

E.C. Whitney & Sons

ST: D: Wells G & H

NOT TO EXCEED  
3,000.00

Blanket Order# 17565

ISSUES: 11.9

October 17, 1983 - October 18, 1984 - 1985

ORDER: 282382



SDMS DocID 282382

| Ino | Date     | Invoice | Amount |    |
|-----|----------|---------|--------|----|
| 1   | 3/6/84   | 4665    | 3900   | 1  |
| 2   | 4/30/84  | 4953    | 7500   | 2  |
| 3   | 3/2/84   | 4657    | 3900   | 3  |
| 4   | 5/2/84   | 5063    | 6300   | 4  |
| 5   | 8/6/84   | 5492    | 4000   | 5  |
| 6   | 8/26/84  | 5566    | 4000   | 6  |
| 7   | 8/14/84  | 5533    | 4000   | 7  |
| 8   | 8/9/84   | 5512    | 3900   | 8  |
| 9   | 9/3/84   | 5691    | 5400   | 9  |
| 10  | 12/18/84 | 6224    | 14400  | 10 |
| 11  |          |         | 57300  | 11 |
| 12  | 11/16/85 | 6335    | 12700  | 12 |
| 13  | 3/4/85   | 6627    | 10700  | 13 |
| 14  | 5/7/85   | 7005A   | 4800   | 14 |
| 15  | 5/16/85  | 7084    | 15300  | 15 |
| 16  | 8/2/85   | 7438    | 4800   | 16 |
| 17  | 9/19/85  | 7654    | 12000  | 17 |
| 18  |          |         | 117600 | 18 |
| 19  | 11/7/85  | 7888    | 110400 | 19 |
| 20  | 12/11/85 | 8045    | 20500  | 20 |
| 21  |          |         | 148500 | 21 |
| 22  |          |         |        | 22 |
| 23  |          |         |        | 23 |
| 24  |          |         |        | 24 |
| 25  |          |         |        | 25 |
| 26  |          |         |        | 26 |
| 27  |          |         |        | 27 |
| 28  |          |         |        | 28 |
| 29  |          |         |        | 29 |
| 30  |          |         |        | 30 |
| 31  |          |         |        | 31 |
| 32  |          |         |        | 32 |
| 33  |          |         |        | 33 |
| 34  |          |         |        | 34 |
| 35  |          |         |        | 35 |
| 36  |          |         |        | 36 |
| 37  |          |         |        | 37 |
| 38  |          |         |        | 38 |
| 39  |          |         |        | 39 |
| 40  |          |         |        | 40 |

ETE CASE 45 804  
20720 BUFF 45-704

**TELEPHONE ORDER**

INSTRUCTIONS: Use only for non-capital items within dollar limitations established by Division Purchasing Procedure

T 023074

OM-880 (REV. 2-77)

|  |  |                               |  |                                |   |
|--|--|-------------------------------|--|--------------------------------|---|
| VENDOR<br><i>E. C. Whitney<br/>888 Woburn St.<br/>Wilmington</i> |  | DELIVER TO<br><i>Pat Kane</i> | TERMS<br><i>Net 10</i>                         | DELIVERY DATE<br><i>3-7-83</i> | FOR RESALE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| F.O.B.<br><i>delivered</i>                                       |  |                               | ACCOUNTING CHARGE NUMBER<br><i>956-465-201</i> |                                |   |

| ITEM | QUANTITY | BUYERS CODE | DESCRIPTION                                     | UNIT PRICE   | TOTAL        |
|------|----------|-------------|---|--------------|--------------|
|      | <i>2</i> |             | <i>30 gal 0.14 lined w/liner painted orange</i> | <i>13.50</i> | <i>27.00</i> |

|                                  |                       |                                    |                       |
|----------------------------------|-----------------------|------------------------------------|-----------------------|
| REQUISITIONER<br><i>Pat Kane</i> | DATE<br><i>3-2-83</i> | APPROVED BY<br><i>M. D. Rowley</i> | DATE<br><i>3-2-83</i> |
| BUYER<br><i>Gene P. Plone</i>    | DATE<br><i>3-2-83</i> | RECEIVED BY                        | DATE                  |

ACCOUNTS PAYABLE

**TELEPHONE ORDER**

INSTRUCTIONS: Use only for non-capital items within dollar limitations established by Division Purchasing Procedure.

T 023074

OM-290 (REV 2-71)

|  |  |                               |  |                                |   |
|--|--|-------------------------------|--|--------------------------------|---|
| VENDOR<br><i>E. C. Whitney<br/>888 Woburn St.<br/>Wilmington</i> |  | DELIVER TO<br><i>Pat Kane</i> | TERMS<br><i>Net 10</i>                         | DELIVERY DATE<br><i>3-7-83</i> | FOR RESALE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| F.O.B.<br><i>delivered</i>                                       |  |                               | ACCOUNTING CHARGE NUMBER<br><i>966-465-201</i> |                                |   |

| ITEM                           | QUANTITY | BUYERS CODE | DESCRIPTION  | UNIT PRICE   | TOTAL        |
|--------------------------------|----------|-------------|--|--------------|--------------|
|                                | <i>2</i> |             | <i>30 gal o. H. lined w/cover<br/>painted orange</i> | <i>13.50</i> | <i>27.00</i> |
| <i>REC<br/>3-18-83<br/>GMS</i> |          |             |  |              |              |

|                                   |                       |                                   |                       |
|-----------------------------------|-----------------------|-----------------------------------|-----------------------|
| REQUISITIONER<br><i>Pat Kane</i>  | DATE<br><i>3-2-83</i> | APPROVED BY<br><i>M. D. Newby</i> | DATE<br><i>3-2-83</i> |
| BUYER<br><i>Gene P. [unclear]</i> | DATE<br><i>3-2-83</i> | RECEIVED BY                       | DATE                  |

REQUISITIONER (Sign and forward to Accounts Payable upon receipt of item)

RECEIVING-ACCOUNTING



# Edward C. Whitney & Son, Inc.

PLANT

888 Woburn St.  
Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS

P. O. Box 474  
Wilmington, Mass. 01887

Clin Chemical

51 Eames Street

Wilmington, Mass. 01887

March 17, 1983

1023074

Atten: Pat Kane

same

3-17-83

TERMS: 90 DAYS NET THEREAFTER  
WE RESERVE THE RIGHT TO MAKE  
A 2% CHARGE MONTHLY ON ALL  
UNPAID BALANCES.

2342

| QUANTITY | DESCRIPTION                          | PRICE | AMOUNT |
|----------|--------------------------------------|-------|--------|
| 2        | 30 Gal. O.H. w/covers drums (yellow) | 13.50 | 27.00  |

CHEMICAL GROUP

Chemical Group

MAR 21 1983

51 EAMES ST.

WILMINGTON, MA 01887

PRICES IN EFFECT

AS OF DATE

SHIPMENT

ORIGINAL

Seller guarantees the merchandise sold under this contract to the extent of use, but the seller is not liable for any damage resulting from its use.

1908-1978

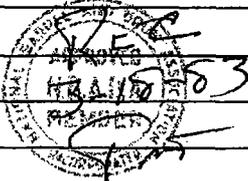
# EDWARD C. WHITNEY & SON, INC.

EDWARD C. WHITNEY

**STEEL • DRUMS • FIBRE**  
**Bought & Sold**  
**New & Reconditioned**

EDWARD C. WHITNEY, JR.

PLANT: 888 WOBURN ST., WILMINGTON, MASS. - 658-8151  
MAIL ADDRESS: P.O. BOX 474, WILMINGTON, MASS. 01887

|   |                                |                                 |        |          |            |          |        |
|---|--------------------------------|---------------------------------|--------|----------|------------|----------|--------|
| Customer's Order No. <u>T023074</u>   |                                | Date <u>Mar 17</u> 19 <u>83</u> |        |          |            |          |        |
| Name <u>Olin Corp</u>   |                                |                                 |        |          |            |          |        |
| Address <u>Camor St, Wil.</u>   |                                |                                 |        |          |            |          |        |
| <u>Attn: Pat Kane</u>   |                                |                                 |        |          |            |          |        |
| SOLD BY   | CASH                           | C O.D                           | CHARGE | ON ACCT. | MDSE. RETD | PAID OUT |        |
| QUAN.   | DESCRIPTION                    |                                 |        |          |            | PRICE    | AMOUNT |
| <u>2</u>  | <u>30 gal OH w/covers</u>      |                                 |        |          |            |          |        |
|   | <u>Paint <del>Orange</del></u> |                                 |        |          |            |          |        |
|   | <u>yellow</u>                  |                                 |        |          |            |          |        |
|   |                                |                                 |        |          |            |          |        |
| <p>The seller guarantees the merchandise sold under this contract to the extent of its value, but the seller is not liable for any damage resulting from its use.</p> |                                |                                 |        |          |            |          |        |
| 002342 Received By  |                                |                                 |        |          |            | TOTAL    |        |

EN-GS-58

BRADY BUSINESS FORMS INC LOWELL, MA 01851 203209-1

0041-1043



**TELEPHONE ORDER**

INSTRUCTIONS: Use only for non-capital items within dollar limitations established by Division Purchasing Procedure.

T 023080

OM-880 (REV. 2-71)

|  |  |                                   |  |                                 |   |
|--|--|-----------------------------------|--|---------------------------------|---|
| VENDOR<br><i>E. C. Whitney &amp; Son<br/>P.O. Box 474<br/>Wilmington, Mo</i> |  | DELIVER TO<br><i>Jim Martucci</i> | TERMS<br><i>net 30</i>                             | DELIVERY DATE<br><i>3/23/83</i> | FOR RESALE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| F.O.B.<br><i>delivered</i>   |  |                                   | ACCT. UNTH. G. CHARGE NUMBER<br><i>966-463-201</i> |                                 |   |

| ITEM     | QUANTITY | BUYERS CODE | DESCRIPTION   | UNIT PRICE | TOTAL         |
|----------|----------|-------------|---|------------|---------------|
| <i>1</i> | <i>1</i> |             | <i>type 304 SS 55 gal o/H<br/>w/out cover (reconditioned)</i> |            | <i>100.00</i> |

*JLP to order*

|   |                        |   |                        |
|---|------------------------|---|------------------------|
| REQUISITIONER<br><i>JM Jim Martucci</i> | DATE<br><i>3/22/83</i> | APPROVED BY<br><i>MDT M.D. Townsend</i> | DATE<br><i>3/22/83</i> |
| BUYER<br><i>James L. Plummer</i>        | DATE<br><i>3/22/83</i> | RECEIVED BY<br><i>JFM 3/22</i>          | DATE<br><i>3/22/83</i> |

REQUISITIONER (Sign and forward to Accounts Payable upon receipt of item)

RECEIVING—ACCOUNTING









PURCHASE REQUISITION

NOTE: Do not use this form for materials which can be procured by Release Order Form OM-216A.

REQUISITION NUMBER:

OM-210 (REV. 6/77)

158647

|   |  |  |   |
|---|--|--|---|
| <b>IMPORTANT:</b> OUTLINE AREA FOR USE OF PURCHASING DEPARTMENT ONLY.   |  |  |   |
| SELLER: CHECK SUCCESSFUL BIDDER<br><input type="checkbox"/> Edward C. Whitney & Son<br>P.O. Box 474<br>Wilmington, Ma 01890 |  | P.O. DATE<br>10-14-83  | P.O. NUMBER<br>195-520  |
|   |  | BUYER<br>Curtis [unclear]  |   |
|   |  | CONFIRMING<br><input type="checkbox"/> PHONE <input type="checkbox"/> VERBAL | WITH (SELLER'S REPRESENTATIVE)<br>A. [unclear]                                      |
|   |  | MAIL INVOICES TO ACCOUNTING DEPARTMENT AT<br>③                               |   |
| ① NOTIFY OR DELIVER TO  | BLDG. OR ROOM NO.                      | DEPARTMENT<br>④  | TO BE CHECKED BY<br>⑤   |
| ② SHIP TO   | SHIP VIA<br>truck                      |  | SELLER WILL SHIP  |
|   | F.O.B.<br>delivered                    |  | QUANTITY TOLERANCE<br>⑥   |
|   | SELLER'S QUOTE NO. OR DATE<br>10-13-83 |  | DELIVERY DATE—SPECIFY<br>⑦ no release   |
|   | TERMS<br>net 30 days                   |  | ⑧ FOR RESALE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

INDICATE BELOW:

1. INSTRUCTIONS FOR INSPECTION IF REQUIRED AT SUPPLIER'S PLANT OR OUR PLANT.
2. ADDITIONAL COPIES OF PURCHASE ORDER IF REQUIRED.
3. ADDITIONAL CERTIFICATION COPY OF RECEIVING REPORT IF REQUIRED.

| QUANTITY | UNIT | BUYER'S CODE NO. | DESCRIPTION  | PRICE | ACCOUNTING CHARGE NO. |
|----------|------|------------------|--|-------|-----------------------|
|          |      |                  | Please prepare a service order to enable Oliv to ship its empty drums off site to be crushed. The drums will be legally empty (i.e. no more than 1" of material) The only EAD approved site is E.C. Whitney and son at this time. Authorized releasers:<br>P. Kane<br>M. Townley |       | ⑨<br>no release       |
|          |      |                  | A CHARGE OF 50¢ PER DRUM WILL BE ASSESSED AT AN AVERAGE OF 160 DRUMS PER MONTH   |       | 0041-1050             |

|                          |                  |   |                  |
|--------------------------|------------------|---|------------------|
| REQUISITIONER<br>P. Kane | DATE<br>10/14/83 | APPROVED - TYPE NAME AND SIGN<br>M.D. [unclear] | DATE<br>10/17/83 |
|--------------------------|------------------|---|------------------|



RELEASE ORDER

No.R 71227 WI

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO • E. C. Whitney  
• P.O. Box 474  
• Wilmington, MA 01887

CONTRACT OR BLANKET P.O. No. 17565WI  
DATE 10/17/83

DELIVER TO • E. C. Whitney  
• P.O. Box 474  
• Wilmington, MA 01887

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

51 Essex St. Wilmington, MA 01887-3393

SHIP VIA

truck

DELIVERY DATE 10/19/83

FOB

delivered

TERMS

Net 30 days

FOR RESALE

YES

NO

| ITEM   | QUANTITY | UNIT | BUYER'S CODE NO. | DESCRIPTION   | ACCOUNTING CHARGE NO. |
|--|----------|------|------------------|---|-----------------------|
| <u>CONFIRMING ORDER. DO NOT DUPLICATE.</u>   |          |      |                  |   |                       |
| This release order confirms the existing oral contract formed between Olin's Pat Kane and E.C. Whitney's Dianne Millt on 10/20/83. |          |      |                  |   |                       |
| 1  | 125      | drum |                  | pick up drums<br>triple rinsed PCl <sub>3</sub><br>for disposal | 966-460-206           |
|  |          |      |                  | \$ .50/drum   |                       |
|  |          |      |                  | Total Amount.... \$62.50  |                       |
|  |          |      |                  |   | 0041-1051             |

PLH

BY June L. Plumer (PCL) OLIN CORPORATION

THIS SHIPPING ORDER must be legibly filled in ink in Indelible pencil or in Carbon, and retained by the agent. RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Shipping Order.

|                                       |                         |  |
|---------------------------------------|-------------------------|--|
| AT<br><b>066</b><br><b>WILMINGTON</b> | DATE<br><b>10/19/83</b> | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br><b>WILL CALL</b>             | VEHICLE NO.             | SHIPPER'S NO.<br><b>956-MD1</b>                        |

|  |  |
|--|--|
| CONSIGNEE TO<br><b>WHITNEY BARRELL</b><br><b>WOBURN, MA</b>  | CUSTOMER'S ORDER NO.<br><i>Release # 71227</i> |
| <b>FOR CHEMICAL EMERGENCY - SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT, CALL CHEMTREC DAY OR NIGHT 800-424-9000</b> |  |

|                     |   |                                   |  |  |   |
|---------------------|---|-----------------------------------|--|--|---|
| FREIGHT CHARGES ARE | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW | <small>if the shipment moves between deep ports by a carrier by water, the law requires that the bill of lading state whether it is "carrier's or shipper's weight."</small><br><small>Note: Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 100 CENTS PER POUND OR ANY OTHER UNIT AUTHORIZED BY REG-MC-972</small> | <small>Failure to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without receipts on the consignor, the consignor shall sign the following statement:<br/>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small><br><b>OLIN CORPORATION</b><br>(SIGNATURE OF CONSIGNOR) | <small>This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.</small><br><b>OLIN CORPORATION</b><br>(SIGNATURE OF CONSIGNOR) |
|---------------------|---|-----------------------------------|--|--|---|

| NO. OF PARCELS  | KIND OF PKGS. | NM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | WEIGHT | CLASS OR RATE |
|---|---------------|-----|--|--------|---------------|
| 144   |               |     | EMPTY PCL. DRUMS - TRIPLE RINGED                       | 50     |               |
| <p><i>NOTE: Please change name to read same as information on shipping label as different company supplied by</i></p> <p><i>Diane Hines</i></p> |               |     |  |        |               |

0041-1052

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.

**2 OLIN CORPORATION, Shipper**  
 Per *M. D. [Signature]*  
 Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1385, STAMFORD, CT. 06904-1385

*[Signature]* Agent  
 Agent must check and retain this Shipping Order and must sign the Original Bill of Lading.  
 OCT 2020 (REV. 11/82)

DRUMS

STEEL & FIBRE

HAZARDOUS WASTE TRANS. LIC. #133



*Edward C. Williams, Jr. Sales Inc.*

PLANT  
599 Webster St.  
Wilmington, Mass. 01897  
639-0151

MAIL ADDRESS  
P.O. Box 471  
Wilmington, Mass. 01897

**INVOICE**

**NO 3935**

DATE: October 20, 1983

|                         |              |                 |       |
|-------------------------|--------------|-----------------|-------|
| Olin Chemical           |              | P.O. 17565MI    |       |
| 51 Eames Street         |              | Release # 81228 |       |
| Wilmington, Mass. 01887 |              | Ship # 066-MDT  |       |
| CUST. ORDER NO.         | DATE SHIPPED | SHIPPED VIA     | TERMS |
|                         | 10-19-83     |                 |       |
| SALESMAN                |              | F.O.B.          |       |
|                         |              |                 |       |
| OUR ORDER NO.           |              |                 |       |

| QTY | DESCRIPTION                           | UNIT PRICE | TOTAL |
|-----|---------------------------------------|------------|-------|
| 144 | 55 Gal. EMPTY steel drums - picked up | .50        | 72.00 |
|     |                                       |            |       |
|     |                                       |            |       |
|     |                                       |            |       |
|     |                                       |            |       |
|     |                                       |            |       |
|     |                                       |            |       |
|     |                                       |            |       |
|     |                                       |            |       |

**Olin Corp.**  
Chemicals Division

*1007-2-1083*

**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM OLIN CORPORATION

|   |                  |  |
|---|------------------|--|
| AT<br>WILMINGTON, MA                              | DATE<br>10/20/83 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br>E.C. WHITNEY <del>BARREL CO.</del> & SON | VEHICLE NO.      | SHIPPER'S NO.<br>066 MDT (2)                           |

|   |                      |  |
|---|----------------------|--|
| CONSIGNEE TO<br>E.C. WHITNEY <del>BARREL CO.</del> & SON<br><del>Woburn, MA</del><br>Wilmington, MA | CUSTOMER'S ORDER NO. | <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPO-<br/>SURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> <p><small>THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN), MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER (THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION. IT IS MUTUALLY AGREED AS TO EACH CARRIER OF ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY, THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING (SET FORTH IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF, IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT) OR (2) IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OF TARIFF, IF THIS IS A MOTOR CARRIER SHIPMENT.</small></p> <p><small>SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OF TARIFF WHICH COVERS THE TRANSPORTATION OF THIS SHIPMENT AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.</small></p> |
|---|----------------------|--|

|                            |  |                                   |   |   |   |
|----------------------------|--|-----------------------------------|---|---|---|
| <b>FREIGHT CHARGES ARE</b> | IF CHARGES ARE PREPAID MAIL<br>PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."<br><br>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972 | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) |
|----------------------------|--|-----------------------------------|---|---|---|

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | *WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|---------|---------------|
| 24              |               |     | EMPTY PCL <sub>3</sub> DRUMS--TRIPLE RINSED            | 1,200   |               |
| 128             |               |     | EMPTY STEEL DRUMS                                      | 5,504   |               |

0041-1054

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.

**1** OLIN CORPORATION, Shipper  
Per *[Signature]*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

Per *[Signature]* Agent



RELEASE ORDER

No.R 71233 <sup>WT</sup>

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO •  
 • E.C. Whibbey & Son  
 • P.O. Box 474  
 • Wilmington, MA 01887

CONTRACT OR  
 BLANKET P.O. No.                      DATE  
 17565<sup>WT</sup>                                      10/20/83

DELIVER •  
 TO • E.C. Whitney & Son  
 • P.O. Box 474  
 • Wilmington, MA 01887

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

51 Eames St. Wilmington, MA 01887-3393

SHIP VIA                      truck                      DELIVERY DATE                      10/20/83

FOB                      delivered                      TERMS                      Net 30 days                      FOR RESALE                       YES                       NO

| ITEM   | QUANTITY | UNIT | BUYER'S CODE NO. | DESCRIPTION                                | ACCOUNTING CHARGE NO. |
|--|----------|------|------------------|--|-----------------------|
|  |          |      |                  | <u>CONFIRMING ORDER. DO NOT DUPLICATE.</u> | 966-460-200           |
| This release order confirms the existing oral contract formed between Olin's Pat Kane and E.C. Whitney's Dianne on 10/20/83. |          |      |                  |  |                       |
| 1  | 24       | ea   |                  | triple wash empty steel drums              | \$ .50/drum           |
| 2  | 128      | ea   |                  | regular empty steel drums                  | \$ .50/drum           |
| Total Amount...  |          |      |                  |  | \$76.00               |
|  |          |      |                  |  | 0041-1055             |
|  |          |      |                  |  | PLM                   |

BY June L. Pender (Mrs.)  
 OLIN CORPORATION



*Edward C. Williams & Son, Inc.*

PLANT #1  
 609 Western St.  
 Wilmington, Mass. 01887  
 674-8731

WILMINGTON  
 P.O. Box 8  
 Wilmington, Mass. 01887

**INVOICE**

NO 3943

DATE: October 21, 1983

|   |   |
|---|---|
| Olin Chemical<br>51 Eames Street<br>Wilmington, Mass. 01887 | P.O. 175654<br>Ship # 666 ext (2)<br>same |
|---|---|

| CUST. ORDER NO. | DATE SHIPPED | SHIPPED VIA | TERMS | SALESMAN | F.O.B. | OUR ORDER NO. |
|-----------------|--------------|-------------|-------|----------|--------|---------------|
|                 | 10-20-83     |             |       |          |        |               |

| QTY | DESCRIPTION                          | UNIT PRICE | TOTAL |
|-----|--------------------------------------|------------|-------|
| 152 | 55 Gal. EMPTY steel drums- picked up | .50        | 76 00 |
|     |                                      |            |       |
|     |                                      |            |       |
|     |                                      |            |       |
|     |                                      |            |       |
|     |                                      |            |       |

**OLIN CORP**  
**CHEMICALS GROUP**  
 OCT 24 1983  
 Wilmington Accounting Dept

**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM **OLIN CORPORATION**

|                          |                 |  |
|--------------------------|-----------------|--|
| AT 066<br>WILMINGTON, MA | DATE<br>11/1/83 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL       | VEHICLE NO.     | SHIPPER'S NO.<br>066-DFC                               |

|   |  |
|---|--|
| CONSIGNEE TO<br>E.C. WHITNEY & SON<br>WILMINGTON, MA  | CUSTOMER'S ORDER NO.   |
| FOR CHEMICAL EMERGENCY:<br>SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT, CALL:<br>CHEMTREC-DAY OR NIGHT:<br>800-424-9300 | <p><small>THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN), MARKED, CONDITIONED AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER (THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, UPON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IT IS MUTUALLY AGREED AS TO EACH CARRIER OR ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY, THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH IN THE UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREON. IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT, OR IS IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OF TARIFF, IF THIS IS A MOTOR CARRIER SHIPMENT.</small></p> <p><small>SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OF TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.</small></p> |

|   |   |  |   |   |
|---|---|--|---|---|
| CARRIER NOTE  |   | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau. |
| FREIGHT CHARGES ARE   | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW  | OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR)  | OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR)  |
| Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972 |   |  |   |   |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 31              |               |     | EMPTY PCL <sub>3</sub> DRUMS - TRIPLE RINSED           |          |               |
| 121             |               |     | EMPTY STEEL DRUMS                                      |          |               |
|                 |               |     | TOTAL 152 DRUMS  |          |               |
|                 |               |     |  |          | 0041-1057     |

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.

