERY		A.M.		P.M	<del></del> -
. A.H. SUPERVISOR INSPECTOR N	IAME	42.2	<del></del>		
4. INSPECTOR SIGNATURE		1/6.1.	1-6-6		<del></del>
5. THE LOAD WAS RECEIVED AS		ERATOR YES	NO		
REJECTED LOAD - YES	_	<i>i. 1.</i> <del></del>	• •		
IF YES PLEASE REMARK					

TOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper soft for transportation according to the applicable regulations of the Department of Transportation, U.S. E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS OVED FOR DISPOSAL AT A.H. LANDFILL, BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACULTY.1 certify that the foregoing and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the tris expense.

### INSTRUCTIONS

## PLEASE TYPE OR PRINT CLEARLY USING A BALLPOINT PEN - PRESS HARD DOCUMENT NO. A.H.

Nº 5132

* tJIMMY BYRNE NYS DEC	1A-206 (TRANSPO	RTER) GENER	RATOR - BOWES
			-
MERATOR ADDRESS — FOR THE SERVICE LOCATED IN 1. 65 GLEN COVE AVENUE GI	EN COVE NEW YOR	к	
***			
2			
3	OCATION		
1. NAME JIMMY BYRNE	TITL	E OWNER	
2 PHONE NUMBER — Area Code ( 516 )	<u> 371-7799                                   </u>		
3. DATE SHIPPED FROM SERVICE LOCATION			
4. TIME SHIPPED FROM SERVICE LOCATION		Á.M	P.M
5. GENERATOR SIGNATURE			
ERATOR IDENTIFICATION OF WASTE TYPE OR	TYPES.	٠.	
1. ITEM TYPE	FOME		
2 ITEM TYPE	FRANK ROAD	ک ہ ک	
3. ITEM TYPE		, NEW YORK	
4. ITEM TYPE	HICKSAIDEE	, NEW TORK	·
5. QUANTITY — CUBIC YARDS	tons 39,84	ОТНЕЯ	
CHECK ONE (7)  6. SHIPPED IN CONTAINER TYPE TRAILE		ID NO	
& SHIPPED IN CONTAINER TIPE		10 140	
1. JIMMY BYRNE 2 7 CARLISLE DRIVE 3. OLD BROOKVILLE, N.Y. 1154	45		
NSPORTER CONTACT SUPERVISOR  1. NAMEJIMMY_BYRNE		= OWNER	
2 PHONE NUMBER — Area code ( 516)6			
3. DATE OF THE LOAD PICKUP	7.15 0	<b>\</b>	
	* 4.44	,	P.M
•	- 1,12 - 1		
6. DRIVER'S NAME	22.15		
6. DRIVERS NAME			
V. DRIVER'S SIGNATURE			
NSPORTER DELIVERY SCHEDULE	3-10-5-	·	
1. DATE OF THE DELIVERY			Р.м
2. TIME OF THE DELIVERY	A.M	,	<i>P.</i> M
J. DITIVETTS TIPING			
4. DRIVER'S SIGNATURE	FR		
5. DELIVERY IN CONTAINER TYPETRAIL		ID NO	
6. IDENTIFICATION OF WASTE MUST BE THE	SAME AS GENERATOR IDEN	ITIFICATION YES	NO
OCAL CACULTY A H. LANDELL			
OSAL FACILITY — A.H. LANDFILL	$0.18 \cdot 31$		
1. DELIVERY RECEIVED DATE			P.M
2. TIME OF DELIVERY	- History Millians		F .5VI.
3. A.H. SUPERVISOR INSPECTOR NAME	111.1 0	12 62	
4. INSPECTOR SIGNATURE	THE STUFFATOR ASS	NO	
5. THE LOAD WAS RECEIVED AS STATED BY T	*****		_
6. REJECTED LOAD — YES NO.			
IF YES PLEASE REMARK			

LEMERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS APPROVED FOR DISPOSAL AT A.H. LANDFILL, BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing use and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the erator's expense.