1 **OLIN CORPORATION** Shipper  
Per *Donald H. Covert*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

Per *T. L. Covert* Agent

CD 3050 (REV. 11/82)

**THIS MEMORANDUM**

IS AN ACKNOWLEDGMENT THAT A BILL OF LADING HAS BEEN ISSUED AND IS NOT THE ORIGINAL BILL OF LADING, NOR A COPY OR DUPLICATE, COVERING THE PROPERTY NAMED HEREIN, AND IS INTENDED SOLELY FOR FILING OR RECORD.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE RECEIPT BY THE CARRIER OF THE PROPERTY DESCRIBED IN THE ORIGINAL BILL OF LADING.

KLA  
S

|  |                        |  |
|--|------------------------|--|
| AT <b>066</b><br><b>WILMINGTON, MA</b> | DATE<br><b>11/1/83</b> | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br><b>WILL CALL</b>              | VEHICLE NO.            | SHIPPER'S NO.<br><b>066-DFC</b>                        |

|  |                      |
|--|----------------------|
| CONSIGNEE TO<br><b>E.C. WHITNEY &amp; SON<br/>WILMINGTON, MA</b>   | CUSTOMER'S ORDER NO. |
| <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPO-<br/>SURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> |                      |

THE PROPERTY DESCRIBED BELOW IS APPROPRIATELY CLASSIFIED, PACKAGED, MARKED AND LABELED IN ACCORDANCE WITH THE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. THE SHIPPER ACCEPTS THE RESPONSIBILITY FOR THE PROPER CLASSIFICATION, PACKAGING, MARKING AND LABELING OF THE PROPERTY. THE CARRIER SHALL NOT BE RESPONSIBLE FOR THE PROPER CLASSIFICATION, PACKAGING, MARKING AND LABELING OF THE PROPERTY. THE SHIPPER SHALL BE RESPONSIBLE FOR THE PROPER CLASSIFICATION, PACKAGING, MARKING AND LABELING OF THE PROPERTY. THE CARRIER SHALL NOT BE RESPONSIBLE FOR THE PROPER CLASSIFICATION, PACKAGING, MARKING AND LABELING OF THE PROPERTY.

|                     |   |                                   |  |  |   |
|---------------------|---|-----------------------------------|--|--|---|
| FREIGHT CHARGES ARE | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW | *If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."<br><br>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972 | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) |
|---------------------|---|-----------------------------------|--|--|---|

| NO. OF PACKAGES | KIND OF PKGS. | HM | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|----|--|----------|---------------|
| 31              |               |    | EMPTY PCL <sub>3</sub> DRUMS - TRIPLE RINSED           |          |               |
| 121             |               |    | EMPTY STEEL DRUMS                                      |          |               |
|                 |               |    | <b>TOTAL 152 DRUMS</b>                                 |          |               |
|                 |               |    |  |          | 0041-1058     |

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.

**3** OLIN CORPORATION Shipper  
Per *[Signature]*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

Per *[Signature]* Agent



RELEASE ORDER

No.R 71248<sub>wi</sub>

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO • E.C. Whitney & Son  
• P.O. Box 474  
• Wilmington, MA 01887-3393

CONTRACT OR BLANKET P.O. No.

DATE

17565WI

11/1/83

DELIVER • TO • E.C. Whitney & Son  
• P.O. Box 474  
• Wilmington, MA 01887

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

51 Eames St., Wilmington, MA 01887-3393

SHIP VIA

truck

DELIVERY DATE

11/1/83

FOB

delivered

TERMS

FOR RESALE

Net 30 days

YES

NO

ITEM QUANTITY UNIT BUYER'S CODE NO. DESCRIPTION ACCOUNTING CHARGE NO.

CONFIRMING ORDER. DO NOT DUPLICATE.

966-460-209

This Release Order confirms the existing oral contract formed between Olin's P. Kane and E.C. Whitney's Dianne on 11/1/83.

1

152

ea

Pick up empty drums for disposal

\$ .50/drums

Total Amount... \$76.00

0041-1059

PLM

BY Jane L. Plumer (Mrs.)  
OLIN CORPORATION



RELEASE ORDER

No. R 71248 WI

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO • E.C. Whitney & Son  
• P.O. Box 474  
• Wilmington, MA 01887-3393

CONTRACT OR BLANKET P.O. No. 17565WI  
DATE 11/1/83

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

51 Essex St., Wilmington, MA 01887-3393

DELIVER TO • E.C. Whitney & Son  
• P.O. Box 474  
• Wilmington, MA 01887

SHIP VIA truck DELIVERY DATE 11/1/83  
FOB delivered TERMS Net 30 days FOR RESALE  YES  NO

| ITEM  | QUANTITY | UNIT | BUYER'S CODE NO. | DESCRIPTION                                  | ACCOUNTING CHARGE NO. |
|---|----------|------|------------------|--|-----------------------|
| <b>CONFIRMING ORDER. DO NOT DUPLICATE.</b>  |          |      |                  |  |                       |
| <p>This Release Order confirms the existing oral contract formed between Olin's P. Kane and E.C. Whitney's Dianna on 11/1/83.</p> |          |      |                  |  |                       |
| 1   | 152      | ea   |                  | Pick up empty drums for disposal \$ .50/drum | 966-460-208           |
| <b>Total Amount... \$76.00</b>  |          |      |                  |  |                       |

BY *[Signature]*  
Tom I. Fisher  
OLIN CORPORATION

ACCOUNTS PAYABLE DEPARTMENT

0041-1060



RELEASE ORDER

No. R 71248

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO • E.C. Whitney & Son  
• P.O. Box 474  
• Wilmington, MA 01897-3393

CONTRACT OR BLANKET P.O. NO. 1756501  
DATE 11/1/83

DELIVER TO • E.C. Whitney & Son  
• P.O. Box 474  
• Wilmington, MA 01897

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

51 James St., Wilmington, MA 01897-3393

SHIP VIA

truck

DELIVERY DATE

11/1/83

FOB

delivered

TERMS

Net 30 days

FOR RESALE

YES

NO

| ITEM | QUANTITY | UNIT | BUYER'S CODE NO. | DESCRIPTION  | ACCOUNTING CHARGE NO. |
|------|----------|------|------------------|--|-----------------------|
|      |          |      |                  | <b><u>CONFIRMING ORDER. DO NOT DUPLICATE.</u></b>  |                       |
|      |          |      |                  | This Release Order confirms the existing oral contract formed between Olin's P. Kane and E.C. Whitney's Bianna on 11/1/83. |                       |
| 1    | 152      | ea   |                  | Pick up empty drums for disposal   | 965-440-208           |
|      |          |      |                  | \$ .30/Drum  |                       |
|      |          |      |                  | Total amount... \$76.80  |                       |

REC  
11/1/83  
Jm

BY June L. Finner (Mkt.)

OLIN CORPORATION

RECEIVING - ACCOUNTING

0041-1061



*Edward C. Whitman & Son, Inc.*

PLANT  
899 Woburn St.  
Wilmington, Mass. 01887  
453-3151

MAIL ADDRESS  
P.O. Box 474

Wilmington, Mass. 01887

**INVOICE**

NO 3988

DATE: November 1, 1983

|                 |                         |             |         |                 |        |               |
|-----------------|-------------------------|-------------|---------|-----------------|--------|---------------|
| SOLD TO         | Olin Chemical           |             | SHIP TO | P.O. 17565      |        |               |
|                 | 51 Eames Street         |             |         | Release # 81281 |        |               |
|                 | Wilmington, Mass. 01887 |             |         | Ship # 066-DFC  |        |               |
| CUST. ORDER NO. | DATE SHIPPED            | SHIPPED VIA | TERMS   | SALESMAN        | F.O.B. | OUR ORDER NO. |
|                 | 11-1-83                 |             |         |                 |        |               |

| CUST. ORDER NO. | DATE SHIPPED | SHIPPED VIA | TERMS | SALESMAN | F.O.B. | OUR ORDER NO. |
|-----------------|--------------|-------------|-------|----------|--------|---------------|
| 152             |              |             |       |          | 50     | 76 00         |
|                 |              |             |       |          |        |               |
|                 |              |             |       |          |        |               |
|                 |              |             |       |          |        |               |
|                 |              |             |       |          |        |               |
|                 |              |             |       |          |        |               |
|                 |              |             |       |          |        |               |
|                 |              |             |       |          |        |               |

**OLIN CORP**  
**CHEMICALS GROUP**

NOV 03 1983  
*[Signature]*  
Wilmington Accounting Dept.

Paula -

This will be billed as  
Rel. # 71244.

Tricia



**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM **OLIN CORPORATION**

|                      |                 |   |
|----------------------|-----------------|---|
| AT 066<br>WILMINGTON | DATE<br>11/9/83 | PAGE<br>DO NOT SUBMIT FREIGHT BILL<br>WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL   | VEHICLE NO.     | SHIPPER'S NO.<br>066-DFC                                  |

|  |                      |   |
|--|----------------------|---|
| CONSIGNEE TO<br>E.C. WHITNEY & SON<br>WILMINGTON, MA | CUSTOMER'S ORDER NO. | <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPO-<br/>SURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> <p><small>THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN), MARKED, CONSIGNED, AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER (THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IF IT IS ACTUALLY ACHIEVED, AS TO EACH CARRIER OF ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF, IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT, OR SET IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OR TARIFF IF THIS IS A MOTOR CARRIER SHIPMENT.</small></p> <p><small>SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OF TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.</small></p> |
|--|----------------------|---|

|                     |   |  |   |   |
|---------------------|---|--|---|---|
| <b>CARRIER NOTE</b> |   | * If the shipment moves between two parts by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau. |
| FREIGHT CHARGES ARE | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW  | OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR)  | OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR)  |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 6               |               |     | EMPTY PCL <sub>3</sub> DRUMS - TRIPLE RINSED           |          |               |
| 19              |               |     | OH EMPTY DRUMS   |          |               |
| 79              |               |     | CH EMPTY DRUMS   |          |               |
|                 |               |     | TOTAL 104 DRUMS  |          |               |

0041-1065

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.

**OLIN CORPORATION, Shipper**

Per *[Signature]* Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

Per *[Signature]* Agent

CD 3050 (REV. 11/82)



RELEASE ORDER

No. R 71249

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO

- E.C. Whitney & Son
- P.O. Box 474
- Wilmington, MA 01897

CONTRACT OR  
BLANKET P.O. NO. **175650E** DATE **11/1/83**

DELIVER TO

- E.C. Whitney & Son
- P.O. Box 474
- Wilmington, MA 01897

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

51 Monument Street, Wilmington, MA 01897-3393

|           |   |
|-----------|---|
| SHIP VIA  | DELIVERY DATE   |
| truck     | 11/10/83  |
| FOB       | TERMS   |
| delivered | Net 30 days   |
|           | FOR RESALE  |
|           | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

| ITEM | QUANTITY | UNIT | BUYER'S CODE NO. | DESCRIPTION  | ACCOUNTING CHARGE NO. |
|------|----------|------|------------------|--|-----------------------|
|      |          |      |                  | <p><b>CONFIRMING ORDER. DO NOT DELIVER.</b></p> <p>This release order confirms the existing oral contract formed between Olin's Nat Lane and E.C. Whitney's Bianna on 11/1/83.</p> | 966-460-208           |
| 2    | 104      | ea   |                  | empty steel drums \$ .30/ea  |                       |
|      |          |      |                  | Total amount.....  | \$12.00               |

REC  
11/14/83  
[Signature]

BY June L. Plummer (Mrs.)  
OLIN CORPORATION

RECEIVING - ACCOUNTING

0041-1066

**THIS SHIPPING ORDER** must be legibly filled in, in Ink, in Indelible Pencil or in Carbon, and retained by the agent.  
 RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Shipping Order.

KKA  
SS

PAGE  
 DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER  
 SHIPPER'S NO.  
**066-DFC**

AT **066 WILMINGTON**  
 ROUTE **WILL CALL**

DATE **11/9/83**  
 VEHICLE NO.

CONSIGNEE TO  
**E.C. WHITNEY & SON  
 WILMINGTON, MA**

CUSTOMER'S ORDER NO.  
**FOR CHEMICAL EMERGENCY-  
 SPILL, LEAK, FIRE, EXPO-  
 SURE OR ACCIDENT, CALL:  
 CHEMTREC-DAY OR NIGHT:  
 800-424-9300**

FREIGHT CHARGES ARE

IF CHARGES ARE PREPAID MAIL  
 PREPAID FREIGHT BILL TO:  
**OLIN CORPORATION  
 120 LONG RIDGE ROAD, P.O. BOX 876  
 STAMFORD, CT. 06904-0876  
 ACCOUNTS PAYABLE**

CARRIER INSTRUCTIONS  
 SEE BELOW

\*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."  
 Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding **150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972**

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:  
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges  
**OLIN CORPORATION**  
 (SIGNATURE OF CONSIGNOR)

This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.  
**OLIN CORPORATION**  
 (SIGNATURE OF CONSIGNOR)

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 6               |               |     | EMPTY PCL <sub>3</sub> DRUMS - TRIPLE RINSED           |          |               |
| 19              |               |     | OH EMPTY DRUMS   |          |               |
| 79              |               |     | CH EMPTY DRUMS   |          |               |
|                 |               |     | <b>TOTAL 104 DRUMS</b>                                 |          |               |

*Handwritten notes:*  
 0010  
 O.R. to pay pd  
 104  
 JC 12/5/83

0041-1067

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.

**2** **OLIN CORPORATION** Shipper  
 Per *[Signature]*  
 Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

*[Signature]* Agent  
 Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.  
 CD 3050 (REV. 11/82)

DRUMS

STEEL & FIBRE

HAZARDOUS WASTE TRANS. LIC. #133



Edward C. Whitney & Son, Inc.

PLANT

888 Woburn St.  
Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS

P.O. Box 474  
Wilmington, Mass. 01887

INVOICE

NO 4040

DATE: November 10, 1983

SOLD TO

Olin Chemical Co.  
51 Eames Street  
Wilmington, Mass. 01887

SHIP TO

P.O. 17565WI  
Release # 72248WI

|                 |              |             |       |          |        |               |
|-----------------|--------------|-------------|-------|----------|--------|---------------|
| CUST. ORDER NO. | DATE SHIPPED | SHIPPED VIA | TERMS | SALESMAN | F.O.B. | OUR ORDER NO. |
|                 | 11-10-83     |             |       |          |        |               |

| QTY | DESCRIPTION                           | UNIT PRICE | TOTAL |
|-----|---------------------------------------|------------|-------|
| 104 | 55 Gal. EMPTY steel drums - picked up | 50         | 52 00 |
|     |                                       |            |       |
|     |                                       |            |       |
|     |                                       |            |       |
|     |                                       |            |       |
|     |                                       |            |       |
|     |                                       |            |       |

OLIN CORP  
CHEMICALS GROUP  
Wilmington Accounting Dept  
NOV 14 1983



**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM **OLIN CORPORATION**

|                          |                  |  |
|--------------------------|------------------|--|
| AT 066<br>Wilmington, MA | DATE<br>11/15/83 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL       | VEHICLE NO.      | SHIPPER'S NO.<br>066-DFC                               |

|  |   |
|--|---|
| CONSIGNEE TO<br><br>E.C. WHITNEY & SON<br>WILMINGTON, MA | CUSTOMER'S ORDER NO.  |
|  | FOR CHEMICAL EMERGENCY-<br>SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT, CALL:<br>CHEMTREC-DAY OR NIGHT:<br>800-424-9300 |

THE PROPERTY DESCRIBED BELOW IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN), MARKED, CONIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER (THE WHOSE CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF IT IS IN SUCH PLACE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IT IS MUTUALLY AGREED AS TO EACH CARRIER OF ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING (SEE ESTIMATE) IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREON, IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT, OR IF IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OF TARIFF IF THIS IS A MOTOR CARRIER SHIPMENT.

SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

|                     |   |                                   |   |  |   |
|---------------------|---|-----------------------------------|---|--|---|
| CARRIER NOTE        |   | CARRIER INSTRUCTIONS<br>SEE BELOW | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."<br><br>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972 | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) |
| FREIGHT CHARGES ARE | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE |                                   |   |  |   |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 79              |               |     | EMPTY CLOSED HEAD DRUMS                                |          |               |
|                 |               |     |  |          | 0041-1070     |

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.

*M. Spinazola* Agent

**OLIN CORPORATION, Shipper**  
Per *[Signature]*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

Per \_\_\_\_\_



RELEASE ORDER

No. R 71372 WI

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO

- E.C. Whitney & Son
- P.O. Box 474
- Wilmington, MA 01887-3391

CONTRACT OR  
BLANKET P.O. NO. 1756502      DATE 11/15/83

DELIVER TO

- E.C. Whitney & Son
- P.O. Box 474
- Wilmington, MA 01887

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

51 Essex St., Wilmington, MA 01887-3388

SHIP VIA

truck

DELIVERY DATE

11/15/83

FOB

delivered

TERMS

Net 30 days

FOR RESALE

YES

NO

ACCOUNTING CHARGE NO.

**CONFIRMING ORDER. DO NOT DUPLICATE.**

966-460-20

This release order confirms the existing oral contract formed between Olin's P. Kane and Whitney's Blasse on 11/15/83.

| ITEM | QUANTITY | UNIT | BUYER'S CODE NO. | DESCRIPTION                                      | ACCOUNTING CHARGE NO. |
|------|----------|------|------------------|--|-----------------------|
| 1    | 79       | ea   |                  | empty drums for pick up and disposal \$ .50/drum |                       |

REC  
11/14/83  
SMT

Total amount...\$39.50

0041-1071

BY

Jane L. Blasse (R/S)

RECEIVING - ACCOUNTING



RELEASE ORDER

No.R 71372 WI

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO • E.C. Whitney & Son  
• P.O. Box 474  
• Wilmington, MA 01887-3393

CONTRACT OR BLANKET P.O. No.

DATE

17565WI

11/15/83

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

DELIVER TO • E.C. Whitney & Son  
• P.O. Box 474  
• Wilmington, MA 01887

51 Eames St., Wilmington, MA 01887-3393

SHIP VIA

DELIVERY DATE

truck

11/15/83

FOB

TERMS

FOR RESALE

delivered

Net 30 days

YES

NO

| ITEM | QUANTITY | UNIT | BUYER'S CODE NO. | DESCRIPTION   | ACCOUNTING CHARGE NO. |
|------|----------|------|------------------|---|-----------------------|
|      |          |      |                  | <p><u>CONFIRMING ORDER. DO NOT DUPLICATE.</u></p> <p>This release order confirms the existing oral contract formed between Olin's P. Kane and Whitney's Dianne on 11/15/83.</p> |                       |
| 1    | 79       | ea   |                  | empty drums for pick up and disposal \$ .50/drum  | 956-460-21            |
|      |          |      |                  | Total Amount...\$39.50  |                       |

0041-1072

PLM

BY

June L. Olin (Signature)

DRUMS

STEEL & FIBRE

HAZARDOUS WASTE TRANS. LIC. #133



Edward C. Whitney & Son, Inc.

PLANT

888 Woburn St.  
Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS

P.O. Box 474  
Wilmington, Mass. 01887

**INVOICE**

NO 4068

DATE: November 16, 1983

|                 |                         |             |                |                   |        |               |
|-----------------|-------------------------|-------------|----------------|-------------------|--------|---------------|
| <b>SOLD TO</b>  | Olin Chemical           |             | <b>SHIP TO</b> | P.O. 17565 WI     |        |               |
|                 | 51 Eames Street         |             |                | Release # 71372WI |        |               |
|                 | Wilmington, Mass. 01887 |             |                | same              |        |               |
| CUST. ORDER NO. | DATE SHIPPED            | SHIPPED VIA | TERMS          | SALESMAN          | F.O.B. | OUR ORDER NO. |
|                 | 11-15-83                |             |                |                   |        |               |

| QTY | DESCRIPTION                     | UNIT PRICE | TOTAL |
|-----|---------------------------------|------------|-------|
| 79  | 55 Gal. drums - Empty picked up | .50        | 39.50 |
|     |                                 |            |       |
|     |                                 |            |       |
|     |                                 |            |       |
|     |                                 |            |       |
|     |                                 |            |       |
|     |                                 |            |       |

**OLIN CORP**  
**CHEMICALS GROUP**  
*[Signature]*  
 NOV 17 1983  
 Wilmington Accounting Dept



**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM OLIN CORPORATION

|                             |                  |  |
|-----------------------------|------------------|--|
| AT<br>066<br>WILMINGTON, MA | DATE<br>12/16/83 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL          | VEHICLE NO.      | SHIPPER'S NO.<br>066-MDT                               |

|  |                      |
|--|----------------------|
| CONSIGNEE TO<br>E.C. WHITNEY & SON<br>WILMINGTON, MA   | CUSTOMER'S ORDER NO. |
| <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPO-<br/>SURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> |                      |

THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTICED, CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN, MARKED, CONIGNED, AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER, THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS, MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT, AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION. IT IS MUTUALLY AGREED, AS TO EACH CARRIER OF ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY, THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF. IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT, OR IF IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OR TARIFFS THIS IS A MOTOR CARRIER SHIPMENT.

SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THIS SAID BILL OF LADING, INCLUDING THOSE ON THE BACK HEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERN THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

|                            |  |  |  |   |   |
|----------------------------|--|--|--|---|---|
| <b>FREIGHT CHARGES ARE</b> | <b>CARRIER NOTE</b><br>IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | <b>CARRIER INSTRUCTIONS</b><br>SEE BELOW | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether, it is "carrier's or shipper's weight."<br><br>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972 | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described<br>Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) |
|----------------------------|--|--|--|---|---|

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 43              |               |     | OPEN HEAD DRUMS  |          |               |
| 83              |               |     | CLOSED HEAD DRUMS                                      |          |               |
|                 |               |     | TOTAL 126 DRS  |          |               |
| 0041-1075       |               |     |  |          |               |

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.

**OLIN CORPORATION, Shipper**

Per William H. Landry  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

Per M. Sainzola Agent

SHIPPING POINT

**THIS MEMORANDUM** IS AN ACKNOWLEDGMENT THAT A BILL OF LADING HAS BEEN ISSUED AND IS NOT THE ORIGINAL BILL OF LADING, NOR A COPY OR DUPLICATE, COVERING THE PROPERTY NAMED HEREIN, AND IS INTENDED SOLELY FOR FILING OR RECORD.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE RECEIPT BY THE CARRIER OF THE PROPERTY DESCRIBED IN THE ORIGINAL BILL OF LADING.

|   |                         |  |
|---|-------------------------|--|
| AT<br><b>066</b><br><b>WILMINGTON, MA</b> | DATE<br><b>12/16/83</b> | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br><b>WILL CALL</b>                 | VEHICLE NO.             | SHIPPER'S NO.<br><b>066-MDT</b>                        |

|  |                      |
|--|----------------------|
| CONSIGNEE TO<br><b>E.C. WHITNEY &amp; SON</b><br><b>WILMINGTON, MA</b>   | CUSTOMER'S ORDER NO. |
| <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> |                      |

|                            |  |                                   |  |  |   |
|----------------------------|--|-----------------------------------|--|--|---|
| <b>FREIGHT CHARGES ARE</b> | IF CHARGES ARE PREPAID MAIL<br>PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW | <p>*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."</p> <p>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding <b>150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972</b></p> | <p>Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:</p> <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges</p> <p>OLIN CORPORATION<br/>(SIGNATURE OF CONSIGNOR)</p> | <p>This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.</p> <p>OLIN CORPORATION<br/>(SIGNATURE OF CONSIGNOR)</p> |
|----------------------------|--|-----------------------------------|--|--|---|

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 43              |               |     | OPEN HEAD DRUMS  |          |               |
| 83              |               |     | CLOSED HEAD DRUMS                                      |          |               |
|                 |               |     | <b>TOTAL 126 DRS</b>                                   |          |               |

0041-1076

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.

|  |                               |
|--|-------------------------------|
| <p><b>OLIN CORPORATION, Shipper</b></p> <p>Per <i>[Signature]</i><br/>Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355</p> | <p>Per <i>[Signature]</i></p> |
|--|-------------------------------|

5

EXTRA COPY



RELEASE ORDER

No. R 71396 VI

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO • E.C. Whitney & Son  
• P.O. Box 474  
• Wilmington, MA 01897

CONTRACT OR BLANKET P.O. NO. 17569VI  
DATE 12/16/83

DELIVER TO • E.C. Whitney & Son  
• P.O. Box 474  
• Wilmington, MA 01897

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES, AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

51 Howe St., Wilmington, MA 01897-3393

SHIP VIA

DELIVERY DATE

FOB Track

12/16/83

TERMS

FOR RESALE

Delivered

Net 30 days

YES

NO

| ITEM  | QUANTITY | UNIT | BUYER'S CODE NO. | DESCRIPTION                      | ACCOUNTING CHARGE NO. |
|---|----------|------|------------------|----------------------------------|-----------------------|
| 1   | 126      | ea   |                  | pick up empty drums for disposal |                       |
| <p><b>CONFIRMING ORDER. DO NOT DUPLICATE.</b></p> <p>This Release Order confirms the existing oral contract formed between Olin's Patricia Mackay and E.C. Whitney's Diana on 12/16/83.</p> <p><b>TOTAL AMOUNT.... \$63.00</b></p> <p><i>REZ<br/>12/16/83<br/>GMS</i></p> |          |      |                  |                                  | 955-660-288           |

BY June L. Pinner (M)  
OLIN CORPORATION

RECEIVING - ACCOUNTING

0041-1077



RELEASE ORDER

No.R 71396 WI

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO • E.C. Whitney & Son  
• P.O. Box 474  
• Wilmington, MA 01887

CONTRACT OR BLANKET P.O. No. 17565W1  
DATE 12/16/83

DELIVER TO • E.C. Whitney & Son  
• P.O. Box 474  
• Wilmington, MA 01887

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

51 Essex St., Wilmington, MA 01887-3393

SHIP VIA

DELIVERY DATE

FOB track

12/16/83

TERMS

FOR RESALE

delivered

Net 30 days

YES

NO

| ITEM | QUANTITY | UNIT | BUYER'S CODE NO. | DESCRIPTION  | ACCOUNTING CHARGE NO. |
|------|----------|------|------------------|--|-----------------------|
|      |          |      |                  | 966-460-208  |                       |
|      |          |      |                  | <u>CONFIRMING ORDER. DO NOT DUPLICATE.</u>   |                       |
|      |          |      |                  | This Release Order confirms the existing oral contract formed between Olin's Patricia Mackay and E.C. Whitney's Diana on 12/16/83. |                       |
| 1    | 126      | ea   |                  | pick up empty drums for disposal   | \$ .50/drum           |
|      |          |      |                  | TOTAL AMOUNT.... \$63.00   |                       |
|      |          |      |                  |  | 0041-1078             |
|      |          |      |                  |  | ELM                   |

BY Jane L. [Signature]  
OLIN CORPORATION

DRUMS

STEEL & FIBRE

HAZARDOUS WASTE TRANS. LIC. #133



Edward C. Whitney & Son, Inc.

PLANT  
888 Woburn St.  
Wilmington, Mass. 01887  
658-3151

MAIL ADDRESS

P.O. Box 474  
Wilmington, Mass. 01887

**INVOICE**

NO 4232

DATE: December 19, 1983

|                 |                         |             |         |                |        |               |
|-----------------|-------------------------|-------------|---------|----------------|--------|---------------|
| SOLD TO         | Olin Chemical           |             | SHIP TO | P.O. #7565     |        |               |
|                 | 51 Eames Street         |             |         | Release #71396 |        |               |
|                 | Wilmington, Mass. 01887 |             |         | same           |        |               |
| CUST. ORDER NO. | DATE SHIPPED            | SHIPPED VIA | TERMS   | SALESMAN       | F.O.B. | OUR ORDER NO. |
|                 | 12-16-83                |             |         |                |        | 066-MDT       |

| QTY | DESCRIPTION       | UNIT PRICE | TOTAL |
|-----|-------------------|------------|-------|
| 126 | Empty steel drums | .50        | 63.00 |
|     |                   |            |       |
|     |                   |            |       |
|     |                   |            |       |
|     |                   |            |       |
|     |                   |            |       |
|     |                   |            |       |

OLIN. CORP.  
CHEMICALS GROUP

DEC 20 1983

Wilmington Accounting Dept

DLIN CORPORATION  
 ACCOUNTS PAYABLE VOUCHER APRON

D 165-1 REV 7/58

| SPECIAL INSTRUCTIONS |                 |                    |                      |                     |            |                | VENDOR NO.<br><i>011 701 01</i> | 1 - 8             |
|----------------------|-----------------|--------------------|----------------------|---------------------|------------|----------------|---------------------------------|-------------------|
|                      |                 |                    |                      |                     |            |                | VOUCHER NO.<br><i>20 473</i>    | 16 - 20           |
| GROSS AMOUNT         | DISCOUNT AMOUNT | NET AMOUNT         | TRADE RELATIONS CODE | ACCOUNTING CODE     |            |                | MATERIAL APPO. EXP. NO.         | QUANTITY CUSTOMER |
|                      |                 |                    |                      | GEN                 | LOC        | DET.           |                                 |                   |
| (CR) 21 - 30         | 31 - 36         | 37 - 44            | 31 - 35              | 36 - 39             | 40 - 42    | 43 - 45        | 46 - 52                         | 53 - 62           |
| <i>63.00</i>         |                 |                    |                      | <i>900</i>          | <i>400</i> | <i>208</i>     |                                 |                   |
|                      |                 |                    |                      |                     |            |                |                                 |                   |
|                      |                 |                    |                      |                     |            |                |                                 |                   |
|                      |                 |                    |                      |                     |            |                |                                 |                   |
|                      |                 |                    |                      |                     |            |                |                                 |                   |
|                      |                 |                    |                      |                     |            |                |                                 |                   |
|                      |                 |                    |                      |                     |            |                |                                 |                   |
| (CR) 21 - 30         | 31 - 36         | 37 - 44            | 45 - 50              | INVOICE NO. OR DATE |            | DUE DATE       |                                 | KEY PUNCHED       |
|                      |                 |                    |                      | <i>104 232</i>      |            | <i>01 1384</i> |                                 |                   |
| PROCESSING           | CODE AUDIT      | EXTENSIONS         |                      | VOUCHER APPROVAL    |            |                | VERIFIED                        |                   |
| <i>[Signature]</i>   |                 | <i>[Checkmark]</i> |                      | <i>[Signature]</i>  |            |                |                                 |                   |

**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM **OLIN CORPORATION**

|  |
|--|
| PAGE   |
| DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| SHIPPER'S NO.<br><b>066-JAD</b>                |

|  |
|--|
| AT <b>066</b><br><b>WILMINGTON, MA</b> |
|--|

|                       |
|-----------------------|
| DATE<br><b>3/2/84</b> |
|-----------------------|

|                           |
|---------------------------|
| ROUTE<br><b>WILL CALL</b> |
|---------------------------|

|             |
|-------------|
| VEHICLE NO. |
|-------------|

|  |
|--|
| CONSIGNEE TO<br><b>E.C. WHITNEY &amp; SON</b><br><b>WILMINGTON, MA</b> |
|--|

|   |
|---|
| CUSTOMER'S ORDER NO.  |
| <b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPO-<br/>SURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b> |

THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN), MARKED, CONIGNED, AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER (THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IT IS MUTUALLY AGREED, AS TO EACH CARRIER OR ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY, THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH IN THE UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF. IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT, OR (2) IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OR TARIFF IF THIS IS A MOTOR CARRIER SHIPMENT.

SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

|                     |   |  |   |  |  |
|---------------------|---|--|---|--|--|
| CARRIER NOTE        |   |  | *If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."<br><br>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding <b>150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972</b> | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><br><b>OLIN CORPORATION</b><br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br><br><b>OLIN CORPORATION</b><br>(SIGNATURE OF CONSIGNOR) |
| FREIGHT CHARGES ARE | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br><b>OLIN CORPORATION<br/>120 LONG RIDGE ROAD, P.O. BOX 876<br/>STAMFORD, CT. 06904-0876<br/>ACCOUNTS PAYABLE</b> | CARRIER INSTRUCTIONS<br><b>SEE BELOW</b> |   |  |  |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 78              |               |     | MIXED EMPTY DRUMS                                      |          |               |

0041-1081

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.

|   |
|---|
| <b>OLIN CORPORATION, Shipper</b>  |
| Per <i>M. Spingzok</i>  |
| Permanent post-office address of shipper: 120 LONG RIDGE ROAD, P.O. BOX 1255 STAMFORD, CT. 06904-1255 |

|                           |
|---------------------------|
| <i>James Matlew</i> Agent |
| Per _____                 |

# STRAIGHT BILL OF LADING - SHORT FORM

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM OLIN CORPORATION

|                          |                |  |
|--------------------------|----------------|--|
| AT 066<br>WILMINGTON, MA | DATE<br>3/6/84 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL       | VEHICLE NO.    | SHIPPER'S NO.<br>066-JFM                               |

|  |                      |  |
|--|----------------------|--|
| CONSIGNED TO<br>E.C. WHITNEY & SON<br>WILMINGTON, MA | CUSTOMER'S ORDER NO. | FOR CHEMICAL EMERGENCY-<br>SPILL, LEAK, FIRE, EXPO-<br>SURE OR ACCIDENT, CALL:<br>CHEMTREC-DAY OR NIGHT:<br>800-424-9300 |
|--|----------------------|--|

THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED, (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN), MARKED, CONSIGNED, AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER (THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IT IS MUTUALLY AGREED AS TO EACH CARRIER OF ALL OF ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH (1) IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF, IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT, OR (2) IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OR TARIFF, IF THIS IS A MOTOR CARRIER SHIPMENT.

SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

|              |  |   |   |   |   |
|--------------|--|---|---|---|---|
| CARRIER NOTE | IF CHARGES ARE PREPAID MAIL<br>PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER<br>INSTRUCTIONS<br>SEE<br>BELOW | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."<br><br>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972 | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) |
|--------------|--|---|---|---|---|

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 78              |               |     | EMPTY MIXED DRUMS                                      |          |               |

0041-1082

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.

|  |                                 |
|--|---------------------------------|
| OLIN CORPORATION Shipper<br>Per <i>[Signature]</i> | Agent<br>Per <i>[Signature]</i> |
|--|---------------------------------|

Permanent post-office address of shipper: 120 LONG RIDGE ROAD, P.O. BOX 1255, STAMFORD, CT. 06904-1255

**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM **OLIN CORPORATION**

|                          |                 |  |
|--------------------------|-----------------|--|
| AT 066<br>WILMINGTON, MA | DATE<br>4/27/84 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL       | VEHICLE NO.     | SHIPPER'S NO.<br>066-JFM                               |

|   |                      |  |
|---|----------------------|--|
| CONSIGNEE TO<br>E.C. WHITNEY & SON<br>WILMINGTON, MA  | CUSTOMER'S ORDER NO. | <small>THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION) OF CONTENTS OF PACKAGES UNKNOWN, MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER, THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT, AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IT IS MUTUALLY AGREED AS TO EACH CARRIER OF ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME, INTENDING IN ALL OR ANY OF SAID PROPERTY THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH (1) IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF, IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT, OR (2) IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OR TARIFF IF THIS IS A MOTOR CARRIER SHIPMENT.</small> |
| FOR CHEMICAL EMERGENCY-<br>SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT, CALL:<br>CHEMTREC-DAY OR NIGHT:<br>800-424-9300 |                      |  |

|                     |  |  |   |   |
|---------------------|--|--|---|---|
| CARRIER NOTE        |  | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau. |
| FREIGHT CHARGES ARE | IF CHARGES ARE PREPAID MAIL<br>PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW  | OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR)  | OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR)  |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | *WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|---------|---------------|
| 150             | drum          |     | EMPTY MIXED DRUMS                                      |         |               |

0041-1083

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.

|   |                                     |
|---|-------------------------------------|
| OLIN CORPORATION, Shipper<br>Per <i>Jim Maloney</i><br>Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355 | Per <i>T.L. - [Signature]</i> Agent |
|---|-------------------------------------|

**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM **OLIN CORPORATION**

|                          |                 |  |
|--------------------------|-----------------|--|
| AT 066<br>WILMINGTON, MA | DATE<br>5/18/84 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL       | VEHICLE NO.     | SHIPPER'S NO.<br>066-DFC                               |

|   |                      |   |
|---|----------------------|---|
| CONSIGNEE TO<br><br>E.C. WHITNEY CO.<br><br>WILMINGTON, MA  | CUSTOMER'S ORDER NO. | <small>THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED, (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN) MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER (THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IF IS NOTUSUALLY AGREE TO SUCH CARRIER OR ALLOW ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AS ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY, THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH (1) IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF, IF THIS IS A RAIL OR A RAIL/WATER SHIPMENT, OR (2) IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OR TARIFF IF THIS IS A MOTOR CARRIER SHIPMENT.</small><br><br><small>SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.</small> |
| FOR CHEMICAL EMERGENCY-<br>SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT, CALL:<br>CHEMTREC-DAY OR NIGHT:<br>800-424-9300 |                      |   |

|                     |   |                                |   |   |   |
|---------------------|---|--------------------------------|---|---|---|
| CARRIER NOTE        |   |                                | *If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."<br><br>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding <b>150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972</b> | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) |
| FREIGHT CHARGES ARE | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO: OLIN CORPORATION 120 LONG RIDGE ROAD, P.O. BOX 876 STAMFORD, CT. 06904-0876 ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS SEE BELOW |   |   |   |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 126             |               |     | EMPTY MIXED DRUMS                                      | 5,040#   |               |

0041-1084

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.

OLIN CORPORATION Shipper  
 Per *W. L. Landrus*  
 Permanent post-office address of shipper: 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

*T. L. C. ...* Agent  
 Per \_\_\_\_\_

**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM **OLIN CORPORATION**

|                             |                 |  |
|-----------------------------|-----------------|--|
| AT<br>066<br>WILMINGTON, MA | DATE<br>6/21/84 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL          | VEHICLE NO.     | SHIPPER'S NO.<br>066-DFC                               |

|  |                      |   |
|--|----------------------|---|
| CONSIGNEE TO<br>E.C. WHITNEY CO.<br>WILMINGTON, MA | CUSTOMER'S ORDER NO. | <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPO-<br/>SURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> <p><small>THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED, (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN), MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER (THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT), AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IF SO MUTUALLY AGREED, AS TO EACH CARRIER OF ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED, IN ALL OR ANY OF SAID PROPERTY, THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH (1) IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF, IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT, OR (2) IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OR TARIFF, IF THIS IS A MOTOR CARRIER SHIPMENT.</small></p> <p><small>SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.</small></p> |
|--|----------------------|---|

|                     |   |                                   |  |   |   |
|---------------------|---|-----------------------------------|--|---|---|
| CARRIER NOTE:       |   |                                   | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."   | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau. |
| FREIGHT CHARGES ARE | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW | Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding <b>150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972</b> | OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR)  | OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR)  |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS          | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|---|----------|---------------|
| 128             |               |     | VARIOUS EMPTY STEEL DRUMS<br><br>45 open head<br>83 closed head |          |               |

0041-1085

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.

|  |                                     |
|--|-------------------------------------|
| <p><b>OLIN CORPORATION</b> Shipper</p> <p>Per <i>W. J. Sandy</i></p> <p>Permanent post-office address of shipper: 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355</p> | <p>Per <i>Red Whitney</i> Agent</p> |
|--|-------------------------------------|

CHANGE ORDER



(BUYER)

TO:

E.C. Whitney & Son  
P.O. Box 474  
Wilmington, MA 01897

(SELLER)

CONTRACT OR  
BLANKET F.O. NO. 17565W1  
ORDER NO. 17565W1  
DATED 10-14-83  
CHANGE NO. 1  
DATE 7-31-84

THIS CHANGE APPLIES TO OUR ABOVE NUMBERED ORDER  
ALL TERMS AND CONDITIONS OF ORIGINAL ORDER TO REMAIN UNCHANGED EXCEPT AS NOTED BELOW

ACCOUNTING  
CHARGE NO.

CHANGE ORDER NO. 1

This Change Order is issued to add the following names to the list  
of releasers on Purchase Order No. 17565W1.

1. James F. Martucci
2. Donald F. Court

Re  
966-455-232

All other terms and conditions remain unchanged.

0041-1086

ed

BY: June L. Fluser  
OLIN CORPORATION

CHANGE ORDER



(BUYER)

TO:

E.C. Whitney & Son  
P.O. Box 474  
Wilmington, MA 01887

(SELLER)

CONTRACT OR  
BLANKET P.O. NO. 17565WI  
ORDER NO.  
DATED 10-14-83  
CHANGE NO. 1  
DATE 7-31-84

THIS CHANGE APPLIES TO OUR ABOVE NUMBERED ORDER  
ALL TERMS AND CONDITIONS OF ORIGINAL ORDER TO REMAIN UNCHANGED EXCEPT AS NOTED BELOW

ACCOUNTING  
CHARGE NO.

CHANGE ORDER NO. 1

This Change Order is issued to add the following names to the list  
of releasers on Purchase Order No. 17565WI.

1. James F. Martucci
2. Donald F. Court

As  
966-465-252

All other terms and conditions remain unchanged.

0041-1087

ed

BY: June L. Pinner  
OLIN CORPORATION

CHANGE ORDER



(BUYER)

TO:

H.C. Whitney & Son  
P.O. Box 474  
Wilmington, MA 01867

(SELLER)

CONTRACT OR  
BLANKET P.O. NO. 1756581  
ORDER NO. 1756581  
DATED 10-14-83  
CHANGE NO. 1  
DATE 7-31-84

THIS CHANGE APPLIES TO OUR ABOVE NUMBERED ORDER  
ALL TERMS AND CONDITIONS OF ORIGINAL ORDER TO REMAIN UNCHANGED EXCEPT AS NOTED BELOW

ACCOUNTING  
CHARGE NO.

CHANGE ORDER NO. 1

This Change Order is issued to add the following names to the list  
of releasers on Purchase Order No. 1756581.

1. James F. Martucci
2. Donald F. Court

As  
366-465-252

All other terms and conditions remain unchanged.

0041-1088

*Received  
JFM 8/1/84*

BT

BY: June L. Finner

OLIN CORPORATION

**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM OLIN CORPORATION

|                          |                |  |
|--------------------------|----------------|--|
| AT 066<br>WILMINGTON, MA | DATE<br>8/2/84 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL       | VEHICLE NO.    | SHIPPER'S NO.<br>066-DFC                               |

|   |                      |   |
|---|----------------------|---|
| CONSIGNEE TO<br>E.C. WHITNEY CO<br>WILMINGTON, MA | CUSTOMER'S ORDER NO. | <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPO-<br/>SURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> <p><small>THE PROPERTY DESCRIBED BELOW IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWINGLY MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT, AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IT IS MUTUALLY AGREED AS TO EACH CARRIER OF ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STEAM BILL OF LADING SET FORTH IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREON. IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT OR IS IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OR TARIFF IF THIS IS A MOTOR CARRIER SHIPMENT.</small></p> <p><small>SHIPPER HEREBY CERTIFIES THAT HE IS ISSUING IN FULL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE REVERSE THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERN THE TRANSPORTATION OF THIS SHIPMENT AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.</small></p> |
|---|----------------------|---|

|                      |   |   |   |
|----------------------|---|---|---|
| <b>CARRIER NOTE:</b> | *If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau. |
| FREIGHT CHARGES ARE  | IF CHARGES ARE PREPAID MAIL<br>PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE    | CARRIER INSTRUCTIONS<br>SEE BELOW   | OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR)  |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 80              |               |     | VARIOUS EMPTY STEEL DRUMS                              |          |               |

0041-1089

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.

OLIN CORPORATION Shipper  
Per *W. H. Laundry*  
Permanent post-office address of shipper: 120 LONG RIDGE ROAD, P.O. BOX 1255, STAMFORD, CT. 06904-1255

Per *W. H. Laundry* 8/2/84  
Agent

FROM OLIN CORPORATION

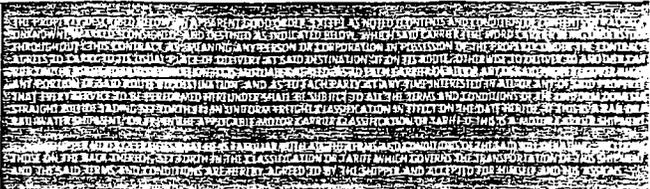
PAGE  
 DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER  
 SHIPPER'S NO.  
 066-DFC

AT 066  
 WILMINGTON, MA

DATE 8/6/84

CONSIGNEE TO  
 E.C. WHITNEY CO.  
 WILMINGTON, MA

CUSTOMER'S ORDER NO.  
 FOR CHEMICAL EMERGENCY-  
 SPILL, LEAK, FIRE, EXPO-  
 SURE OR ACCIDENT, CALL:  
 CHEMTREC-DAY OR NIGHT:  
 800-424-9300



FREIGHT CHARGES ARE

CARRIER NOTE  
 IF CHARGES ARE PREPAID MAIL  
 PREPAID FREIGHT BILL TO:  
 OLIN CORPORATION  
 120 LONG RIDGE ROAD, P.O. BOX 876  
 STAMFORD, CT. 06904-0876  
 ACCOUNTS PAYABLE

CARRIER INSTRUCTIONS  
 SEE BELOW

\*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."  
 Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:  
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges  
 OLIN CORPORATION  
 (SIGNATURE OF CONSIGNOR)

This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.  
 OLIN CORPORATION  
 (SIGNATURE OF CONSIGNOR)

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | *WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|---------|---------------|
| 79              |               |     | VARIOUS EMPTY STEEL DRUMS                              |         |               |

0041-1090

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.

OLIN CORPORATION, Shipper  
 Per *Ronald F. Beer*  
 Permanent post-office address of shipper: 120 LONG RIDGE ROAD P.O. BOX 1355 STAMFORD CT 06904-1355

Per *Neil W. Whitney* Agent

**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM **OLIN CORPORATION**

|                          |                |  |
|--------------------------|----------------|--|
| AT 066<br>WILMINGTON, MA | DATE<br>8/9/84 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL       | VEHICLE NO.    | SHIPPER'S NO.<br>066-DFC                               |

|  |                      |
|--|----------------------|
| CONSIGNEE TO<br>E.C. WHITNEY COMPANY<br>WILMINGTON, MA   | CUSTOMER'S ORDER NO. |
| <p><b>FOR CHEMICAL EMERGENCY- SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT, CALL: CHEMTREC-DAY OR NIGHT: 800-424-9300</b></p> |                      |

THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED, (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNPACKED), MARKED, CONDITIONED, AND DELIVERED AS INDICATED BELOW, WHICH SAID CARRIER, THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT, ACCEPTS TO CARRY TO ITS USUAL PLACE OF DESTINY AT SAID DESTINATION, BY OR BY ROUTE, CHIEFLY BY WATER, EITHER TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IT IS MUTUALLY AGREED AS TO EACH CARRIER OF ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY, THAT THEIR LIABILITY SHALL BE LIMITED TO THE TERMS AND CONDITIONS OF THE CARRIER'S DOMESTIC STRAIGHT BILL OF LADING SET FORTH HEREIN, IN FORM NO. 1, AND CLASSIFICATION IN EFFECT ON THE DATE HEREOF. IF THIS IS A BILL OF LADING FOR A FULL WATER SHIPMENT, OR IS IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OF TARIFF, IF THIS IS A MOTOR CARRIER SHIPMENT.

SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERN THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

|                        |   |  |  |  |
|------------------------|---|--|--|--|
| <b>CARRIER'S NOTE:</b> |   | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><b>OLIN CORPORATION</b><br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br><b>OLIN CORPORATION</b><br>(SIGNATURE OF CONSIGNOR) |
| FREIGHT CHARGES ARE    | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW  | Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding <b>150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972</b>   |  |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | *WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|---------|---------------|
| 80              |               |     | VARIOUS EMPTY STEEL DRUMS                              |         |               |
|                 |               |     |  |         | 0041-1091     |

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.

**OLIN CORPORATION, Shipper**

Per \_\_\_\_\_ Per \_\_\_\_\_ Agent

1



# STRAIGHT BILL OF LADING - SHORT FORM

ORIGINAL-NOT NEGOTIABLE.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM OLIN CORPORATION

|                          |                 |   |
|--------------------------|-----------------|---|
| AT 066<br>WILMINGTON, MA | DATE<br>9/11/84 | PAGE<br>DO NOT SUBMIT FREIGHT BILL<br>WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL       | VEHICLE NO.     | SHIPPER'S NO.<br>066-DFC                                  |

CONSIGNEE TO  
E.C. WHITNEY CO.  
WILMINGTON, MA

CUSTOMER'S ORDER NO.