#### INSTRUCTIONS

1 JIMMY BYRNE NYS DEC	1A-206 (TRANSFORTER) GENERATOR - BOWES	
ERATOR ADDRESS — FOR THE SERVICE LOCA	TION	
1. 65 GLEN COVE AVENUE G	LEN COVE, NEW YORK	
2		
3		
ERATOR CONTACT SUPERVISOR - SERVICE L		
1. NAME JIMMY BYRNE	TITLE OWNER	
* 2 PHONE NUMBER — Area Code ( 516 )	671-7799	
3. DATE SHIPPED FROM SERVICE LOCATION		_
4. TIME SHIPPED FROM SERVICE LOCATION		
, 5. GENERATOR SIGNATURE	The second secon	
ERATOR IDENTIFICATION OF WASTE TYPE OR	TYPES.	
1. ITEM TYPE	EOMES ZVC	
2 ITEM TYPE		
3. ITEM TYPE	HIURSVILLE, NEW YORK	
4. ITEM TYPE	<del> </del>	-
S. QUANTITY — CUBIC YARDS	TONS OTHER	
CHECK ONE (7)	IR ID NO	
& SHIPPED IN CONTAINER TYPETRAILE	10 NO	
NSPORTER NAME AND ADDRESS		
1. JIMMY BYRNE		
2 7 CARLISLE DRIVE		
01 D DD0 0 KVII 1 E N V 115	345	
3 OLD BROOKVILLE, N.Y. 115		
3		
* 4		
.NSPORTER CONTACT SUPERVISOR	TITLE OWNER	_
4UNSPORTER CONTACT SUPERVISOR	TITLE OWNER	
1. NAME	TITLE OWNER	
4	TITLEOWNER	
4. UNSPORTER CONTACT SUPERVISOR  1. NAME	TITLEOWNER	
4. UNSPORTER CONTACT SUPERVISOR  1. NAME JIMMY BYRNE  2. PHONE NUMBER — Area code (516) - 6  3. DATE OF THE LOAD PICKUP  4. TIME OF THE LOAD PICKUP	TITLEOWNER	
4. UNSPORTER CONTACT SUPERVISOR  1. NAME JIMMY BYRNE  2. PHONE NUMBER — Area code (516) - 6  3. DATE OF THE LOAD PICKUP  4. TIME OF THE LOAD PICKUP	TITLEOWNER	
1. NAME	TITLE OWNER  971-7799  A.M. P.M.	
1. NAME	TITLE OWNER  971-7799  A.M. P.M.	-
1. NAME JIMMY BYRNE  2. PHONE NUMBER — Area code (516) - 6  3. DATE OF THE LOAD PICKUP  4. TIME OF THE LOAD PICKUP  5. GENERATOR SERVICE LOCATION  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  1. DATE OF THE DELIVERY	TITLE OWNER  A.M. P.M.	
1. NAME JIMMY BYRNE  2. PHONE NUMBER — Area code (516) - 6  3. DATE OF THE LOAD PICKUP  4. TIME OF THE LOAD PICKUP  5. GENERATOR SERVICE LOCATION  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  1. DATE OF THE DELIVERY	TITLE OWNER  A.M. P.M.	
1. NAME	TITLE OWNER  A.M. P.M.	
1. NAME	TITLE OWNER  571-7799  A.M. P.M.	
NSPORTER CONTACT SUPERVISOR  1. NAME	TITLE OWNER  171-7799  A.M. P.M.  P.M.  P.M.	
INSPORTER CONTACT SUPERVISOR  1. NAME JIMMY BYRNE  2. PHONE NUMBER — Area code (516) - 6  3. DATE OF THE LOAD PICKUP  4. TIME OF THE LOAD PICKUP  5. GENERATOR SERVICE LOCATION  6. DRIVER'S NAME  7. DRIVER'S SIGNATURE  1. DATE OF THE DELIVERY  2. TIME OF THE DELIVERY  3. DRIVER'S NAME  5. DELIVERY IN CONTAINER TYPE TRAIL  6. IDENTIFICATION OF WASTE MUST BE THE	TITLE OWNER  571-7799  A.M. P.M.  P.M.  P.M.  P.M.	
INSPORTER CONTACT SUPERVISOR  1. NAME	TITLE OWNER  171-7799  A.M. P.M.  P.M.  P.M.	
INSPORTER CONTACT SUPERVISOR  1. NAME	TITLE OWNER  A.M. P.M.  P.M.  P.M.  SAME AS GENERATOR IDENTIFICATION YES V NO	
INSPORTER CONTACT SUPERVISOR  1. NAME	TITLE OWNER  A.M. P.M.  P.M.  P.M.  SAME AS GENERATOR IDENTIFICATION YES V NO	
INSPORTER CONTACT SUPERVISOR  1. NAME	TITLE OWNER  A.M. P.M.  P.M.  P.M.  SAME AS GENERATOR IDENTIFICATION YES V NO	
INSPORTER CONTACT SUPERVISOR  1. NAME	A.M. P.M.  A.M. P.M.	
INSPORTER CONTACT SUPERVISOR  1. NAMEJIMMY_BYRNE  2. PHONE NUMBER — Area code (516)	A.M. P.M.  A.M. P.M.	
INSPORTER CONTACT SUPERVISOR  1. NAME	A.M. P.M.  A.M. P.M.	

ERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper andition for transportation according to the applicable regulations of the Department of Transportation, U.S.E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS PPROVED FOR DISPOSAL AT A.H. LANDFILL BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing we and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the irrator's expense.

#### INSTRUCTIONS

E FRATOR NAME  1JIMMY BYRNE NYS DEC 14	4-206 (TRANSPORTER) GE	NERATOR - BOWES
EXERATOR ADDRESS — FOR THE SERVICE LOCATION 1. 65 GLEN COVE AVENUE GLE	ON EN COVE, NEW YORK	
ž <u> </u>		
3		
1. NAME JIMMY BYRNE	CATION TITLE OWNER	
2. PHONE NUMBER — Area Code ( 516 ) - 67	<u>71-7799</u>	-
3. DATE SHIPPED FROM SERVICE LOCATION	3-16-91	
4. TIME SHIPPED FROM SERVICE LOCATION		P.M
5. GENERATOR SIGNATURE	· / ·	
ENERATOR IDENTIFICATION OF WASTE TYPE OR TY		
1. ITEM TYPE		
2. ITEM TYPE	EDWES DYC.	
3. ITEM TYPE	FRANK RUAD	
4. ITEM TYPE	mickeville, NEW YOR	K
ALIENS VASSE	TONS OTHER	
CHECK ONE (/)	29.67	
& SHIPPED IN CONTAINER TYPE TRAILER	ID NO	
REMSPORTER NAME AND ADDRESS  1. JIMMY BYRNE		
7 CARLISLE DRIVE		
OLD BROOKVILLE, N.Y. 11545		
J	<del></del>	
4F^NSPORTER CONTACT SUPERVISOR	- <del></del> -	
1. NAMEJIMMY BYRNE	TITLE OWNER	·
2. PHONE NUMBER — Area code ( 516) - 671		
3. DATE OF THE LOAD PICKUP		
4. TIME OF THE LOAD PICKUP	1	P.M
5. GENERATOR SERVICE LOCATION	CAME	
6. DRIVER'S NAME	CINT	
DRIVER'S SIGNATURE	nent	
	<del></del>	•
NSPORTER DELIVERY SCHEDULE	5 15 51	
1. DATE OF THE DELIVERY	A.M.	P.M.
2. TIME OF THE DELIVERY	A.M.	F.M
DRIVER'S NAME TOWNER US	1120	
4. DRIVER'S SIGNATURE	R ID NO	
5. DELIVERY IN CONTAINER TYPETRAILE	IU NO	
6. IDENTIFICATION OF WASTE MUST BE THE SA	ME AS GENERATOR IDENTIFICATION YES:	NO
SPOSAL FACILITY — A.H. CANDFILL	9-10-01	
1. DELIVERY RECEIVED DATE		
2. TIME OF DELIVERY	A.M.:	P.M
3. A.H. SUPERVISOR INSPECTOR NAME		
4. INSPECTOR SIGNATURE	_ 101 111	<u> </u>
5. THE LOAD WAS RECEIVED AS STATED BY TH		<del></del>
6. REJECTED LOAD - YES NO	<del></del>	
IF YES PLEASE REMARK		

BENERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S.E.P.A. and the Ohio D.E.R. THE WASTE DESCRIBED ABOVE WAS ATRIVED FOR DISPOSAL AT A.H. LANDFILL BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing are and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the parator's expense.

#### INSTRUCTIONS