**FOR CHEMICAL EMERGENCY-  
SPILL, LEAK, FIRE, EXPO-  
SURE OR ACCIDENT, CALL:  
CHEMTREC-DAY OR NIGHT:  
800-424-9300**

THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION OF CONTENTS OF PREPACED UNPAID MARKED, CONVEYED AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT AGREES TO CARRY TO THE LOCAL PLACE OR DIVISION AT SAID DESTINATION, IF CARRIER CHIEFLY TO DELIVER TO ENDING EXP. FOR ON THE FRONT TO SAID DESTINATION, IT IS MUTUALLY AGREED, AS TO EACH CARRIER, THAT, AS TO ANY OF SAID PROPERTY (EVEN ALL OR ANY PORTION OF SAID PROPERTY TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY THAT EVERY SERVICE TO BE PREPAID HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC FREIGHT BILL REGULATIONS, WITH THEREIN THE UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF, BE THE SAME, BE PART OF A PAID WATER SHIPMENT, OR NOT, IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OF TARIFFS, IN THE MOTOR CARRIER SHIPMENT.

SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERN THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

|                     |   |                                   |  |   |   |
|---------------------|---|-----------------------------------|--|---|---|
| FREIGHT CHARGES ARE | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether, it is "carrier's or shipper's weight."<br><br>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972 | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) |
|---------------------|---|-----------------------------------|--|---|---|

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 108 Dr          |               |     | VARIOUS EMPTY STEEL DRUMS                              |          |               |

0041-1093

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.

1 OLIN CORPORATION, Shipper  
Per *[Signature]*

*[Signature]* Agent  
Per \_\_\_\_\_

CHANGE ORDER



(BUYER)

TO: [ ]

E.C. Whitney  
P.O. Box 474  
Wilmington, MA 01887

[ ]

(SELLER)

CONTRACT OR BLANKET P.O. NO. 17565WI  
ORDER NO.  
DATED 10-14-83  
CHANGE NO. 2  
DATE 9-19-84

THIS CHANGE APPLIES TO OUR ABOVE NUMBERED ORDER  
ALL TERMS AND CONDITIONS OF ORIGINAL ORDER TO REMAIN UNCHANGED EXCEPT AS NOTED BELOW

ACCOUNTING CHARGE NO.

C H A N N G E O R D E R # 2

Change Order No. 2 issued to:

- a) increase "not to exceed amount" to \$3000.00/
- b) ~~Extend~~ termination date to October 18, 1985.
- c) Releasers will be:  
Mike Townley, Production Superintendent  
Jim Martucci, Area Supervisor
- d) Price-  
Crushing/disposal charge \$1.00 per drum.

966-465-25

All other terms and conditions remain unchanged.

0041-1094

*June L. Pfeiffer*  
BY: June L. Pfeiffer

OLIN CORPORATION

LOCAL PURCHASING

CHANGE ORDER



(BUYER)

TO:

E.C. Whitney  
P.O. Box 474  
Wilmington, MA 01887

(SELLER)

CONTRACT OR  
BLANKET P.O. NO. 17565WI  
ORDER NO.  
DATED 10-14-83  
CHANGE NO. 2  
DATE 9-19-84

THIS CHANGE APPLIES TO OUR ABOVE NUMBERED ORDER  
ALL TERMS AND CONDITIONS OF ORIGINAL ORDER TO REMAIN UNCHANGED EXCEPT AS NOTED BELOW

ACCOUNTING  
CHARGE NO.

C H A N G E O R D E R # 2

Change Order No. 2 issued to:

- a) Increase "not to exceed amount" to \$3000.00/
- b) Extend termination date to October 18, 1985.
- c) Releasers will be:  
Mike Townley, Production Superintendent  
Jim Martucci, Area Supervisor
- d) Price-  
Crushing/disposal charge \$1.00 per cwt.

966-465-252

All other terms and conditions remain unchanged.

0041-1095

BY: June L. Plummer

OLIN CORPORATION

Handwritten initials

*Edward C. Whitney & Son, Inc.*PLANT

888 Woburn St.  
Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS

P. O. Box 474  
Wilmington, Mass. 01887

September 19, 1984

To our Customers and Suppliers,

In order for Edward C Whitney & Son Inc. to continue to conform with all State and Federal Regulations, we must at this time get from all our customers a Material Safety Data Sheet (MSD), (OSHA Form 20), and or letter of exemption for Mass. Department Public Health on each hazardous substance, as provided by the substance's manufacturer.

This new Massachusetts Right to Know Law goes into effect September 26, 1984, it covers approximately 2000 hazardous substances.

In most cases the drums we pick up are uniform as far as materials they carried. In the event you should give us a drum with a different material we would require a (MSD) for that material.

This is a law, we all must comply, sincere cooperation is a must to eliminate confusion and possible violation of this law.

Edward C Whitney & Son Inc. will continue to comply with all State and Federal Laws and regulations so that we may serve our customers properly.

Thank you for your cooperation on this matter.

Very truly yours,

Ed Whitney

0041-1096

OW 221128

*Edward C. Whitney & Son, Inc.*PLANT

888 Woburn St.  
Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS

P. O. Box 474  
Wilmington, Mass. 01887

September 19, 1984

0125

Dear Customer,

Enclosed are lists of Acute Hazardous Materials (Federal), which we distributed to you at an earlier date along with a copy concerning "empty" drums and how we would and would not except them.

We now have an additional list (enclosed) that has been put out by the State of Massachusetts, the Priority Pollutants List. This list has additional materials that should be treated the same as the Federal Acute Hazardous list, and Triple Rinsed and accompanied by a bill of lading before shipping to a drum reconditioner.

We feel that you as the emptier and or (the provider of that drum to a reconditioner, in the event of a drum dealer) should be responsible for providing proper documents when selling a drum to the reconditioner. Our drivers are schooled on these laws but can not be expected to do your work for you. You must insure that drums be properly prepared for shipment.

As in the past your cooperation is needed to keep us all in compliance with the rules and regulations.

And as in the past your business is sincerely appreciated. We will work with you in any way to help you comply, and look forward to serving you in the future.

Very truly yours,

The Entire Staff of E.C. Whitney & Son

# LIST OF PRIORITY POLLUTANTS

## Compound Name

1. acenaphthene
2. acrolein
3. acrylonitrile
- 4. benzene
5. benzidine
6. carbon tetrachloride (tetrachloromethane)
  
7. chlorobenzene
8. 1,2,4-trichlorobenzene
9. hexachlorobenzene
  
10. 1,2-dichloroethane
11. 1,1,1-trichloroethane
12. hexachloroethane
13. 1,1-dichloroethane
14. 1,1,2-trichloroethane
15. 1,1,2,2-tetrachloroethane
16. chloroethane
  
17. bis(chloromethyl) ether
18. 2-chloroethyl vinyl ether (mixed)
  
19. 2-chloronaphthalene
  
20. 2,4,6-trichlorophenol
21. para-chloro meta-cresol
22. chloroform (trichloromethane)
23. 2-chlorophenol
  
24. 1,2-dichlorobenzene
25. 1,3-dichlorobenzene
26. 1,4-dichlorobenzene
  
27. 3,3'-dichlorobenzidine
  
28. 1,1-dichloroethylene
29. 1,2-trans-dichloroethylene
30. 2,4-dichlorophenol
  
31. 1,2-dichloropropane
32. 1,2-dichloropropylene (1,2-dichloropropene)
33. 2,4-dimethylphenol
  
34. 2,4-dinitrotoluene
35. 2,6-dinitrotoluene
36. 1,2-diphenylhydrazine
37. ethylbenzene
38. fluoranthene

LIST OF PRIORITY POLLUTANTS (cont'd.)

39. 4-chlorophenyl phenyl ether
40. 4-bromophenyl phenyl ether
41. bis(2-chloroisopropyl) ether
42. bis(2-chloroethoxy) methane
  
43. methylene chloride (dichloromethane)
44. methyl chloride (chloromethane)
45. methyl bromide (bromomethane)
46. bromoform (tribromomethane)
47. dichlorobromomethane
48. chlorodibromomethane
  
49. hexachlorobutadiene
50. hexachlorocyclopentadiene
51. isophorone
52. naphthalene
53. nitrobenzene
  
54. 2-nitrophenol
55. 4-nitrophenol
56. 2,4-dinitrophenol
57. 4,6-dinitro-o-cresol
  
58. N-nitrosodimethylamine
59. N-nitrosodiphenylamine
60. N-nitrosodi-n-propylamine
61. pentachlorophenol
62. phenol
  
63. bis(2-ethylhexyl) phthalate
64. butyl benzyl phthalate
65. di-n-butyl phthalate
66. di-n-octyl phthalate
67. diethyl phthalate
68. dimethyl phthalate
  
69. benzo(a)anthracene (1,2-benzanthracene)
70. benzo(a)pyrene (3,4-benzopyrene)
71. 3,4-benzofluoranthene
72. benzo(k)fluoranthene (11,12-benzofluoranthene)
73. chrysene
74. acenaphthylene
75. anthracene
76. benzo(ghi)perylene (1,12-benzoperylene)
77. fluorene
78. phenanthrene
79. dibenzo (a,h)anthracene (1,2,5,6-dibenzanthracene)
80. indeno(1,2,3-cd)pyrene (2,3'-phenylpyrene)

OW 221116

0041-1099

LIST OF PRIORITY POLLUTANTS (Cont'd.)

- 81. pyrene
- 82. tetrachloroethylene
- 83. toluene
- 84. trichloroethylene
- 85. vinyl chloride (chloroethylene)
  
- 86. aldrin
- 87. dieldrin
- 88. chlordane (technical mixture and metabolites)
  
- 89. 4,4' -DDT
- 90. 4,4' -DDE (p,p' -DDX)
- 91. 4,4' -DDD (p,p' -TDE)
  
- 92.  $\alpha$ -endosulfan-Alpha
- 93.  $\beta$ -endosulfan-Beta
- 94. endosulfan sulfate
  
- 95. endrin
- 96. endrin aldehyde
  
- 97. heptachlor
- 98. heptachlor epoxide
  
- 99.  $\alpha$ -BHC-Alpha
- 100.  $\beta$ -BHC-Beta
- 101.  $\gamma$ -BHC (lindane)-Gamma
- 102.  $\delta$ -BHC-Delta
- 103. PCB-1242 (Arochlor 1242)
- 104. PCB-1254 (Arochlor 1254)
- 105. PCB-1221 (Arochlor-1221)
- 106. PCB-1232 (Arochlor 1232)
- 107. PCB-1248 (Arochlor-1248)
- 108. PCB-1260 (Arochlor-1260)
- 109. PCB-1016 (Arochlor 1016)
- 110. toxaphene
- 111. antimony (total)
- 112. arsenic (total)
- 113. asbestos (fibrous)
- 114. beryllium (total)
- 115. cadmium (total)
- 116. chromium (total)
- 117. copper (total)
- 118. cyanide (total)
- .....→ 119. lead (total)
- 120. mercury (total)
- 121. nickel (total)
- 122. selenium (total)
- 123. silver (total)
- 124. thallium (total)
- 125. zinc (total)
- \*126. 2,3,7,8-tetrachlorodibenzo-p-dioxin

OW 221117

0041-1100

Because of its extreme toxicity to lab personnel, this compound is not to be tested for.

ACUTE HAZARDOUS MATERIALS- MUST BE TRIPLE RINSED BEFORE THEY CAN BE PICKED UP

Code of Federal Regulations 261.33 paragraph E

| <u>HAZARDOUS WASTE NO.</u> | <u>SUBSTANCE</u>   |
|----------------------------|--|
| P023                       | Acetaldehyde, chloro-                                      |
| P002                       | Acetamide, N-(aminothioxomethyl)-                          |
| P057                       | Acetamide, 2-fluoro-                                       |
| P058                       | Acetic acid, fluoro-, sodium salt                          |
| P066                       | Acetimidic acid, N-(Methylcarbamoyl)oxythio-, methyl ester |
| P001                       | 3-(alpha-acetylbenzyl)-4-hydroxycoumarin and salts         |
| P002                       | 1-Acetyl-2-thiorea   |
| P003                       | Acrolein   |
| P070                       | Aldicarb   |
| P004                       | Aldrin   |
| P005                       | Allyl alcohol  |
| P006                       | Aluminum phosphide   |
| P007                       | 5-(Aminomethyl)-3-isoxazolol                               |
| P008                       | 4-aAminopyridine   |
| P009                       | Ammonium picrate (R)                                       |
| P119                       | Ammonium vanadate  |
| P010                       | Arsenic acid   |
| P012                       | Arsenic (III) oxide  |
| P011                       | Arsenic (V) oxide  |
| P011                       | Arsenic pentoxide  |
| P012                       | Arsenic trioxide   |
| P038                       | Arsine, diethyl-   |
| P054                       | Aziridine  |
| P013                       | Barium cyanide   |
| P024                       | Benzenamine, 4-chloro-                                     |
| P077                       | Benzenamine, 4-nitro-                                      |
| P028                       | Benzene, (chloromethyl)-                                   |
| P042                       | 1,2-Benzenediol, 4-(1-hydroxy-2-methylamino)ethyl)-        |
| P014                       | Benzenethiol   |
| P028                       | Benzyl chloride  |
| P015                       | Beryllium dust   |
| P016                       | Bis(chloromethyl) ether                                    |
| P017                       | Bromoacetone   |
| P018                       | Brucine  |
| P021                       | Calcium cyanide  |
| P123                       | Camphene, octachloro-                                      |
| P103                       | Carbamimidoseleonic acid                                   |
| P022                       | Carbon bisulfide   |
| P022                       | Carbon disulfide   |
| P095                       | Carbonyl chloride  |
| P033                       | Chlorine cyanide   |
| P023                       | Chloroacetaldehyde   |
| P024                       | p-Chloroaniline  |
| P026                       | 1-(o-Chlorophenyl)thiorea                                  |
| P027                       | 3-Chloropropionitrile                                      |
| P029                       | Copper cyanides  |
| P030                       | Cyanides (soluble cyanide salts), not elsewhere specified  |

OW 221118

0041-1101

P031 Cyanogen  
 P033 Cyanogen chloride  
 P036 Dichlorophenylarsine  
 P037 Dieldrin  
 P038 Diethylarsine  
 P039 O,O-Diethyl S-(2-(ethylthio)ethyl) phosphoro-  
 dithioate  
 P041 Diethyl-p-nitrophenyl phosphate  
 P040 O,O-Diethyl O-pyrazinyl phosphorothioate  
 P043 Diisopropyl fluorophosphate  
 P044 Dimethoate  
 P045 3,3-Dimethyl-1-(methylthio)-2-butanone, O-  
 ((methylamino)carbonyl)oxime  
 P071 O,O-Dimethyl O-p-nitrophenyl phosphoro-  
 thioate  
 P082 Dimethylnitrosamine  
 P046 Alpha, alpha-Dimethylphenethylamine  
 P047 4,6-Dinitro-o-cresol and salts  
 P034 4,6-Dinitro-o-cyclohexylphenol  
 P048 2,4-Dinitrophenol  
 P020 Dinoseb  
 P085 Diphosphoramidate, octamethyl-  
 P039 Disulfoton  
 P049 2,4-Dithiobirtet  
 P109 Dithiopyrophosphoric acid, tetraethyl ester  
 P050 Endosulfan  
 P088 Endothall  
 P051 Endrin  
 P042 Epinephrine  
 P046 Ethanamine, 1,1-dimethyl-2-phenyl-  
 P084 Ethenamine, N-methyl-N-nitroso-  
 P101 Ethyl cyanide  
 P054 Ethylenimine  
 P097 Famphur  
 P056 Fluorine  
 P057 Fluoroacetamide  
 P058 Fluoroacetic acid, sodium salt  
 P065 Fulminic acid, mercury(II) salt (R,T)  
 P059 Heptachlor  
 P051 1,2,3,4,10,10-Hexachloro-6,7-epoxy-  
 1,4,4a,5,6,7,8,8a-octahydro-endo-exo-  
 1,4:5,8-dimethanonaphthalene  
 P037 1,2,3,4,10,10-Hexachloro-6,7-epoxy-  
 1,4,4a,5,6,7,8,8a-octahydro-endo,exo-  
 1,4:5,8-dimethanonaphthalene  
 P060 1,2,3,4,10,10-Hexachloro-1,4,4a,5,8,8a-  
 hexahydro-1,4:5,8-endo, endo-dimeth- an-  
 onaphthalene  
 P004 1,2,3,4,10,10-Hexachloro-1,4,4a,5,8,8a-  
 hexahydro-1,4:5,8-endo,exo-  
 dimethanonaphthalene  
 P060 Hexachlorohexahydro-exo,exo-  
 dimethanonaphthalene  
 P062 Hexaethyl tetraphosphate  
 P116 Hydrazinecarbothioamide  
 P068 Hydrazine, methyl-  
 P063 Hydrogen cyanide  
 P096 Hydrogen phosphide  
 P064 Isonitric acid, methyl ester

OW 221119

0041-1102

P092 Mercury, (acetato-0) phenyl-  
 P065 Mercury fulminate (R,T)  
 P016 Methane, oxybis(chloro-  
 P112 Methane, tetranitro-(R)  
 P118 Methanethiol, trichloro-  
 P059 4,7-Methano-1H-indene, 1,4,5,6,7,8,8-Hel-  
 tachloro-3A,4,7,7a-tetrahydro-  
 P066 Methomyl  
 P067 2-Methylaziridine  
 P068 Methyl hydrazine  
 P064 Methyl isocyanate  
 P069 2-Methylactonitrile  
 P071 Methyl parathion  
 P072 alpha-Naphthylthiourea  
 P073 Nickel carbonyl  
 P074 Nickel(II) cyanide  
 P074 Nickel cyanide  
 P073 Nickel tetracarbonyl  
 P075 Nicotine and salts  
 → P076 Nitric oxide  
 P077 p-Nitroaniline  
 P078 Nitrogen dioxide  
 P076 Nitrogen (II) oxide  
 P078 Nitrogen (IV) oxide  
 P081 Nitroglycerine (R)  
 P082 N-Nitrosodimethylamine  
 P084 N-Nitrosomethylvinylamine  
 P050 5-Norbornene-2,3-dimethanol, 1,4,5,6,7,7-hex-  
 achloro, cyclic sulfite  
 P085 Octamethylpyrophosphoramidate  
 P087 Osmium oxide  
 P087 Osmium tetroxide  
 P088 7-Oxabicyclo(2.2.1) heptane-2,3-dicarboxylic  
 acid  
 P089 Parathion  
 P034 Phenol, 2-cyclohexyl-4,6-dinitro-  
 P048 Phenol, 2,3-dinitro-  
 P047 Phenol, 2,4-dinitro-6-methyl-  
 P020 Phenol, 2,4-dinitro-6-(1-methylpropyl)-  
 P009 Phenol, 2,4,6-trinitro-, ammonium salt (R)  
 P016 Phenyl dichloroarsine  
 P092 Phenylmercuric acetate  
 P093 N-Phenylthiourea  
 P094 Phorate OW 221120  
 P095 Phosgene  
 P096 Phosphine  
 P041 Phosphoric acid, diethyl p-Nitrophenyl ester  
 P044 Phosphorodithioic acid, O,O-dimethyl S-(2-  
 (methylamino-) -2-oxoethyl) ester  
 P043 Phosphorofluoric acid, bis (1-methylethyl)-  
 ester  
 P094 Phosphorothioic acid, O,O-diethyl S-  
 (ethylthio)methyl ester  
 P089 Phosphorothioic acid, O,O-diethyl O-(p-nitro-  
 ester  
 P040 Phosphorothioic acid, O,O-diethyl O-pyrazinyl  
 ester

|        |   |
|--------|---|
| P097   | Phosphorothioic acid, O,o-dimethyl O-(p-((di-methylamino)-sulfonyl)phenyl)ester |
| P110   | Plumbane, tetraethyl-   |
| P098   | Potassium cyanide   |
| P099   | Potassium silver cyanide  |
| P070   | Propanal, 2-methyl-2-(methylthio)-, O-<br>(methylamino) carbony) oxime          |
| P101   | Propanenitrile  |
| P027   | Propanenitrile, 3-chloro-   |
| P069   | Propanenitrile, 2-hydroxy-2-methyl-   |
| P081   | 1,2,3-propanetroil, trinitrate-(R)  |
| P017   | 2-Propanone, 1-bromo-   |
| P102   | Propargyl alcohol   |
| P003   | 2-Propenal  |
| P005   | 2-Propen-1-ol   |
| P067   | 1,2-Propylenimine   |
| P102   | 2-Propyn-1-ol   |
| P008   | 4-Pyridinamine  |
| P075   | Pyridine, (S)-3-(1-methyl-2-pyrrolidinyl)-, and salts                           |
| P111   | Pyrophosphoric acid, tetraethyl ester   |
| P103   | Selenourea  |
| P104   | Silver cyanide  |
| → P105 | Sodium azide  |
| P106   | Sodium cyanide  |
| P107   | Strontium sulfide   |
| P108   | Strychnidin-10-one, and salts   |
| P106   | Strychnidin-10-one, 2,3-dimethoxy-  |
| P108   | Strychnine and salts  |
| P115   | Sulfuric acid, thallium (1) salt  |
| P109   | Tetraethyldithiopyrophosphate   |
| P110   | Tetraethyl lead   |
| P111   | Tetraethylpyrophosphate   |
| P112   | Tetranitromethane (R)   |
| P062   | Tetraphosphoric acid, hexaethyl ester   |
| P113   | Thallic oxide   |
| P113   | Thallium (III) oxide  |
| P114   | Thallium (1) selenite   |
| P115   | Thallium (1) sulfate  |
| P045   | Thiofanox   |
| P049   | Thioimidodicarbonic diamide   |
| PD14   | Thiophenol  |
| → P116 | Thiosemicarbazide   |
| P026   | Thiourea, (2-chlorophenyl)-   |
| P072   | Thiourea, 1-naphthalenyl-   |
| P093   | Thiourea, phenyl-   |
| PL23   | Toxaphene   |
| PL18   | Trichloromethanethiol   |
| PL19   | Vanadic acid, ammonium salt   |
| PL20   | Vanadium pentoxide  |
| PL20   | Vanadium (v) oxide  |
| P001   | Warfarin  |
| PL21   | Zinc Cyanide  |
| PL22   | Zinc phosphide (R,T)  |

DRUMS STEEL & PIERRE HAZARDOUS WASTE TRANS. LIC. #133



*Edward C. Whitney & Son, Inc.*

PLANT  
668 Weburn St.  
Wilmington, Mass. 01867  
658-0151

MAIL ADDRESS  
P.O. Box 454  
Wilmington, Mass. 01867

**INVOICE**

74 6284

DATE: DECEMBER 19 1984

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O

OLIN CORP  
51 BAMES STREET  
WILMINGTON, MASS. 01867

|                 |              |             |       |          |         |               |
|-----------------|--------------|-------------|-------|----------|---------|---------------|
| CUST. ORDER NO. | DATE SHIPPED | SHIPPED VIA | TERMS | SALESMAN | F.O.B.  | OUR ORDER NO. |
|                 | 12-10-84     |             |       |          | 1-28-83 | 5317          |

| QUANTITY | DESCRIPTION             | UNIT PRICE | AMOUNT |
|----------|-------------------------|------------|--------|
| 3        | H.W. MANIFEST           | 1 50       | 4 50   |
| 3        | CONTINUATION SHEET H.W. | 1 50       | 4 50   |
|          |                         |            | 8 00   |

OLIN. CORP  
CHEMICALS GROUP  
DEC 20

0041-1106

DRUMS STEEL & FIBRE HAZARDOUS WASTE TRANS. LIC. #133



Edward C. Whitney & Son, Inc.

PLANT 888 Woburn St. Wilmington, Mass. 01887 658-8151
MAIL ADDRESS P.O. Box 474 Wilmington, Mass. 01887

INVOICE

No 6234

DATE: DECEMBER 19 1984

Table with columns: QUANTITY, DESCRIPTION, UNIT PRICE, AMOUNT. Includes rows for H.W. MANIFEST and CONTINUATION SHEET H.W. with handwritten quantities and prices.

OLIN CHEMICAL CO. stamp

Handwritten circled number 9.00

Handwritten number 8502.009

0041-1107

INSTRUCTIONS:

1. Complete this form for equipment, materials, or services for which a Purchase Order has not been issued.
2. May be used for purchases with a total value of \$500 or a total value of \$1,000, if such higher limit is permitted by operating unit approved written procedures.
3. Original and duplicate of invoice(s) must be attached.
4. Sign with full signature in ink in space provided.
5. Forward to appropriate Purchasing Department.

PURCHASING INVOICE APPROVAL

OM 217P

|   |                                 |                            |                       |
|---|---------------------------------|----------------------------|-----------------------|
| INVOICE RECEIVED FROM<br><i>Edward C. Whittress</i> | INVOICE DATE<br><i>12/19/84</i> | INVOICE NO.<br><i>6234</i> | AMOUNT<br><i>9.00</i> |
| CHARGE ACCOUNT NUMBER<br><i>7 966-463-201</i>       | DEPARTMENT                      | LOCATION<br><i>066</i>     |                       |

PURCHASE AND RECEIPT

I certify that the materials or services covered by the attached invoice(s) were purchased by me in accordance with applicable standard procedures, and that the goods or services have been received.

SIGNATURE *Jan Orentlicher* DATE *1/28/85*

APPROVAL

Must have requisitioning authority to cover amount of purchase.

SIGNATURE *MD [Signature]* DATE *1-28-85*

FOR ACCOUNTING USE ONLY

| ACCOUNTING CODE NUMBER | DEBIT AMOUNT | CREDIT AMOUNT |
|------------------------|--------------|---------------|
|                        |              |               |
|                        |              |               |
|                        |              |               |
|                        |              |               |
|                        |              |               |

REVIEW BY PURCHASING

SIGNATURE *Jan P. Plumer*

DATE *2-6-85*



**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM **OLIN CORPORATION**

|  |
|--|
| PAGE   |
| DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| SHIPPER'S NO.                                  |
| 066-JFM  |

|                          |                  |
|--------------------------|------------------|
| AT 066<br>WILMINGTON, MA | DATE<br>12/18/84 |
| ROUTE<br>WILL CALL       | VEHICLE NO.      |

CONSIGNEE TO  
**E.C. WHITNEY CO.  
WILMINGTON, MA**

CUSTOMER'S ORDER NO.

**FOR CHEMICAL EMERGENCY-  
SPILL, LEAK, FIRE, EXPO-  
SURE OR ACCIDENT, CALL:  
CHEMTREC-DAY OR NIGHT:  
800-424-9300**

THE PROPERTY DESCRIBED BELOW IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN), MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER (THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON THIS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IT IS HEREBY AGREED AS TO EACH CARRIER OF ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF. IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT, OR IS IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OR TARIFF IF THIS IS A MOTOR CARRIER SHIPMENT.

SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

|                                |  |
|--------------------------------|--|
| <b>CARRIER NOTE</b>            | *If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."  |
| FREIGHT CHARGES ARE COLLECT    | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE  |
| CARRIER INSTRUCTIONS SEE BELOW | Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding <b>150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972</b> |

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

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

**OLIN CORPORATION**

(SIGNATURE OF CONSIGNOR)

This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.

**OLIN CORPORATION**

(SIGNATURE OF CONSIGNOR)

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 144             | Dr            |     | VARIOUS EMPTY STEEL DRUMS                              |          |               |

0041-1109

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.

**1** **OLIN CORPORATION, Shipper**

Per *[Signature]*

Agent \_\_\_\_\_

Per \_\_\_\_\_

# STRAIGHT BILL OF LADING - SHORT FORM

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM OLIN CORPORATION

|                          |                 |   |
|--------------------------|-----------------|---|
| AT 066<br>WILMINGTON, MA | DATE<br>1/15/85 | PAGE<br>DO NOT SUBMIT FREIGHT BILL<br>WITHOUT THIS NUMBER<br>SHIPPER'S NO.<br>066-JFM |
| ROUTE<br>WILL CALL       | VEHICLE NO.     |   |

|   |  |
|---|--|
| CONSIGNED TO<br><br>E.C. WHITNEY CO<br>WILMINGTON, MA | CUSTOMER'S ORDER NO.<br><br><div style="border: 1px solid black; padding: 5px;">                     FOR CHEMICAL EMERGENCY-<br/>                     SPILL, LEAK, FIRE, EXPO-<br/>                     SURE OR ACCIDENT, CALL:<br/>                     CHEMTREC-DAY OR NIGHT:<br/>                     800-424-9300                 </div> |
|---|--|

THE PROPERTY DESCRIBED BELOW IN APPARENT GOOD ORDER EXCEPT AS NOTED (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN) MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW WHICH SAID CARRIER THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION IF ON HIS ROUTE OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION IT IS MUTUALLY AGREED AS TO EACH CARRIER OF ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY THAT IN ANY TRAVEL TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF IF THERE IS A RAIL OR A RAIL WATER SHIPMENT OR (2) IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OF TARIFF IF THIS IS A MOTOR CARRIER SHIPMENT.

SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING INCLUDING THOSE ON THE BACK THEREOF SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

|                             |   |                                   |  |  |   |
|-----------------------------|---|-----------------------------------|--|--|---|
| FREIGHT CHARGES ARE COLLECT | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether, it is "carrier's or shipper's weight."<br><br>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972 | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) |
|-----------------------------|---|-----------------------------------|--|--|---|

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 126             |               |     | EMPTY STEEL DRUMS - VARIOUS                            |          |               |

Driver given 3 copies  
 but did not sign papers  
 WJZ

0041-1110

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.

|   |  |
|---|--|
| 1 OLIN CORPORATION, Shipper<br>Per <i>[Signature]</i> | Alex Kantantjios<br>Agent<br>Per _____ |
|---|--|

BRAND

STEEL & PIPE

HAZARDOUS WASTE TRANSPORTATION



*Edward C. Whittier & Son, Inc.*

PLANT  
822 Woburn St.  
Wilmington, Mass. 01887  
653-3151

MAIL ADDRESS  
P.O. Box 474  
Wilmington, Mass. 01887

# INVOICE

8888

DATE: JANUARY 16 1985

SOLD TO

OLIN CORP  
51 EAMES STREET  
WILMINGTON, MASS. 01887

SHIP TO

P.O. #1756541  
RELEASE #71267

|                 |              |             |       |          |        |               |
|-----------------|--------------|-------------|-------|----------|--------|---------------|
| CUST. ORDER NO. | DATE SHIPPED | SHIPPED VIA | TERMS | SALESMAN | F.O.B. | OUR ORDER NO. |
|                 | 1-15-85      |             |       |          |        | 4353          |

| QUANTITY | DESCRIPTION   | UNIT PRICE | AMOUNT |
|----------|---------------|------------|--------|
| 127      | TO BE CRUSHED | 1.00       | 127.00 |

OLIN CORP  
CHEMICALS GROUP  
JAN 18 1985  
Wilmington Accounting Dept.

INV CC 755.4

*received*  
*JFW*  
*1/15/85*

0041-1111

BY \_\_\_\_\_ OLIN CORPORATION

RECEIVING - ACCOUNTING





0041-1114



RELEASE ORDER

No. R 71271

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO : EC Whitney  
PO Box 474  
Wilmington, Ma 01801

CONTRACT OR BLANKET P.O. No.

WI-17565

DATE 3/1/85

DELIVER TO : SAME

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

|          |  |               |  |
|----------|--|---------------|--|
| SHIP VIA |  | DELIVERY DATE |  |
| FOB      |  | TERMS         | FOR RESALE<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

| ITEM | QUANTITY | UNIT | BUYER'S CODE NO. | DESCRIPTION         | ACCOUNTING CHARGE NO. |
|------|----------|------|------------------|---------------------|-----------------------|
| 1    | 107      | dr   |                  | various Empty Drums | 966-460<br>-208       |

0041-1115

DRUMS STEEL & FIBRE HAZARDOUS WASTE TRANS. LIC. #133



Edward C. Whitney & Son, Inc.

PLANT 888 Woburn St. Wilmington, Mass. 01887 658-8151  
MAIL ADDRESS P.O. Box 474 Wilmington, Mass. 01887

INVOICE

NO 6627

DATE: March 4, 1985

|                            |                   |      |                            |             |
|----------------------------|-------------------|------|----------------------------|-------------|
| S<br>O<br>L<br>D<br>T<br>O | Olin Chemical Co. |      | S<br>H<br>I<br>P<br>T<br>O | P.O. 17565  |
|                            | 51 Eames Street   |      |                            | Re: # 71271 |
| Wilmington, Mass. 01887    |                   | same |                            |             |

|                 |              |             |   |          |        |               |
|-----------------|--------------|-------------|---|----------|--------|---------------|
| CUST. ORDER NO. | DATE SHIPPED | SHIPPED VIA | TERMS   | SALESMAN | F.O.B. | OUR ORDER NO. |
|                 | 3-1-85       |             | TERMS: 30 DAYS NET THEREAFTER<br>WE RESERVE THE RIGHT TO MAKE<br>A 2% CHARGE MONTHLY ON ALL<br>UNPAID BALANCES. |          |        | 5799          |

| QUANTITY | DESCRIPTION               | UNPAID BALANCES | UNIT PRICE | AMOUNT |
|----------|---------------------------|-----------------|------------|--------|
| 107      | EMPTY drums to be crushed |                 | 1.00       | 107 00 |

966-465-252

OLIN CHEMICAL CORP



0041-1117

ESTABLISHED  
1908

STEEL DRUM PICKUP REPORT

**EDWARD C. WHITNEY & SONS, INC.**

888 WOBURN ST. - WILMINGTON, MASS. 01887  
TEL. (617) 658-8151

8486

FROM

7000 (11/17)

DATE

4/5/85

| QUANTITY   | STEEL DRUMS PICKED UP | UNIT       | AMOUNT     |
|------------|-----------------------|------------|------------|
|            | 55 GAL. CH #1         |            |            |
|            | 55 GAL. CH #2         |            |            |
|            | 55 GAL. OH #1         |            |            |
|            | 55 GAL. OH #2         |            |            |
|            | 55 GAL. 17H           |            |            |
|            | 30 GAL. OH            |            |            |
|            | 30 GAL. CH            |            |            |
|            | LARGE FIBRE           |            |            |
|            | SMALL FIBRE           |            |            |
| <u>127</u> | <u>7000</u>           | <u>127</u> | <u>626</u> |

0 090

**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM **OLIN CORPORATION**

4  
KJA  
5

|                             |                |  |
|-----------------------------|----------------|--|
| AT<br>066<br>WILMINGTON, MA | DATE<br>5/7/85 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL          | VEHICLE NO.    | SHIPPER'S NO.<br>066-JFM                               |

|   |                      |   |
|---|----------------------|---|
| CONSIGNEE TO<br>EDWARD C. WHITNEY CO<br>WOBURN STREET<br>WILMINGTON, MA | CUSTOMER'S ORDER NO. | <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPO-<br/>SURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> <p><small>THE PROPERTY DESCRIBED BELOW, IN APPEARING GOOD ORDER, EXCEPT AS NOTED, CONTAINS AND CONTAINS NO CONTENTS OF PACKAGES UNKNOWN, MARKED, CONDITIONED, AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER, THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT, AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IT IS MUTUALLY AGREED BY EACH CARRIER OF ALL OF SAID PROPERTY OVER ALL OF ANY PORTION OF SAID ROUTE TO BE THE RESPONSIBILITY OF THE CARRIER WHICH IS FIRST INTERESTED IN SAID PROPERTY. THAT EVERY SERVICE TO BE PERFORMED HEREIN SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING LET FORTH BY THE UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF, IF THIS IS A RAIL OR RAIL-WATER SHIPMENT, OR BY THE APPLICABLE MOTOR CARRIER CLASSIFICATION OR TARIFF, IF THIS IS A MOTOR CARRIER SHIPMENT.</small></p> <p><small>SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERN THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.</small></p> |
|---|----------------------|---|

|                             |  |                                   |  |   |  |
|-----------------------------|--|-----------------------------------|--|---|--|
| FREIGHT CHARGES ARE COLLECT | IF CHARGES ARE PREPAID MAIL<br>PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW | *If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."<br><br>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972 | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspector Bureau.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) |
|                             |  |                                   |  |   |  |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | *WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|---------|---------------|
| 48              |               |     | VARIOUS EMPTY STEEL DRUMS                              |         |               |

0041-1118

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.

**1** **OLIN CORPORATION, Shipper**  
Per *[Signature]*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

Per *[Signature]* **Ager**

SHIPPING POINT

DRUMS

STEEL & FIBRE

HAZARDOUS WASTE TRANS. LIC. #133



Edward C. Whitney & Son, Inc.

PLANT  
888 Woburn St.  
Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS  
P.O. Box 474  
Wilmington, Mass. 01887

**INVOICE**

No 70057

DATE: May 7, 1985

|                |  |                |  |
|----------------|--|----------------|--|
| <b>SOLD TO</b> | Olin Corp.<br>51 Eames Street<br>Wilmington, Mass. 01887 | <b>SHIP TO</b> | P.O. # 175654E 85132A<br>Release # 71280<br>same |
|----------------|--|----------------|--|

|                 |                        |             |  |        |                       |
|-----------------|------------------------|-------------|--|--------|-----------------------|
| CUST. ORDER NO. | DATE SHIPPED<br>5-6-85 | SHIPPED VIA | TERMS: <del>30 DAYS NET</del> <b>30 DAYS NET SALESMAN AFTER</b><br><b>WE RESERVE THE RIGHT TO MAKE</b><br><b>A 2% CHARGE MONTHLY ON ALL</b><br><b>UNPAID BALANCES.</b> | F.O.B. | OUR ORDER NO.<br>6399 |
|-----------------|------------------------|-------------|--|--------|-----------------------|

| QUANTITY | DESCRIPTION   | UNIT PRICE | AMOUNT                    |
|----------|---|------------|---------------------------|
| 48       | EMPTY drums to be crushed<br><br><i>966-465-252</i> | ✓ 1.00     | 48 00<br><i>885008 PS</i> |

**PRICES IN EFFECT  
AS OF DATE  
OF SHIPMENT**

Ennis INV CC 755-4

0041-1119

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.

**1** OLIN CORPORATION, Shipper  
Per *[Signature]*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

*[Signature]* Agent

SHIPPING POINT

**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM OLIN CORPORATION

†  
KJA  
S

|                          |                 |  |
|--------------------------|-----------------|--|
| AT 066<br>WILMINGTON, MA | DATE<br>5/16/85 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL       | VEHICLE NO.     | SHIPPER'S NO.<br>066-MDT                               |

|   |                      |  |
|---|----------------------|--|
| CONSIGNEE TO<br>E.C. WHITNEY COMPANY<br>WOBURN STREET<br>WILMINGTON, MA | CUSTOMER'S ORDER NO. | <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPO-<br/>SURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> <p><small>THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED, CONTAINS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWING, MARKED, CONDITIONED, AND PESTICIDED AS INDICATED BELOW, WHICH SAID CARRIER, THE APPLICABLE CARRIER, IS NOT RESPONSIBLE THROUGHOUT THIS CONTRACTUAL PERIOD FOR ANY LOSS OR DAMAGE TO THE PROPERTY UNDER THE CONTRACT UNLESS THE CARRIER AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IF IT MUTUALLY AGREES AT SUCH PLACE OF DELIVERY TO THE APPLICABLE CARRIER, OR TO ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PORTION OF SAID ROUTE, THE PROPERTY AND PROPERTY THAT EVERY SERVICE TO BE PERFORMED HEREON SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE APPLICABLE DOMESTIC AIR-RATE BILL OF LADING SET FORTH IN THE UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF, OR IN A RAIL OR A RAIL-WATER SHIPMENT, OR IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION TARIFF, IF THIS IS A MOTOR CARRIER SHIPMENT.</small></p> <p><small>SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK HEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.</small></p> |
|---|----------------------|--|

|                             |   |                                |  |   |   |
|-----------------------------|---|--------------------------------|--|---|---|
| CARRIER NOTE:               |   |                                | <p>* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."</p> <p>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972</p> | <p>Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:</p> <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>OLIN CORPORATION<br/>(SIGNATURE OF CONSIGNOR)</p> | <p>This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.</p> <p>OLIN CORPORATION<br/>(SIGNATURE OF CONSIGNOR)</p> |
| FREIGHT CHARGES ARE COLLECT | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO: OLIN CORPORATION 120 LONG RIDGE ROAD, P.O. BOX 876 STAMFORD, CT. 06904-0876 ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS SEE BELOW |  |   |   |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 153             |               |     | EMPTY STEEL DRUMS                                      |          |               |

0041-1120

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.

**1** OLIN CORPORATION, Shipper  
Per *[Signature]*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

Per *[Signature]* Ager

DRUMS

STEEL & FIBRE

HAZARDOUS WASTE TRANS. LIC. #133



Edward C. Whitney & Son, Inc.

PLANT  
888 Woburn St.  
Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS  
P.O. Box 474  
Wilmington, Mass. 01887

**INVOICE**

No 7084

DATE: May 20, 1985

|                |   |  |                |                            |  |
|----------------|---|--|----------------|----------------------------|--|
| <b>SOLD TO</b> | Olin Corp.<br>Eames Street<br>Wilmington, Masw. 01887 |  | <b>SHIP TO</b> | P.O. W117565<br>Rel. 71281 |  |
|                |   |  |                |                            |  |

|                 |              |             |   |          |        |               |
|-----------------|--------------|-------------|---|----------|--------|---------------|
| CUST. ORDER NO. | DATE SHIPPED | SHIPPED VIA | TERMS   | SALESMAN | F.O.B. | OUR ORDER NO. |
|                 | 5-16-85      |             | TERMS: 30 DAYS NET THEREAFTER<br>WE RESERVE THE RIGHT TO MAKE<br>A 2% CHARGE MONTHLY ON ALL<br>UNPAID BALANCES. |          |        |               |

| QUANTITY | DESCRIPTION                                  | UNIT PRICE | AMOUNT |
|----------|--|------------|--------|
| 153      | EMPTY drums to be crushed<br><br>906-465-252 | 1.00       | 153 00 |

PRICES IN EFFECT  
AS OF DATE  
OF SHIPMENT

OLIN. CORP.  
CHEMICALS GROUP

MAY 22 1985

Wilmington Accounting Dept

8505013  
rlg

received  
JAM  
5/16/85

0041-1121

BY \_\_\_\_\_  
OLIN CORPORATION

RECEIVING - ACCOUNTING

**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE,

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM OLIN CORPORATION

|  |
|--|
| PAGE   |
| DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| SHIPPER'S NO.                                  |
| 066-WGL  |

|                         |                 |
|-------------------------|-----------------|
| AT 066                  | DATE<br>7/30/85 |
| ROUTE<br>WILMINGTON, MA | VEHICLE NO.     |
| WILL CALL               |                 |

CONSIGNEE TO

E.C. WHITNEY COMPANY  
WOBURN STREET  
WILMINGTON, MA

CUSTOMER'S ORDER NO.

FOR CHEMICAL EMERGENCY-  
SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT, CALL:  
CHEMTREC-DAY OR NIGHT:  
800-424-9300

THE PROPERTY DESCRIBED BELOW IS APPARENT QUANTITY EXCEPT AS NOTED. CONTENT AND CONDITION OF CONTENTS OF PACKAGE UNKNOWN, UNMARKED, UNLADEN, AND UNIDENTIFIED AS INDICATED BELOW WHICH SAID CARRIER UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT AGREED TO CARRY THIS LOAD. PLACE OF DELIVERY OF THIS LOAD IS WILMINGTON, MA. IN EVENT CARRIER IS TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO PLACE OF DELIVERY, IT IS NOT TO BE CONSIDERED AS TRANSFERRED TO SAID CARRIER OR AS ANY PORTION OF LOAD BEING ANY PORTION OF LOAD TO BE DELIVERED TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF LOAD PROPERTY THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM COMMERCE CODE STRAIGHT BILL OF LADING SET FORTH IN THE CLASSIFICATION OR TARIFF IN EFFECT ON THE DATE HEREON. IF THIS IS A BILL OF LADING FOR RAIL WATER TRANSPORT, THE APPLICABLE TARIFFS, CLASSIFICATION OR TARIFF IS A MOTOR CARRIER TARIFF.

SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING INCLUDING THOSE ON THE BACK THEREOF SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERN THE TRANSPORTATION OF THIS SHIPMENT AND THE SAID TERMS AND CONDITIONS ARE HEREBY ACCEPTED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

|                             |   |  |   |   |
|-----------------------------|---|--|---|---|
| CARRIER NOTE                |   | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau. |
| FREIGHT CHARGES ARE COLLECT | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW  | OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR)  | OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR)  |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 48              |               |     | EMPTY STEEL DRUMS                                      | 2,400    |               |

0041-1122

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.

|  |   |
|--|---|
| <p>1 OLIN CORPORATION, Shipper</p> <p>Per <i>W.S. Sandy</i></p> <p>Permanent post-office address of shipper: 120 LONG RIDGE ROAD, P.O. BOX 1255, STAMFORD, CT 06904-1255</p> | <p>Per <i>[Signature]</i></p> <p>Ager</p> |
|--|---|

DRUMS

STEEL & FIBRE

HAZARDOUS WASTE TRANS. LIC. #133

*unmatched*



*Edward C. Whitney & Son, Inc.*

PLANT  
888 Woburn St  
Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS  
P.O. Box 474  
Wilmington, Mass. 01887

**INVOICE**

NO 7438

DATE: August 2, 1985

SOLD TO

OLIN CORP.  
51 Eames St.  
Wilmington, MA 01887

SHIP TO

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|                            |                         |             |                          |   |               |
|----------------------------|-------------------------|-------------|--------------------------|---|---------------|
| CUST. ORDER NO.<br>066-WGI | DATE SHIPPED<br>7/30/85 | SHIPPED VIA | TERMS<br>UNPAID BALANCES | TERMS: 30 DAYS IN ADVANCE<br>WE RESERVE THE RIGHT TO MAKE<br>A 2% CHARGE MONTHLY ON ALL | OUR ORDER NO. |
|----------------------------|-------------------------|-------------|--------------------------|---|---------------|

| QUANTITY | DESCRIPTION               | UNIT PRICE | AMOUNT |
|----------|---------------------------|------------|--------|
| 48       | Empty steel drums crushed | 1.00       | 48.00  |

**PRICES IN EFFECT  
AS OF DATE  
OF SHIPMENT**

Y 85      M OX  
**AUG - 5 1985**      A P  
 LOC *066*      B007  
*rlg*

INVT INV CC 755-4



0041-1123

BY *John Martucci*  
OLIN CORPORATION



**THIS MEMORANDUM** IS AN ACKNOWLEDGMENT THAT A BILL OF LADING HAS BEEN ISSUED AND IS NOT THE ORIGINAL BILL OF LADING, NOR A COPY OR DUPLICATE, COVERING THE PROPERTY NAMED HEREIN, AND IS INTENDED SOLELY FOR FILING OR RECORD.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE RECEIPT BY THE CARRIER OF THE PROPERTY DESCRIBED IN THE ORIGINAL BILL OF LADING.

KL  
S

|                            |                        |   |
|----------------------------|------------------------|---|
| AT<br><b>WILMINGTON MA</b> | DATE<br><b>9/19/85</b> | PAGE<br><b>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER</b> |
| ROUTE<br><b>WILL CALL</b>  | VEHICLE NO.            | SHIPPER'S NO.<br><b>056-WGL</b>                               |

CONSIGNEE TO  
**E.C. WHITNEY CO.  
WOBURN ST.  
WILMINGTON, MA**

CUSTOMER'S ORDER NO.  
  
**FOR CHEMICAL EMERGENCY-  
SPILL, LEAK, FIRE, EXPO-  
SURE OR ACCIDENT, CALL:  
CHEMTREC-DAY OR NIGHT:  
800-424-9300**

THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED, CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN, UNMARKED, UNIDENTIFIED, AND UNIDENTIFIED BY INDICATED BELOW. THE SHIPPER CERTIFIES THAT THE ABOVE PROPERTY IS BEING CLASSIFIED THROUGHOUT THIS CONTRACT AS "GENERAL" AND IS NOT SUBJECT TO SPECIAL TARIFFS OR REGULATIONS. THE SHIPPER UNDER THE CONTRACT AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, OR ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IF IT MUTUALLY AGREES AS TO EACH CARRIER IN ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME, UNLESS THE SHIPPER OR ANY OTHER PARTY HAS SPECIFICALLY AGREED TO BE PERFORMED HEREUNDER, SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREIN, EITHER BY RAIL OR RAIL-WATER SHIPMENT, OR (2) IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION HEREIN, EITHER BY TRUCK OR MOTOR CARRIER, OR (3) IN THE APPLICABLE AIR CARRIER CLASSIFICATION HEREIN, EITHER BY AIR OR AIR CARRIER. THE SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERN THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNEE.

**CARRIER NOTE:**  
**FREIGHT CHARGES ARE PREPAID MAIL**  
**PREPAID FREIGHT BILL TO:**  
**OLIN CORPORATION**  
**120 LONG RIDGE ROAD, P.O. BOX 876**  
**STAMFORD, CT. 06904-0876**  
**ACCOUNTS PAYABLE**

**CARRIER INSTRUCTIONS**  
**SEE BELOW**  
\*If the shipment moves between two parts by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."  
Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding **150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972**

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:  
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges  
**OLIN CORPORATION**  
(SIGNATURE OF CONSIGNOR)

This shipment is correctly described Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.  
**OLIN CORPORATION**  
(SIGNATURE OF CONSIGNOR)

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 120             |               |     | EMPTY STEEL DRUMS                                      | 4800     |               |

0041-1125

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.

**5** **OLIN CORPORATION, Shipper**  
Per *[Signature]*  
Permanent post-office address of shipper, **120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355**

Per *[Signature]* Agent

DRUMS

STEEL & FIBRE

HAZARDOUS WASTE TRANS. LIC. #133



Edward C. Whitney & Son, Inc.

PLANT

888 Woburn St.

Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS

P.O. Box 474

Wilmington, Mass. 01887

**INVOICE**

No 7654

DATE: September 19, 1985

SOLD TO

OLIN CORP.

51 Eames St.

Wilmington, MA 01887

SHIP TO

|                            |                         |             |       |  |          |        |               |
|----------------------------|-------------------------|-------------|-------|--|----------|--------|---------------|
| CUST. ORDER NO.<br>17565WI | DATE SHIPPED<br>9/19/85 | SHIPPED VIA | TERMS | WE RESERVE THE RIGHT TO MAKE A 2% CHARGE MONTHLY ON ALL UNPAID BALANCES. | SALESMAN | F.O.B. | OUR ORDER NO. |
|----------------------------|-------------------------|-------------|-------|--|----------|--------|---------------|

| QUANTITY | DESCRIPTION               | UNIT PRICE | AMOUNT |
|----------|---------------------------|------------|--------|
| 120      | Empty steel drums crushed | 1.00       | 120.00 |

PRICES IN EFFECT  
AS OF DATE  
OF SHIPMENT

85 109  
SEP 20 1985  
LOC 066 Bold PR

INV CC 755-4

*Received*

0041-1126

BY

OLIN CORPORATION

RECEIVING - ACCOUNTING

*Edward C. Whitney & Son, Inc.*PLANT

888 Woburn St.  
Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS

P. O. Box 474  
Wilmington, Mass. 01887

October 21, 1985

OLIN/WILMINGTON

PURCHASING

Olin Corporation  
51 Eames Street  
Wilmington, MA 01887

REFERENCE YOUR PURCHASE ORDER # WI-85530

Dear Sir/Mme:

Please note that Item #3 on your above referenced purchase order should be revised to reflect the following:

"one inch of waste material is an overriding constraint and may remain in an empty container only if it cannot be removed by normal means. The rationale for this provision is that there are certain tars and other extremely viscous materials that will remain in the container even after the container is emptied by normal means."  
[Federal Regulations, Volume 47, No. 160, August 18, 1982, p. 36093.]

I have enclosed a photocopy of a letter issuing from the Law Offices of Lawrence W. Bierlein, the general counsel for the National Drum and Barrel Association [NABADA] for your reference. This letter explains the restrictions governing the 1" rule which has been subject to a great deal of misinterpretation in the past. You may wish to see that those persons who handle your empty containers receive a photocopy as well.

All drums which we pick up from Olin Corporation will be required to conform with the NABADA guidelines for empty containers, and the enclosed NABADA interpretation of the 1" Drum Rule.

Sincerely,

Edward C. Whitney, Jr.  
President

ECW/alh

*Edward C. Whitney & Son, Inc.*PLANT

888 Woburn St.  
Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS

P. O. Box 474  
Wilmington, Mass. 01887

IMPORTANT BULLETIN

To: Customers and Suppliers

From: Edward C Whitney Jr.

I am sure you are aware that November 19, 1980, was a critical date with respect to the disposal of hazardous waste in the United States. As of that date, the Environmental Protection Agency (EPA) Regulations went into effect in accordance with the Resource Conservation and Recovery Act (RCRA). In Massachusetts, the date's arrival was less dramatic because we have already had a similar set of State Regulations in effect since the beginning of the year. But there are some crucial aspects of RCRA that it is most important for us all to be aware of because they affect the future of our business and of our good business relationship.

Enclosed are copies of some documents and regulations that should be part of your RCRA file. You may want to order your own copy of the code of Federal Regulations (CFR) #40 Protection of Environment parts 100 to 399 and also CFR #49 Transportation, parts 1 and 2 (revised as of 7/1/82). Below we have summarized in a series of points what we believe are the most significant rules and consequences of RCRA as they apply to the use, sale, disposal, transportation, and recycling of 55 Gallon steel containers.

1. An EMPTY DRUM (see enclosures) as defined by the EPA is a drum which has been drained by pouring, pumping, or aspirating of flowable residues and then contains no more than one inch of non-removable residue.
2. An EMPTY DRUM that is shipped to or picked up by a drum reconitioner for the purpose of recycling and reuse is not a hazardous waste and does not need to be manifested or reported as such.
3. Edward C Whitney & Son Inc. is a licensed hazardous waste transporter. We have to comply with all regulations to properly transport this material. We WILL NOT put this license in jeopardy by excepting any non-empty drums on any of our trucks.

4. Edward C Whitney & Son Inc. regularly generates waste and it accumulates the small residues of many thousands of drums. When we generate quantities of waste, we prepare them for shipment and forward them to secured landfills in accordance with RCRA Regulations.

We want you to understand the legalities of RCRA because it will affect our operating procedures. Although in the past we may have occasionally picked up or received drums that were not empty and have disposed of that excess, we cannot now do so. We cannot legally do so even if the emptier were to pay us the approximate \$3. per gallon current cost of legal handling and disposal of hazardous waste.

Our truck drivers and yard receivers have been instructed not to accept anything but EMPTY DRUMS, and we hope that you will understand our legal liability in enforcing such a policy. We are confident that the insistence on EMPTY DRUMS will, in the long run, represent an enormous savings for the individual company and for the nation. Through the years, we have seen millions of gallons of residue come to us because the trouble was not taken to drain or pump those last few gallons of valuable raw material from a drum. That was a practice that none of us can any longer afford, legally or financially, and together we must make our operating practices tighter.

New legislation has changes the 1" of residue rule, ( see enclosure) due to the pressure being put on barrel dealers by the DEQE we will not accept the 1" ruling and must insist all drums be drained by pouring, pumping, or aspirating of flowable residues and then contain only non-removable residue.

If there are any questions about this Bulletin or any of its enclosures, please don't hesitate to call me.

OW 221123

0041-1129

LAWRENCE W. BIERLEIN, P.C.

LAW OFFICES  
P.O. BOX 25576  
1228 THIRTY-FIRST STREET, N.W.  
WASHINGTON, D.C. 20007

(202) 333-9199

TELEX: 3725335 (GNET)

July 5, 1985

*See page 5+6  
on empty drum rule*

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Mr. John Masterman  
Department of Health Services  
State of California  
714/744 P Street  
Sacramento, California 95814

Dear Mr. Masterman:

I was pleased to have the opportunity to meet you at the Berkley workshop to discuss the proposed DHS regulations on recycling of drums. As I mentioned at that time, I serve as general counsel to the National Barrel & Drum Association (NABADA) in Washington, D.C. NABADA represents the majority of drum reconditioners throughout North America, as well as in several other countries in the world. From our perspective representing reconditioners not only in California, but in adjoining States and elsewhere in the country where your new rules might serve as a model for State regulation, we are deeply concerned with certain aspects of the proposed regulations. We appreciate the opportunity to offer our comments on those proposals.

One of the rationales offered for these proposals is the encouragement of drum recycling. Obviously, this is a rationale we endorse. The proposals are phrased as an exemption from hazardous

Accordingly, we examined the proposed rules not only from the standpoint of whether they are needed for the protection of the environment, but also from their anticipated cost impact as that would affect the continued functioning of our industry. From both perspectives many of the proposed rules are unjustified.

We acknowledge at the outset that there have been environmental abuses in every industry, including ours. We submit, however, that effective enforcement of existing laws would be sufficient to deter such activities. Virtually every drum recycling facility is the generator of hazardous waste, and thus is within the direct regulatory control of the DHS and the U.S. EPA. Much of what the DHS appears interested in accomplishing could be done through specific requirements applied to these facilities as generators. Please reconsider whether the conditions imposed under the proposed exemption truly are necessary in light of existing State and federal laws on air pollution, water pollution, solid waste management, hazardous waste management, and Superfund hazardous substance management.

Page 14 of the draft contains a declaration that the proposed requirements will have no fiscal impact on the reconditioning industry. In our experience with regulatory requirements elsewhere in the country, we believe implementation of the proposed requirements would bring about a major change in the regulatory status quo in California, and would have a major financial impact upon the affected businesses.

tioners throughout the country, and have participated in this kind of regulatory discussion in many States.

Most industrial States have considered specific rules for the reconditioning industry.

At the outset I should note that, if adopted, the rules you have proposed would be unique in the country -- for although many States have considered or actually proposed specific rules for drum reconditioning, none has adopted them.

For the sake of the record, I would like to discuss the so-called "one-inch" rule followed in all of the other States, although the term "one-inch" is misleading. Emptied packaging is not regulated as a hazardous waste in other jurisdictions. It was never regulated under the national regulations, as we confirmed in correspondence with EPA immediately after issuance of the original rules in May of 1980. What was unclear in those rules was how one defined the term "empty," and this clarifying definition was adopted as a separate regulation in 40 CFR 261.7. The lack of specific regulations addressing empty containers was based upon a specific finding that the containers are not hazardous -- it was not designed in any sense to encourage recycling. As discussed more thoroughly below, the one-inch rule does encourage emptying, however.

It is critical to note that under the 261.7 definition, the drum must be as thoroughly emptied as possible by normal means, with

assure you from my conversations with regulators and with members of our industry across the country, this incentive works, and container residues since 1980 have been reduced dramatically.

The current emptied container rule followed in all other States works to bring about thorough emptying of drums. Under the proposed DHS rules, however, there is too little difference between the handling of a hazardous waste and the handling of a thoroughly emptied drum. If you adopt the proposed rules, you will lose the proven benefit of the national empty container rule, thus losing the significant incentive to empty the drum that the national rule represents. As we perceive the issue, in an endeavor to be more stringent in dealing with emptied drums, the DHS will be removing the most successful impetus to empty containers that has been found, and that now is working elsewhere in the country. Please carefully consider the impact of this action, not just on our industry, but on the environment as a whole.

In addition to these general matters, let me offer the following comments on specific provisions of the proposal:

a. Section 66740(c) would have the transporter "provide adequate separation for incompatible contaminated containers." Under the regulations of the U.S. Department of Transportation (as adopted by the California Highway Patrol), any drum containing a hazardous residue must be shipped with all closures tightly in place, bearing all markings and labels as if the container were full of that material (49 CFR

varying as well as conflicting regulations in the area of hazardous materials transportation." Senate Committee on Commerce, Report No. 93-1192, September 30, 1974.

In implementing this law, DOT has issued inconsistency rulings on hazard communications such as shipping documents, noting that,

Hazard warning systems are (an) area where MTB (DOT's Materials Transportation Bureau) perceives the Federal role to be exclusive. The MTB has thoroughly considered this subject and has issued regulations on marking and labeling of packages and placarding of vehicles in order to communicate the hazards of the materials contained therein. The effectiveness of these systems depends to a large degree on educating the public, especially emergency response personnel. In order to widely disseminate information on its systems, the MTB, among other things, conducts and supports educational programs and distributes informational literature. Additional, different requirements imposed by States or localities detract from the DOT systems and may confuse those to whom the DOT systems are meant to impart information.

(State of Rhode Island Rules & Regulations Governing the Transportation of Liquefied Natural Gas and Liquefied Propane Gas Intended to be Used by a Public Utility; Inconsistency Ruling, IR-2, 44 F.R. 75566, 75568, December 20, 1979.)

This view was reiterated in later DOT rulings, including IR-4 on a shipping paper developed by the State of Washington (47 Fed. Reg. 1231, Jan. 11, 1982), IR-6 on an ordinance in the city of Covington, Kentucky (48 Fed. Reg. 760, Jan. 6, 1983), and recently IR-16, pertaining to requirements imposed by the City of Tucson, Arizona (50 Fed. Reg. 20872, May 20, 1985).

the drum emptier, who is the only one who knows precisely what was in each drum.

This kind of detailed information simply is not helpful for drums that are empty. Under rules followed in all other jurisdictions, no manifest is necessary for an emptied drum. We urge that the proposed manifest requirement be not applied in California either.

If the purpose of this document only is to note that drums have been sent to a container recycling facility rather than to a disposal site, then a simple receipt system could be implemented to accomplish this end. We would not object to such a system, nor would it appear to run afoul of preemption questions.

What we suggest is a document prepared by the transporter or the emptier of the drums, describing them as regulated containers, and identifying the emptier and the receiving recycling facility. There is no need to describe the details of the former contents by shipping name, classification, identification numbers or the like, since this communication is primarily intended to show the points of origin and destination of the emptied drums. This could be accomplished by a receipt entry showing the number of drums. The description perhaps could include a reference to the DHS code with the phrase that these containers are regulated in California only.

If you do determine that a full hazardous waste manifest must be completed, then in accordance with the national and California rules on

to the cost of operation of these recycling facilities. The costs inherent in compliance with the paperwork, and the costs of the financial assurance mechanism will increase the cost of business without substantial environmental benefits.

f. If financial assurance requirements are retained, then the rules on estimating closure costs should include consideration of the value of all "reconditionable" drums at the site. This would exclude those that have only scrap value. As noted in the workshop, drums that have been reconditioned are shipped almost immediately. The raw drums awaiting reconditioning are a readily marketable asset of the reconditioner and must be considered in accurate cost estimates. If there is concern with the inventory of raw drums, this could be addressed through requiring drums to be stacked with their bungs tightly in place, and aligned in a horizontal orientation.

Thank you for the opportunity to submit these comments. I would be pleased to respond to any questions you may have. NABADA remains ready to work with the DHS directly and through the California reconditioners, to develop rules that meet public needs and that also serve the public through preservation of this vital industry.

Sincerely,



Lawrence W. Bierlein  
NABADA General Counsel

**THIS MEMORANDUM** IS AN ACKNOWLEDGMENT THAT A BILL OF LADING HAS BEEN ISSUED AND IS NOT THE ORIGINAL BILL OF LADING, NOR A COPY OR DUPLICATE, COVERING THE PROPERTY NAMED HEREIN, AND IS INTENDED SOLELY FOR FILING OR RECORD.

RECEIVED; SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE RECEIPT BY THE CARRIER OF THE PROPERTY DESCRIBED IN THE ORIGINAL BILL OF LADING.

KLA  
S

|                                |                        |  |
|--------------------------------|------------------------|--|
| AT <b>066</b>                  | DATE<br><b>11/1/85</b> | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br><b>WILMINGTON, MA</b> | VEHICLE NO.            | SHIPPER'S NO.<br><b>066-JFM</b>                        |

|   |                      |   |
|---|----------------------|---|
| CONSIGNEE TO<br><br><b>E.C. WHITNEY CO<br/>WOBURN ST<br/>WILMINGTON, MA</b> | CUSTOMER'S ORDER NO. | <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPO-<br/>SURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> <p><small>THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION OF CONTENTS OF PACKAGE UNKNOWN, MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER (THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IT IS MUTUALLY AGREED AS TO EACH CARRIER OF ALL OR ANY SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF, IF THIS IS A RAIL OR RAIL-WATER SHIPMENT, OR (2) IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OR TARIFF IF THIS IS A MOTOR CARRIER SHIPMENT.</small></p> <p><small>SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.</small></p> |
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|                     |   |  |   |   |   |
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| CARRIER NOTE        |   |  | <p>* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."</p> <p>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding <b>150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972</b></p> | <p>Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:</p> <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: center;"><b>OLIN CORPORATION</b></p> <p>(SIGNATURE OF CONSIGNOR)</p> | <p>This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.</p> <p style="text-align: center;"><b>OLIN CORPORATION</b></p> <p>(SIGNATURE OF CONSIGNOR)</p> |
| FREIGHT CHARGES ARE | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br><b>OLIN CORPORATION<br/>120 LONG RIDGE ROAD, P.O. BOX 876<br/>STAMFORD, CT. 06904-0876<br/>ACCOUNTS PAYABLE</b> | CARRIER INSTRUCTIONS<br><b>SEE BELOW</b> |   |   |   |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS                    | *WEIGHT | CLASS OR RATE    |
|-----------------|---------------|-----|---|---------|------------------|
|                 |               |     | <p><b>EMPTY STEEL DRUMS</b></p> <p><i>104 - 100 (PCL<sup>3</sup>)</i></p> |         |                  |
|                 |               |     |   |         | <b>0041-1137</b> |

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.

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|--|---|
| <p><b>OLIN CORPORATION, Shipper</b></p> <p>Per _____</p> <p>Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355</p> | <p>Per _____</p> <p style="text-align: right;">Ager</p> |
|--|---|



RELEASE ORDER

No.R 71298

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO •  
 • ~~\*\*\*\*\*~~  
 • E. C. Whitney  
 • P. O. Box 474  
 • Wilmington, MA 01887

CONTRACT OR  
 BLANKET P.O. No.  
 17565-WI

DATE  
 November 1, 1985

DELIVER •  
 TO •  
 •  
 • SAME  
 •  
 •

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

|          |  |  |       |               |   |
|----------|--|--|-------|---------------|---|
| SHIP VIA |  |  |       | DELIVERY DATE |   |
| FOB      |  |  | TERMS |               | FOR RESALE  |
|          |  |  |       |               | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

| ITEM | QUANTITY | UNIT | BUYER'S CODE NO. | DESCRIPTION                    | ACCOUNTING CHARGE NO. |
|------|----------|------|------------------|--------------------------------|-----------------------|
| 1    | 104      | each |                  | Empty steel drums for disposal |                       |

17780165

0041-1138

BY *Jim Martens*  
 OLIN CORPORATION

LOCAL PURCHASING

DRUMS

STEEL & FIBRE

HAZARDOUS WASTE TRANS. LIC. #133



Edward C. Whitney & Son, Inc.

PLANT  
888 Woburn St.  
Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS  
P.O. Box 474  
Wilmington, Mass. 01887

**INVOICE**

No 7888

DATE: NOVEMBER 7, 1985

SOLD TO

OLIN CHEMICAL  
51 EAMES STREET  
WILMINGTON, MA 01887

SHIP TO

RELEASE #R71298

|                             |                       |                     |  |                |               |
|-----------------------------|-----------------------|---------------------|--|----------------|---------------|
| CUST. ORDER NO.<br>17565-WI | DATE SHIPPED<br>11-05 | SHIPPED VIA<br>RMAN | TERMS<br>30 DAYS NET 10<br>WE RESERVE THE RIGHT TO<br>A 2% CHARGE MONTHLY ON ALL<br>UNPAID BALANCES. | F.O.B.<br>8410 | OUR ORDER NO. |
|-----------------------------|-----------------------|---------------------|--|----------------|---------------|

| QUANTITY | DESCRIPTION                                  | UNIT PRICE | AMOUNT |
|----------|--|------------|--------|
| 104      | EMPTY DRUMS TO BE CRUSHED<br><br>966-465-252 | 1.00       | 104.00 |

PRICES IN EFFECT  
AS OF DATE  
OF SHIPMENT

Y 85 M 11  
NOV 12 1985 A P  
LOC 066 BOLL  
PR

INV CC 755-4

104 TAKEN AWAY

Y M  
NOV 12 1985 A P  
LOC B

0041-1139

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OLIN CORPORATION, Shipper

Per *John Swan* Agen

3

Per Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

SHIPPING NOTICE

CD 3050 (REV. 11/82)

**STRAIGHT BILL OF LADING - SHORT FORM**

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RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM OLIN CORPORATION

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| PAGE   |
| DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| SHIPPER'S NO.                                  |
| 066-GM   |

|                          |                 |
|--------------------------|-----------------|
| AT 066<br>WILMINGTON, MA | DATE<br>12/2/85 |
| ROUTE<br>WILL CALL       | VEHICLE NO.     |

CONSIGNEE TO  
**E.C. WHITNEY CO  
WOBURN STREET  
WILMINGTON, MA**

CUSTOMER'S ORDER NO.

**FOR CHEMICAL EMERGENCY-  
SPILL, LEAK, FIRE, EXPO-  
SURE OR ACCIDENT, CALL:  
CHEMTREC-DAY OR NIGHT:  
800-424-9300**

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SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

**CARRIER NOTE:**

**FREIGHT CHARGES ARE COLLECT**

IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:  
**OLIN CORPORATION  
120 LONG RIDGE ROAD, P.O. BOX 876  
STAMFORD, CT. 06904-0876  
ACCOUNTS PAYABLE**

**CARRIER INSTRUCTIONS**  
SEE BELOW

\*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

**Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972**

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

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

**OLIN CORPORATION**

(SIGNATURE OF CONSIGNOR)

This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.

**OLIN CORPORATION**

(SIGNATURE OF CONSIGNOR)

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | *WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|---------|---------------|
| 104             |               |     | EMPTY STEEL DRUMS                                      |         |               |

*T. L. - C. J. - D. M.*

0041-1140

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.

Agent

**OLIN CORPORATION, Shipper**

Per *[Signature]*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

Per \_\_\_\_\_



*Edward C. Whitney & Son, Inc.*

PLANT  
888 Woburn St.  
Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS  
P.O. Box 474  
Wilmington, Mass. 01887

**INVOICE**

No 8019

DATE: DECEMBER 5, 1985

| <b>SOLD TO</b>   | OLIN CHEMICAL CORPORATION<br>51 EAMES STREET<br>WILMINGTON, MA 01887                                  |             | <b>SHIP TO</b> | SHIPPER # 066-GM   |  |
|--|---|-------------|----------------|--------------------|--|
|  | TERMS: 30 DAYS NET HEREFTER<br>RESERVE THE RIGHT TO<br>A 5% CHARGE MONTHLY ON ALL<br>UNPAID BALANCES. |             |                | OUR ORDER NO. 8454 |  |
| CUST. ORDER NO.  | DATE SHIPPED  | SHIPPED VIA | F.O.B.         |                    |  |
| WI85530  | 12/02   | RMAN        | DEST           |                    |  |
| QUANTITY   | DESCRIPTION   |             | UNIT PRICE     | AMOUNT             |  |
| 104  | EMPTY DRUMS TO BE CRUSHED   |             | 1.00           | 104.00             |  |
| <p>966-463-239</p> <p><b>PRICES IN EFFECT<br/>AS OF DATE<br/>OF SHIPMENT</b></p> |   |             |                |                    |  |
| <p>Y 85 M 12<br/>DEC - 6 1985<br/>LOC 066 B005<br/>PR</p>                        |   |             |                |                    |  |

INV CC 755-4

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|--------------------------|--|--|--|--|-----------|
|                          |  |  |  |  |           |
| <p><i>Ed Whitney</i></p> |  |  |  |  | 0041-1141 |

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**OLIN CORPORATION, Shipper**



Per *[Signature]*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

Per \_\_\_\_\_ Ager



RELEASE ORDER

No.R 71290

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TO •  
 • EC Whitway  
 • PO Box 474  
 • Wilburton Ma 01801

CONTRACT OR BLANKET P.O. No.

DATE 12/5/85

17565 WI

DELIVER •  
 TO •  
 • SARG

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

|          |  |                              |                             |
|----------|--|------------------------------|-----------------------------|
| SHIP VIA |  | DELIVERY DATE                |                             |
| FOB      |  | TERMS                        |                             |
|          |  | FOR RESALE                   |                             |
|          |  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| ITEM | QUANTITY | UNIT  | BUYER'S CODE NO. | DESCRIPTION               | ACCOUNTING CHARGE NO. |
|------|----------|-------|------------------|---------------------------|-----------------------|
| 1    | 127      | drums |                  | Various empty steel drums | 966-463<br>- 239      |

0041-1142

BY   
 OLIN CORPORATION

LOCAL PURCHASING

**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM OLIN CORPORATION

PAGE

|                             |                 |   |
|-----------------------------|-----------------|---|
| AT<br>066<br>WILMINGTON, MA | DATE<br>12/5/85 | DO NOT SUBMIT FREIGHT BILL<br>WITHOUT THIS NUMBER |
| ROUTE<br>WILL CALL          | VEHICLE NO.     | SHIPPER'S NO.<br>066-WGL                          |

CONSIGNEE TO  
E.C. WHITNEY CO  
WOBURN STREET  
WILMINGTON, MA

CUSTOMER'S ORDER NO.  
  
**FOR CHEMICAL EMERGENCY-  
SPILL, LEAK, FIRE, EXPO-  
SURE OR ACCIDENT, CALL:  
CHEMTREC-DAY OR NIGHT:  
800-424-9300**

THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION OF CONTENTS OF PACKAGE UNKNOWN), MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER (THE WORD CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IT IS HEREBY AGREED AS TO EACH CARRIER OF ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH IN THE UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF. IF THIS IS A RAIL OR RAIL-WATER SHIPMENT, OR IS IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OR TARIFF, THIS IS A MOTOR CARRIER SHIPMENT. SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

|                             |   |  |   |   |
|-----------------------------|---|--|---|---|
| CARRIER NOTE                |   | *If the shipment moves between two ports by a carrier, by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br><br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) |
| FREIGHT CHARGES ARE COLLECT | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW  | Note: Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972  |   |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | *WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|---------|---------------|
| 127             |               |     | EMPTY STEEL DRUMS                                      |         | 0041-1143     |

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.

*R. McEwen* Agent

**OLIN CORPORATION, Shipper**  
Per *W. H. Landry*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355  
**SHIPPING POINT**

Per \_\_\_\_\_  
CD 3050 (REV. 11/82)

0041-1144

**THIS MEMORANDUM** IS AN ACKNOWLEDGMENT THAT A BILL OF LADING HAS BEEN ISSUED AND IS NOT THE ORIGINAL BILL OF LADING, NOR A COPY OR DUPLICATE, COVERING THE PROPERTY NAMED HEREIN, AND IS INTENDED SOLELY FOR FILING OR RECORD.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE RECEIPT BY THE CARRIER OF THE PROPERTY DESCRIBED IN THE ORIGINAL BILL OF LADING.

|   |   |   |   |  |               |
|---|---|---|---|--|---------------|
| AT<br><b>066</b><br><b>WILMINGTON, MA</b>                                   |   | DATE<br><b>12/5/85</b>  | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER  |  |               |
| ROUTE<br><b>WILL CALL</b>   |   | VEHICLE NO.   | SHIPPER'S NO.<br><b>066-WGL</b>   |  |               |
| CONSIGNEE TO<br><b>E.C. WHITNEY CO<br/>WOBURN STREET<br/>WILMINGTON, MA</b> |   | CUSTOMER'S ORDER NO.  |   |  |               |
|   |   | <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> <p><small>THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, IS TO BE AS NOTED (CONTENTS AND CONDITION OF CONTAINERS OF PACKAGES UNKNOWN) MARKED, CONSIGNED, ADDRESSING AND/OR DELIVERED BY THE CARRIER. THE WHOLE CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MAKING ANY FELONY OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IF IT IS NOT FEASIBLE TO DO SO. ALL OF SAID PROPERTY OVER ALL OF ANY PORTION OF SAID ROUTE TO DESTINATION, AND AT EACH INTERMEDIATE STOP, TO ALL OF ANY OF SAID PROPERTY THAT ENTRY THERE TO BE PERFORMED HEREUNDER, SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH IN UNIFORM FREIGHT CLASSIFICATION, IN EFFECT ON THE DATE HEREOF, IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT, OR TO ALL THE APPLICABLE MOTOR CARRIER CLASSIFICATION TARIFFS IF THIS IS A MOTOR CARRIER SHIPMENT.</small></p> <p><small>SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THIS SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OF TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.</small></p> |   |  |               |
| <b>CARRIER'S NOTE:</b>  |   |   |   |  |               |
| FREIGHT CHARGES ARE<br><b>COLLECT</b>                                       | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW   | *If the shipment moves between two parts by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."<br><br>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding <b>150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972</b> | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><br><b>OLIN CORPORATION</b><br>(SIGNATURE OF CONSIGNOR) |               |
|   |   |   | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br><br><b>OLIN CORPORATION</b><br>(SIGNATURE OF CONSIGNOR)  |  |               |
| NO. OF PACKAGES   | KIND OF PKGS.   | HM.   | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS  | * WEIGHT   | CLASS OR RATE |
| <b>127</b>  |   |   | <b>EMPTY STEEL DRUMS</b>  |  |               |

0041-1145

DRUMS STEEL & FIBRE HAZARDOUS WASTE TRANS. LIC. #133



*Edward C. Whitney & Son, Inc.*

PLANT  
888 Woburn St.  
Wilmington, Mass. 01887  
658-8151

MAIL ADDRESS  
P.O. Box 474  
Wilmington, Mass. 01887

**INVOICE**

No. 3045

DATE: DECEMBER 11, 1985

|  |   |             |                            |                  |  |
|--|---|-------------|----------------------------|------------------|--|
| S<br>H<br>I<br>P<br>T<br>O                 | OLIN CHEMICAL CORP.<br>51 EAMES STREET<br>WILMINGTON, MA 01887  |             | S<br>H<br>I<br>P<br>T<br>O | SHIPPER #066-WGL |  |
|  | <p style="text-align: center;"><del>TERMS: 30 DAYS NET THEREAFTER</del><br/> <del>TERMS RESERVE THE RIGHT TO CHANGE</del><br/> <b>A 2% CHARGE MONTHLY ON ALL UNPAID BALANCES.</b></p> |             |                            |                  |  |
| CUST. ORDER NO.                            | DATE SHIPPED  | SHIPPED VIA | F.O.B.                     | OUR ORDER NO.    |  |
| WI85530                                    | 12/05   | RMAN        | DEST                       | BELO             |  |
| QUANTITY                                   | DESCRIPTION   |             | UNIT PRICE                 | AMOUNT           |  |
| 78   | EMPTY DRUMS TO BE CRUSHED RELEASE#71293   |             | 1.00                       | 78.00            |  |
| 127  | EMPTY DRUMS TO BE CRUSHED RELEASE#71290   |             | 1.00                       | 127.00           |  |
|  |   |             |                            | 205.00           |  |
| *****COPIES OF SHIPPING DOCUMENTS ENCLOSED |   |             |                            |                  |  |

STRAIGHT BILL OF LADING - SHORT FORM

ORIGINAL-NOT NEGOTIABLE.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM OLIN CORPORATION

|               |  |
|---------------|--|
| PAGE          | DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| SHIPPER'S NO. | 066-WGL  |

|                          |                 |
|--------------------------|-----------------|
| AT 066<br>WILMINGTON, MA | DATE<br>12/5/85 |
| ROUTE<br>WILL CALL       | VEHICLE NO.     |

CONSIGNEE TO  
  
E.C. WHITNEY CO  
WOBURN STREET  
WILMINGTON, MA

CUSTOMER'S ORDER NO.  
  
FOR CHEMICAL EMERGENCY-  
SPILL, LEAK, FIRE, EXPO-  
SURE OR ACCIDENT, CALL:  
CHEMTREC-DAY OR NIGHT:  
800-424-9300

THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED, (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN) MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID CARRIER (THE INCVO CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IF IT IS MUTUALLY AGREED, AS TO EACH CARRIER OF ALL OR ANY OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH (1) IN UNIFORM FREIGHT CLASSIFICATION IN EFFECT ON THE DATE HEREOF, IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT, OR (2) IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION CONTAINED IN THIS IS A MOTOR CARRIER SHIPMENT.

SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

CARRIER NOTE:  
IF CHARGES ARE PREPAID MAIL  
PREPAID FREIGHT BILL TO:  
OLIN CORPORATION  
120 LONG RIDGE ROAD, P.O. BOX 876  
STAMFORD, CT. 06904-0876  
ACCOUNTS PAYABLE

CARRIER INSTRUCTIONS  
SEE BELOW

\* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."  
Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:  
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  
OLIN CORPORATION  
(SIGNATURE OF CONSIGNOR)

This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.  
OLIN CORPORATION  
(SIGNATURE OF CONSIGNOR)

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 133             |               |     | EMPTY STEEL DRUMS                                      |          |               |
|                 |               |     |  |          | 0041-1146     |

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.

*B. MacIver* Agen

OLIN CORPORATION, Shipper  
Per *W. G. Landry*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355  
SHIPPING POINT

0041-1147

**THIS MEMORANDUM** IS AN ACKNOWLEDGMENT THAT A BILL OF LADING HAS BEEN ISSUED AND IS NOT THE ORIGINAL BILL OF LADING, NOR A COPY OR DUPLICATE, COVERING THE PROPERTY NAMED HEREIN, AND IS INTENDED SOLELY FOR FILING OR RECORD.  
 RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE RECEIPT BY THE CARRIER OF THE PROPERTY DESCRIBED IN THE ORIGINAL BILL OF LADING.

|                |             |  |
|----------------|-------------|--|
| AT 065         | DATE        | PAGE   |
| WILMINGTON, MA | 12/5/85     | DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE          | VEHICLE NO. | SHIPPER'S NO.                                  |
| WILL CALL      |             | U66-WGL  |

CONSIGNEE TO  
**E.C. WHITNEY CO**  
**WOBURN STREET**  
**WILMINGTON, MA**

CUSTOMER'S ORDER NO.  
**FOR CHEMICAL EMERGENCY-  
 SPILL, LEAK, FIRE, EXPO-  
 SURE OR ACCIDENT, CALL:  
 CHEMTREC-DAY OR NIGHT:  
 800-424-9300**

THE PROPERTY DESCRIBED BELOW, IN APPEARANT GOOD ORDER, IS BEING TRANSPORTED UNDER THE CONDITION OF DOMESTIC BILL OF LADING UNLESS OTHERWISE INDICATED BY THE SHIPPER. THE CARRIER, THE MOTOR CARRIER BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON OR CORPORATION, IN POSSESSION OF THE PROPERTY UNDER THIS CONTRACT, AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID ORIGIN, OR ON ITS ROUTE, OR TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IT IS MUTUALLY AGREED BY EACH CARRIER IN ALL OF SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH CARRIER AT ANY TIME, INTERFERED IN ALL OR ANY OF SAID PROPERTY THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL OF LADING SET FORTH IN THE UNIFORM FREIGHT CARRIER ASSOCIATION IN EFFECT ON THE DATE HEREOF. IF THIS IS A BILL OF A RAIL WATER SHIPMENT, IT IS IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OF TARIFFS. THIS IS A MOTOR CARRIER SHIPMENT.

SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATION OF TARIFF WHICH GOVERN THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

|                             |   |                                   |  |  |  |
|-----------------------------|---|-----------------------------------|--|--|--|
| CARRIER'S NOTE              |   |                                   | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><br><b>OLIN CORPORATION</b><br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br><br><b>OLIN CORPORATION</b><br>(SIGNATURE OF CONSIGNOR) |
| FREIGHT CHARGES ARE COLLECT | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW |  |  |  |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|--|----------|---------------|
| 133             |               |     | EMPTY STEEL DRUMS                                      |          |               |

0041-1148

ESTABLISHED  
1908

STEEL DRUM PICKUP REPORT

**EDWARD C. WHITNEY & SONS, INC.**

888 WOBURN ST. - WILMINGTON, MASS. 01887  
TEL. (617) 658-8151

8487

FROM

Oliver (HEP)

DATE

12/5/85

| QUANTITY | STEEL DRUMS PICKED UP | UNIT | AMOUNT |
|----------|-----------------------|------|--------|
|          | 55 GAL. CH #1         |      |        |
|          | 55 GAL. CH #2         |      |        |
|          | 55 GAL. OH #1         |      |        |
|          | 55 GAL. OH #2         |      |        |
|          | 55 GAL. 17H           |      |        |
|          | 30 GAL. OH            |      |        |
|          | 30 GAL. CH            |      |        |
|          | LARGE FIBRE           |      |        |
|          | SMALL FIBRE           |      |        |
|          | 105 CRUSH             | 105  |        |

**EXHIBIT J**

See cover sheet  
for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 194152 5

Part A WO# **7648**

|  |                                |                                     |
|--|--------------------------------|-------------------------------------|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                  | PHONE<br><b>617-953-4240</b>   | EPA ID NO.<br><b>MA 60001703906</b> |
| SITE ADDRESS<br><b>51 EAMES ST., WILMINGTON, MA 01887</b>                  |                                |                                     |
| TRANSPORTER NO. 1<br><b>JETLINE TRANSIT</b>                                | PHONE<br><b>617-843-2829 M</b> | EPA ID NO.<br><b>MA 60052179390</b> |
| SITE ADDRESS<br><b>P.O. BOX 180 STOUGHTON, MA 02072</b>                    |                                |                                     |
| TRANSPORTER NO. 2  | PHONE                          |                                     |
| SITE ADDRESS   |                                |                                     |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES, INC.</b> | PHONE<br><b>716-754-8251</b>   | EPA ID NO.<br><b>NY 10049336679</b> |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MODEL CITY, NY 14107</b>              |                                |                                     |

THIS FORM IS NO. **29** OF A TOTAL OF **30** THE FIRST MANIFEST DOCUMENT NO. IS **NY**

| PROPER US DOT SHIPPING NAME     | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|---------------------------------|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|                                 |                     |              |      |              |       | NO.        | TYPE |              |                |
| 1 HAZARDOUS WASTE SOLID, N.O.S. | ORM-E               | NA 3130      | 02   | 396.49       | 03    | 001        | 03   | 1            | U028           |
| 2                               |                     |              |      |              |       |            |      |              |                |
| 3                               |                     |              |      |              |       |            |      |              |                |
| 4                               |                     |              |      |              |       |            |      |              |                |
| 5                               |                     |              |      |              |       |            |      |              |                |
| 6                               |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|  |   |   |
|--|---|---|
| GENERATOR'S SIGNATURE<br><i>Ronald J. McBrien</i><br>Please type name also<br><b>RONALD J. MCBRIEN, PLANT MANAGER</b>  | DATE SHIPPED<br><b>01 07 83</b><br>Mo. Day Yr.    | EXPECTED ARRIVAL DATE<br><b>01 08 83</b><br>Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."<br><i>Ronald J. McBrien</i> | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>1234567</b> | DATE RECEIVED<br><b>01 07 83</b><br>Mo. Day Yr.         |

COPY 3 Generator—Retained by Generator

Tear at this line

To Be TYPED by Generator

|   |  |   |                 |               |  |
|---|--|---|-----------------|---------------|--|
| Transporter — FILL OUT  | B: GEN NAME <u>OLIN CORPORATION</u> <span style="margin-left: 100px;">3176 A</span> GEN EPA ID# <u>MAD001403104</u>  |   | DATE DELIVERED  |               |  |
|   | TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."   |   | Mo: Day: Yr:    |               |  |
|   | TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." | TRANSPORTER NO.2 PERMIT NUMBER                                  | DATE RECEIVED   |               |  |
| TSD Facility — FILL OUT   | TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."   |   | Mo: Day: Yr:    |               |  |
|   | TSD NAME <u>SCA</u>  | TSD EPA ID # <u>WATERWAY SERVICES</u>                           | HANDLING METHOD |               |  |
|   | TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS   |   | 1               | 2             |  |
|   |  |   | 3               | 4             |  |
|   |  |   | 5               | 6             |  |
| TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form." |  | SIGNATURE <u>B. Pichowski</u><br>Please print or type name also |                 | DATE RECEIVED |  |
| In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.  |  | DOCUMENT NO. <u>NY 194152 5</u>                                 |                 |               |  |

COPY 3 Generator—Mailed by TSD Facility

|   |   |                                  |   |   |  |   |  |   |  |   |  |   |  |   |  |
|---|---|----------------------------------|---|---|--|---|--|---|--|---|--|---|--|---|--|
| OUT   | Part B: GEN NAME <b>OLIN CORPORATION</b> <i>OLIN A</i>  |                                  | GEN EPA ID# <b>WA 0001403104</b>  |   |  |   |  |   |  |   |  |   |  |   |  |
|   | TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."  |                                  | DATE DELIVERED<br>Mo: <u>07</u> Day: <u>05</u> Yr: <u>93</u>  |   |  |   |  |   |  |   |  |   |  |   |  |
| Transporter—F   | TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."<br><i>Paul Floyd</i> | TRANSPORTER NO 2 PERMIT NUMBER   | DATE RECEIVED<br>Mo: Day: Yr:   |   |  |   |  |   |  |   |  |   |  |   |  |
|   | TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."  |                                  | DATE DELIVERED<br>Mo: Day: Yr:  |   |  |   |  |   |  |   |  |   |  |   |  |
| TSD Facility—FILL OUT   | TSD NAME <b>SCA</b>   | TSD EPA ID# <b>WA 0001403104</b> | TANKING METHOD  |   |  |   |  |   |  |   |  |   |  |   |  |
|   | TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS                        |                                  | <table border="1"> <tr><td>1</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>4</td><td></td></tr> <tr><td>5</td><td></td><td>6</td><td></td></tr> </table> | 1 |  | 2 |  | 3 |  | 4 |  | 5 |  | 6 |  |
|   | 1   |                                  | 2   |   |  |   |  |   |  |   |  |   |  |   |  |
| 3   |   | 4                                |   |   |  |   |  |   |  |   |  |   |  |   |  |
| 5   |   | 6                                |   |   |  |   |  |   |  |   |  |   |  |   |  |
| TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form." | SIGNATURE <i>J. P. ...</i><br>Please print or type name also  | DATE RECEIVED<br>Mo: Day: Yr:    |   |   |  |   |  |   |  |   |  |   |  |   |  |
| In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.  |   | DOCUMENT NO. <b>NY 082848-5</b>  |   |   |  |   |  |   |  |   |  |   |  |   |  |

COPY 3 Generator—Mailed by TSD Facility

See cover sheet  
for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A:

WO# 78650

DOCUMENT NO. NY 192848 5

|   |                              |   |
|---|------------------------------|---|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                 | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>MA D 0 0 1 4 0 5 1 0 4</b> |
| SITE ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01887</b>                  |                              |   |
| TRANSPORTER NO. 1<br><b>Jetline TRANSIT</b>                               | PHONE<br><b>617-843-2829</b> | EPA ID NO.<br><b>MA D 0 6 2 1 7 9 8 9 0</b> |
| SITE ADDRESS<br><b>P.O. BOX 180 STROUGHTON, MA 02072</b>                  |                              |   |
| TRANSPORTER NO. 2   | PHONE                        |   |
| SITE ADDRESS  |                              |   |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES INC.</b> | PHONE<br><b>716-754-8231</b> | EPA ID NO.<br><b>NY D 0 4 9 8 3 6 6 7 9</b> |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MODEL CITY, NY 14107</b>             |                              |   |

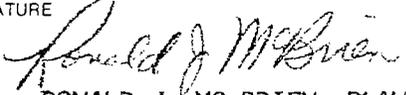
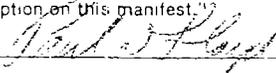
THIS FORM IS NO. **1** OF A TOTAL OF **1** THE FIRST MANIFEST DOCUMENT NO. IS **NY 192848 5**

To Be TYPED by Generator

|   | PROPER US DOT SHIPPING NAME   | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ. CODE | EPA WASTE TYPE |
|---|-------------------------------|---------------------|--------------|------|--------------|-------|------------|------|---------------|----------------|
|   |                               |                     |              |      |              |       | No.        | Type |               |                |
| 1 | HAZARDOUS WASTE SOLID, N.O.S. | ORM-E               | NA 9189      | 02   | 27869        | 03    | 001        | 03   | T             | 0028           |
| 2 |                               |                     |              |      |              |       |            |      |               |                |
| 3 |                               |                     |              |      |              |       |            |      |               |                |
| 4 |                               |                     |              |      |              |       |            |      |               |                |
| 5 |                               |                     |              |      |              |       |            |      |               |                |
| 6 |                               |                     |              |      |              |       |            |      |               |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |   |   |
|---|---|---|
| GENERATOR'S SIGNATURE<br><br>Please type name also<br><b>RONALD J. MC BRIEN, PLANT MANAGER</b>   | DATE SHIPPED<br><b>01 07 83</b><br>Mo. Day Yr.  | EXPECTED ARRIVAL DATE<br><b>01 08 83</b><br>Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."<br> | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>42405</b> | DATE RECEIVED<br><b>01 08 83</b><br>Mo. Day Yr.         |

COPY 3 Generator—Retained by Generator

Tea at the Perforation

See cover sheet for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A:

WO# **78649**

DOCUMENT NO. NY **182849 4**

|   |                              |                                   |
|---|------------------------------|-----------------------------------|
| GENERATOR NAME<br><b>CLIN CORPORATION</b>                                 | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>MA0001403104</b> |
| SITE ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01887</b>                  |                              |                                   |
| TRANSPORTER NO. 1<br><b>JETLINE TRNSIT</b>                                | PHONE<br><b>617-843-2829</b> | EPA ID NO.<br><b>MA0062179890</b> |
| SITE ADDRESS<br><b>P.O. BOX 180 STOUGHTON, MA <del>01888</del> 02072</b>  |                              |                                   |
| TRANSPORTER NO. 2   | PHONE                        | EPA ID NO.                        |
| SITE ADDRESS  |                              |                                   |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES INC.</b> | PHONE<br><b>716-754-8231</b> | EPA ID NO.<br><b>NY0049836679</b> |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MODEL CITY NY 14107</b>              |                              |                                   |

THIS FORM IS NO. **1** OF A TOTAL OF **1** THE FIRST MANIFEST DOCUMENT NO. IS **NY**

| 1 | PROPER US DOT SHIPPING NAME   | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|---|-------------------------------|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|   |                               |                     |              |      |              |       | NO.        | TYPE |              |                |
| 1 | HAZARDOUS WASTE SOLID, N.O.S. | ORM-E               | NA 9189      | 02   | 4200         | 03    | 001        | 03   | TT           | U023           |
| 2 |                               |                     |              |      |              |       |            |      |              |                |
| 3 |                               |                     |              |      |              |       |            |      |              |                |
| 4 |                               |                     |              |      |              |       |            |      |              |                |
| 5 |                               |                     |              |      |              |       |            |      |              |                |
| 6 |                               |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPT ON (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct

|  |   |   |
|--|---|---|
| GENERATOR'S SIGNATURE<br><i>Ronald J. McBrien</i><br>Please type name also<br><b>RONALD J. MC BRIEN</b>  | DATE SHIPPED<br><b>01 07 83</b><br>Mo. Day Yr.  | EXPECTED ARRIVAL DATE<br><b>01 08 83</b><br>Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."<br><i>[Signature]</i> | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>40000</b> | DATE RECEIVED<br><b>01 08 83</b><br>Mo. Day Yr.         |

To Be TYPED by Generator

**COPY 3 Generator—Retained by Generator**

Tear at this Perforation

551-1-1000

Transporter - FILL OUT

TSD Facility - FILL OUT

Port B: GEN NAME **OLIN CORPORATION**

*3176 A*

GEN EPA ID# **MA 000000405104**

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."  
*[Signature]*

DATE DELIVERED  
Mo: Day:

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 2 PERMIT NUMBER  
**[Barcode]**

DATE RECEIVED  
Mo: Day:

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED  
Mo: Day:

ISD NAME  
*SEA*

TSD EPA ID#  
**MA 000000405104**

LOADING METHOD

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

1  
3  
5  
6

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE  
*[Signature]*  
Please print or type name also

DATE RECEIVED  
Mo: Day:

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

DOCUMENT NO. NY **182849 4**

COPY 3 Generator - Mailed by TSD Facility

See cover sheet  
for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WO# **78152**

DOCUMENT NO. NY **183129 3**

|   |                              |   |
|---|------------------------------|---|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                 | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>MA D 0 0 1 4 0 3 1 0 4</b> |
| SITE ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01827</b>                  |                              |   |
| TRANSPORTER NO. 1<br><b>JETLINE TRANSIT</b>                               | PHONE<br><b>617-843-2829</b> | EPA ID NO.<br><b>MA D 0 6 2 1 7 9 9 9 0</b> |
| SITE ADDRESS<br><b>B.O. BOX 180 STOUGHTON, MA 02072</b>                   |                              |   |
| TRANSPORTER NO. 2   | PHONE                        |   |
| SITE ADDRESS  |                              |   |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES INC.</b> | PHONE<br><b>716-754-8231</b> | EPA ID NO.<br><b>NY D 0 4 9 8 3 6 6 7 9</b> |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MODEL CITY NY 14107</b>              |                              |   |

THIS FORM IS NO. **1** OF A TOTAL OF **1** THE FIRST MANIFEST DOCUMENT NO. IS **NY**

|   | PROPER US DOT SHIPPING NAME   | US DOT HAZARD CLASS | UN/NA NUMBER | EORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|---|-------------------------------|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|   |                               |                     |              |      |              |       | NO.        | TYPE |              |                |
| 1 | HAZARDOUS WASTE SOLID, N.O.S. | ORM-E               | NA 9189      | 02   | 42629        | 03    | 001        | 05   | T            | 17028          |
| 2 |                               |                     |              |      |              |       |            |      |              |                |
| 3 |                               |                     |              |      |              |       |            |      |              |                |
| 4 |                               |                     |              |      |              |       |            |      |              |                |
| 5 |                               |                     |              |      |              |       |            |      |              |                |
| 6 |                               |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |  |   |
|---|--|---|
| GENERATOR'S SIGNATURE<br><i>Ronald J. Mc Brien</i><br>Please type name also <b>RONALD J. MC BRIEN, PLANT MANAGER</b>  | DATE SHIPPED<br><b>01 07 83</b><br>Mo. Day Yr.   | EXPECTED ARRIVAL DATE<br><b>01 08 83</b><br>Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE<br><i>Charles Hegar</i><br>To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>NY 995</b> | DATE RECEIVED<br><b>01 07 83</b><br>Mo. Day Yr.         |

COPY 3 Generator--Retained by Generator

Tear at this Perforation

1041-1157

Transporter — FILL OUT

Part 3: GEN NAME **OLIN CORPORATION** 3170 H GEN EPA ID# [REDACTED]

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

*x Charles Hegu*

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO.2 PERMIT NUMBER [REDACTED]

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

TSD Facility — FILL OUT

TSD NAME **SCA**

TSD EPA ID# [REDACTED]

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

|                 |   |   |   |
|-----------------|---|---|---|
| HANDLING METHOD |   |   |   |
| 1               | 2 | 3 | 4 |
| 5               | 6 | 7 | 8 |

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE *J. Guchowski*  
Please print or type name also

DATE RECEIVED [REDACTED]

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

DOCUMENT NO. NY 183129 3

COPY 3 Generator—Mailed by TSD Facility

See cover sheet  
for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WO# 78657

DOCUMENT NO. NY 182825 9

|  |                              |  |
|--|------------------------------|--|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>MA 0000 101031104</b> |
| SITE ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01867</b>                 |                              |  |
| TRANSPORTER NO. 1<br><b>JETLINE TRANSIT</b>                              | PHONE<br><b>617-843-2829</b> | EPA ID NO.<br><b>MA 0006 211798910</b> |
| SITE ADDRESS<br><b>P.O. BOX 180 STOUGHTON, MA 02072</b>                  |                              |  |
| TRANSPORTER NO. 2  | PHONE                        |  |
| SITE ADDRESS   |                              |  |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES INC</b> | PHONE<br><b>716-754-8231</b> | EPA ID NO.<br><b>NY 0049 0136579</b>   |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MODEL CITY, NY 14107</b>            |                              |  |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY

To Be TYPED by Generator

|   | PROPER US DOT SHIPPING NAME  | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|---|------------------------------|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|   |                              |                     |              |      |              |       | NO.        | TYPE |              |                |
| 1 | HAZARDOUS WASTE SOLID, N.O.S | ORM-E               | NA 9189      | 02   | 35960        | 03    | 001        | 03   | 1            | 0020           |
| 2 |                              |                     |              |      |              |       |            |      |              |                |
| 3 |                              |                     |              |      |              |       |            |      |              |                |
| 4 |                              |                     |              |      |              |       |            |      |              |                |
| 5 |                              |                     |              |      |              |       |            |      |              |                |
| 6 |                              |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |  |   |
|---|--|---|
| GENERATOR'S SIGNATURE<br><i>Ronald J. McBrien</i><br>Please type name also<br><b>RONALD J. MCBRIEN, PLANT MANAGER</b>   | DATE SHIPPED<br><b>07 07 83</b><br>Mo. Day Yr.   | EXPECTED ARRIVAL DATE<br><b>07 08 83</b><br>Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."<br><i>Russell Rennie</i> | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>MA 003</b> | DATE RECEIVED<br><b>07 07 83</b><br>Mo. Day Yr.         |

COPY 3 Generator—Retained by Generator  
Tear at this Perforation

**Part B: GEN NAME** OLIN CORPORATION 3170 A GEN EPA ID# MA 0001403104

**Transporter - FILL OUT**

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."  
*[Signature]* DATE DELIVERED 07/28/87

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest"  
 TRANSPORTER NO. 2 PERMIT NUMBER [Blank] DATE RECEIVED [Blank]

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."  
 DATE DELIVERED [Blank]

**TSD Facility - FILL OUT**

TSD NAME SCA TSD EPA ID # NY 1001783678 HANDLING METHOD [Blank]

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."  
 SIGNATURE [Signature] DATE RECEIVED 07/28/87  
 Please print or type name also

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362. DOCUMENT NO. NY 182835 9

COPY 3-Generator-Mailed by TSD Facility

See cover sheet for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WC# 78653

DOCUMENT NO. NY 183128 4

|   |                       |  |
|---|-----------------------|--|
| GENERATOR NAME<br>OLIN CORPORATION                                  | PHONE<br>617-933-4240 | EPA ID NO.<br>MA D 0 0 1 4 0 3 1 0 4   |
| SITE ADDRESS<br>51 EAMES ST. WILMINGTON, MA 01887                   |                       |  |
| TRANSPORTER NO. 1<br>JETLINE TRANSIT                                | PHONE<br>617-843-2829 | EPA ID NO.<br>MA D 0 6 2 1 1 7 9 8 9 0 |
| SITE ADDRESS<br>P.O. BOX 180 STOUGHTON, MA 02072                    |                       |  |
| TRANSPORTER NO. 2   | PHONE                 | EPA ID NO.                             |
| SITE ADDRESS  |                       |  |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br>SCA SERVICES, INC. | PHONE<br>716-754-8231 | EPA ID NO.<br>NY D 0 4 9 8 3 5 6 7 9   |
| SITE ADDRESS<br>1550 BALMER ROAD, MODEL CITY, NY 14107              |                       |  |

THIS FORM IS NO. OF A TOTAL OF THE FIRST MANIFEST DOCUMENT NO IS NY

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME   | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|-------------------------------|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|                               |                     |              |      |              |       | NO.        | TYPE |              |                |
| HAZARDOUS WASTE SOLID, N.O.S. | ORM-E               | NA 9189      | 02   | 37020        | 03    | 001        | 05   | ET           | U 0 2 8        |
| 2                             |                     |              |      |              |       |            |      |              |                |
| 3                             |                     |              |      |              |       |            |      |              |                |
| 4                             |                     |              |      |              |       |            |      |              |                |
| 5                             |                     |              |      |              |       |            |      |              |                |
| 6                             |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS, INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|  |   |  |
|--|---|--|
| GENERATOR'S SIGNATURE<br><i>Ronald J. McEwen</i><br>Please type name also<br>RONALD J. MCEWEN, PLANT MANAGER   | DATE SHIPPED<br>0 1 0 7 1 9 8 3<br>Mo. Day Year | EXPECTED ARRIVAL DATE<br>0 1 0 7 1 9 8 3<br>Mo. Day Year |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."<br><i>Doris</i> | TRANSPORTER NO. 1 PERMIT NUMBER<br>14005        | DATE RECEIVED<br>0 1 0 7 1 9 8 3<br>Mo. Day Year         |

COPY 3 Generator—Retained by Generator

Teaset this Perforation

Part B: GEN NAME

OLIN CORPORATION

3170-A

GEN EPA ID#

NY 183127 5

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

|                |     |
|----------------|-----|
| DATE DELIVERED |     |
| Mo.            | Day |

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO.2 PERMIT NUMBER :

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

|               |     |
|---------------|-----|
| DATE RECEIVED |     |
| Mo.           | Day |

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

|                |     |
|----------------|-----|
| DATE DELIVERED |     |
| Mo.            | Day |

TSD NAME

SCA

TSD EPA ID #

NY 183127 5

HANDLING METHOD

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

|   |   |
|---|---|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE

Please print or type name also

*[Signature]*

|               |     |
|---------------|-----|
| DATE RECEIVED |     |
| Mo.           | Day |

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

DOCUMENT NO.

NY 183127 5

COPY 3 Generator-Mailed by TSD Facility

See cover sheet for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WO# 78054

DOCUMENT NO. NY 193127 5

|  |                              |                                    |
|--|------------------------------|------------------------------------|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>HA9001405104</b>  |
| SITE ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01887</b>                 |                              |                                    |
| TRANSPORTER NO. 1<br><b>JETLINE TRANSIT</b>                              | PHONE<br><b>617-843-2829</b> | EPA ID NO.<br><b>HA90062179390</b> |
| SITE ADDRESS<br><b><del>1234</del> P.O. BOX 180 STOUGHTON, MA 02072</b>  |                              |                                    |
| TRANSPORTER NO. 2  | PHONE                        | EPA ID NO.                         |
| SITE ADDRESS   |                              |                                    |
| TREATMENT, STORAGE OR DISPCAL (TSD) FACILITY<br><b>SCA SERVICES INC.</b> | PHONE<br><b>716-754-8231</b> | EPA ID NO.<br><b>NY90049836679</b> |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MODEL CITY, NY 14187</b>            |                              |                                    |

THIS FORM IS NO.            OF A TOTAL OF            THE FIRST MANIFEST DOCUMENT NO. IS            NY           

To Be TYPED by Generator

|   | PROPER US DOT SHIPPING NAME   | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|---|-------------------------------|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|   |                               |                     |              |      |              |       | NO.        | TYPE |              |                |
| 1 | HAZARDOUS WASTE SOLID, N.O.S. | ORM-E               | NA 9189      | 02   | 36990        | 02    | 0101       | 03   | LT           | U928           |
| 2 |                               |                     |              |      |              |       |            |      |              |                |
| 3 |                               |                     |              |      |              |       |            |      |              |                |
| 4 |                               |                     |              |      |              |       |            |      |              |                |
| 5 |                               |                     |              |      |              |       |            |      |              |                |
| 6 |                               |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE *[Signature]* DATE SHIPPED            EXPECTED ARRIVAL DATE



RELEASE ORDER

No.R 70172

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO SCA SERVICES INC. 1550 BARNER ROAD MODEL CITY, NY 14107

CONTRACT OR BLANKET P.O. No. DATE CB-41-0000-01988 12/6/82

DELIVER TO SAME

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

SHIP VIA, DELIVERY DATE, FOB, TERMS, PREPAID, FOR RESALE (YES/NO), ACCOUNTING CHARGE NO.

Table with columns: ITEM, QUANTITY, UNIT, BUYER'S CODE NO., DESCRIPTION, ACCOUNTING CHARGE NO. Includes items 1-7 with descriptions of hazardous waste.

Received 12/6/82 JFM

BY [Signature] OLIN CORPORATION

REQUISITIONER



RELEASE ORDER

No.R 70265

COVERS MATERIAL TO BE RELEASED AGAINST A CONTRACT OR BLANKET ORDER. THIS IS NOT A PURCHASE ORDER.

TO • SCA SERVICES INC.  
• 1550 BALMER ROAD  
• MODEL CITY, NY 14107

CONTRACT OR BLANKET P.O. NO. DATE

CS-WI-0000-01989 1/7/83

BUYER'S ORDER NO. MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY UNITS AND BUYER'S CODE MUST APPEAR ON INVOICES & PACKING LISTS. MAIL INVOICES IN TRIPPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPT. AT:

DELIVER TO

State

|          |          |                       |   |
|----------|----------|-----------------------|---|
| SHIP VIA |          | DELIVERY DATE         |   |
| FOB      |          | TERMS                 | FOR RESALE  |
|          |          | prepaid               | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| ITEM     | QUANTITY | UNIT                  | BUYER'S CODE NO.  |
|          |          | DESCRIPTION           |   |
|          |          | ACCOUNTING CHARGE NO. |   |

| ITEM | QUANTITY | UNIT  | BUYER'S CODE NO. | DESCRIPTION   | ACCOUNTING CHARGE NO. |
|------|----------|-------|------------------|---|-----------------------|
| 1    | 1        | truck | WOM 78647        | Hazardous Waste Solid, N.O.S.<br>(bis-2 Ethylhexyl Phthalate) | 966-463-252           |
| 2    | 1        | "     | 78648            | " " "   |                       |
| 3    | 1        | "     | 78649            | " " "   |                       |
| 4    | 1        | "     | 78650            | " " "   |                       |
| 5    | 1        | "     | 78651            | " " "   |                       |
| 6    | 1        | "     | 78652            | " " "   |                       |
| 7    | 1        | "     | 78653            | " " "   |                       |
| 8    | 1        | "     | 78654            | " " "   |                       |

BY Jim Martucci  
OLIN CORPORATION

REQUISITIONER

0041-1164

Transporter—FILL OUT

Part B: GEN NAME **OLIN CORPORATION**

GEN EPA ID# **MA 01000040300000**

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

*R. Ball*

DATE RECEIVED  
Mo:  Day:  Yr:

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 2 PERMIT NUMBER

**MA 01000040300000**

DATE RECEIVED  
Mo:  Day:  Yr:

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED  
Mo:  Day:  Yr:

TSD Facility—FILL OUT

TSD NAME

*SCA*

TSD EPA ID #

**MA 01000040300000**

HANDLING METHOD

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

|   |   |
|---|---|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE

*J. Chouhach*

Please print or type name also

DATE RECEIVED  
*12 27 82*  
Mo:  Day:  Yr:

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

DOCUMENT NO. **NY 182845 8**

COPY 3 Generator—Mailed by TSD Facility

5911-1700

See cover sheet  
for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WO# **78094** DOCUMENT NO. **NY 1328458**

|   |                              |                                    |
|---|------------------------------|------------------------------------|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                 | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>MA 0001403104</b> |
| SITE ADDRESS<br><b>51 EAMES ST. WILMINGTON MA 01887</b>                   |                              |                                    |
| TRANSPORTER NO. 1<br><b>BUFFALO FUEL CORP.</b>                            | PHONE<br><b>716-773-1921</b> | EPA ID NO.<br><b>NY 051809952</b>  |
| SITE ADDRESS<br><b>2445 ALAN AVE, NIAGARA FALLS, NY 14303</b>             |                              |                                    |
| TRANSPORTER NO. 2   | PHONE                        | EPA ID NO.                         |
| SITE ADDRESS  |                              |                                    |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES INC.</b> | PHONE<br><b>716-754-8231</b> | EPA ID NO.<br><b>NY 049836679</b>  |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MODEL CITY, NY 14107</b>             |                              |                                    |

THIS FORM IS NO. **1** OF A TOTAL OF **1** THE FIRST MANIFEST DOCUMENT NO IS **NY 1328458**

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME                                      | US DOT HAZARD CLASS | UN/NA NUMBER   | FORM      | NET QUANTITY  | UNITS     | CONTAINERS |           | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|----------------|-----------|---------------|-----------|------------|-----------|--------------|----------------|
|  |                     |                |           |               |           | NO.        | TYPE      |              |                |
| <b>HAZARDOUS WASTE SOLID, N.O.S. (BIS-2ETHYLHEXYL PHTHALATE)</b> | <b>ORM-E</b>        | <b>NA 9189</b> | <b>02</b> | <b>474.00</b> | <b>03</b> | <b>0</b>   | <b>03</b> | <b>T</b>     | <b>U 028</b>   |
|  |                     |                |           |               |           |            |           |              |                |
|  |                     |                |           |               |           |            |           |              |                |
|  |                     |                |           |               |           |            |           |              |                |
|  |                     |                |           |               |           |            |           |              |                |
|  |                     |                |           |               |           |            |           |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |   |   |
|---|---|---|
| GENERATOR'S SIGNATURE<br><i>Michael R. Conley</i><br>Please type name also <b>MICHAEL R. CONLEY, PRODUCTION SUPERINTENDENT</b>  | DATE SHIPPED<br><b>12 05 82</b><br>Mo Day Yr    | EXPECTED ARRIVAL DATE<br><b>12 07 82</b><br>Mo Day Yr |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."<br><i>R.A. White</i> | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>78094</b> | DATE RECEIVED<br><b>12 07 82</b><br>Mo Day Yr         |

COPY 3 Generator—Retained by Generator  
Tear at this Perforation

TRANSPORTER - FILL OUT

Part B: GEN NAME

OLIN CORPORATION

GEN EPA ID#

MA 0001 03104

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."  
*[Signature]*

DATE DELIVERED  
Mo. Day Year

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 2 PERMIT NUMBER

DATE RECEIVED  
Mo. Day Year

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED  
Mo. Day Year

TSD NAME  
*SCA*

TSD EPA ID #  
*MA 0001 03104*

HANDLING METHOD

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

|   |   |
|---|---|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE  
*[Signature]*  
Please print or type name also

DATE RECEIVED  
Mo. Day Year

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

DOCUMENT NO. NY 182841 3

COPY 3 Generator - Mailed by TSD Facility

See cover sheet for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WC# **78093**

DOCUMENT NO. NY **182941 3**

|   |                              |                                    |
|---|------------------------------|------------------------------------|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                 | PHONE<br><b>617-933-4240</b> | EPA ID. NO.<br><b>MA0001403104</b> |
| SITE ADDRESS<br><b>51 EAMES ST., WILMINGTON, MA 01887</b>                 |                              |                                    |
| TRANSPORTER NO. 1<br><b>BUFFALO FUEL CORP.</b>                            | PHONE<br><b>716-778-1921</b> | EPA ID. NO.<br><b>NY0051809952</b> |
| SITE ADDRESS<br><b>2445 ALAN AVE NIAGARA FALLS, NY</b>                    |                              |                                    |
| TRANSPORTER NO. 2   | PHONE                        | EPA ID. NO.                        |
| SITE ADDRESS  |                              |                                    |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES INC.</b> | PHONE<br><b>716-754-8231</b> | EPA ID. NO.<br><b>NY0049836679</b> |
| SITE ADDRESS<br><b>1550 BALMER AVE, MODEL CITY, NY 14107</b>              |                              |                                    |

THIS FORM IS NO. **1** OF A TOTAL OF **1** THE FIRST MANIFEST DOCUMENT NO. IS NY **1828413**

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME                                  | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|  |                     |              |      |              |       | NO.        | TYPE |              |                |
| HAZARDOUS WASTE SOLID, N.O.S.<br>(BIS-2ETHYLHEXYL PHTHALATE) | ORM-E               | NA<br>9189   | 02   | 44.440       | 03    | 0101       | 05   | HT           | U9-2-8         |
|  |                     |              |      |              |       |            |      |              |                |
|  |                     |              |      |              |       |            |      |              |                |
|  |                     |              |      |              |       |            |      |              |                |
|  |                     |              |      |              |       |            |      |              |                |
|  |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |   |   |
|---|---|---|
| GENERATOR'S SIGNATURE<br><i>Michael M. Tully</i><br>Please type name also <b>MICHAEL M. TULLY, PRODUCT MANAGER</b>  | DATE SHIPPED<br><b>12 06 89</b><br>Mo. Day Yr.    | EXPECTED ARRIVAL DATE<br><b>12 07 89</b><br>Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE<br><i>Robert Corbett</i><br>I hereby certify that I have accepted for transport conforming with the description on this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>91A1078</b> | DATE RECEIVED<br><b>12 06 89</b><br>Mo. Day Yr.         |

COPY 3 Generator—Retained by Generator

Tear at this P

See cover sheet for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WO# 78092

DOCUMENT NO. NY 182842 2

|  |                       |                                 |
|--|-----------------------|---------------------------------|
| GENERATOR NAME<br>OLIN CORPORATION                                 | PHONE<br>617-933-4240 | EPA ID NO.<br>1<br>MAD002403104 |
| SITE ADDRESS<br>51 EAMES ST. WILMINGTON, MA 01887                  |                       |                                 |
| TRANSPORTER NO. 1<br>BUFFALO FUEL CORP.                            | PHONE<br>766-773-1921 | NYD051809952                    |
| SITE ADDRESS<br>2445 ALAN AVE, NIAGARA FALLS, NY 14303             |                       |                                 |
| TRANSPORTER NO. 2  | PHONE                 |                                 |
| SITE ADDRESS   |                       |                                 |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br>SCA SERVICES INC. | PHONE<br>716-754-8231 | NYD049836679                    |
| SITE ADDRESS<br>1550 BALMER ROAD, MODEL CITY, NY 14107             |                       |                                 |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 1828422

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME                                    | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|  |                     |              |      |              |       | NO.        | TYPE |              |                |
| HAZARDOUS WASTE SOLID, N.O.S.<br>1 (BIS-2ETHYLHEXYL PHTHALATE) | ORM-E               | NA<br>9189   | 02   | 72090        | 03    | 001        | 03   | 7            | U028           |
| 2  |                     |              |      |              |       |            |      |              |                |
| 3  |                     |              |      |              |       |            |      |              |                |
| 4  |                     |              |      |              |       |            |      |              |                |
| 5  |                     |              |      |              |       |            |      |              |                |
| 6  |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|  |   |  |
|--|---|--|
| GENERATOR'S SIGNATURE<br><i>Michael...</i>           | DATE SHIPPED<br>12 06 82<br>Mo. Day Yr. | EXPECTED ARRIVAL DATE<br>12 07 82<br>Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE<br><i>Gamer R Carley</i> | TRANSPORTER PERMIT NUMBER<br>9A098      | DATE RECEIVED<br>12 06 82<br>Mo. Day Yr.         |

COPY 3 Generator - Retained by Generator

Tear at this Perforation

Transporter—FILL OUT

Part B: GEN NAME **OLIN CORPORATION** GEN EPA ID# **MA D 0 0 1 4 0 3 1 0 4**

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."  
*James R. Carley*

DATE DELIVERED  
*12 07 82*

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 2 PERMIT NUMBER **MA D 0 0 1 4 0 3 1 0 4**

DATE RECEIVED

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED

TSD Facility—FILL OUT

TSD NAME **SLA** TSD EPA ID# **NY 100 448 300 79**

HANDLING METHOD

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|   |   |   |   |   |   |
| 3 |   |   | 4 |   |   |
| 5 |   |   | 6 |   |   |

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE *R. Pechowski*  
Please print or type name also

DATE RECEIVED  
*12 07 82*

In case of emergency or spill immediately call the National Response Center (800, 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

DOCUMENT NO. **NY 182842 2**

COPY 3 Generator—Mailed by TSD Facility

0-111110-0

WASTE MANIFEST AND SHIPPING PAPER

MA 5477  
MANIFEST NUMBER

|                    |                  |                         |
|--------------------|------------------|-------------------------|
| ADDRESS            | PHONE NUMBER     | STATE / E.P.A. I.D. NO. |
| TCN, MA 01387      | ( 617 ) 933-4240 | MA 0001403104           |
| PA FALLS, NY 14303 | ( 716 ) 773-1921 | NY 0051809952           |
|                    | ( )              |                         |
| DEL CITY, NY 14107 | ( 716 ) 754-8231 | NY 0049836679           |

|                   |              |       |     |      |                  |       |     |      |
|-------------------|--------------|-------|-----|------|------------------|-------|-----|------|
| NO. OF FIRST FORM | DATE SHIPPED | MONTH | DAY | YEAR | EXPECTED ARRIVAL | MONTH | DAY | YEAR |
|                   |              | 12    | 06  | 82   | DATE             | 12    | 07  | 82   |

| T./VOL. | UNITS | UNIT CODE | CONTAINER |      | E.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|---------|-------|-----------|-----------|------|------------------|--|
|         |       |           | NO.       | TYPE |                  |  |
|         | LB    | P         | 001       | TR   | U028             | 1. SIS-2 ETHYLHEXYL PHTHALATE                    |
|         |       |           |           |      |                  |  |
|         |       |           |           |      |                  |  |
|         |       |           |           |      |                  |  |
|         |       |           |           |      |                  |  |
|         |       |           |           |      |                  |  |

CONTAINER EXEMPTION, AND EMERGENCY RESPONSE INFORMATION.

ATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

|                          |                        |            |   |                  |
|--------------------------|------------------------|------------|---|------------------|
| SIGNATURE OF TRANSPORTER | DATE SHIPMENT ACCEPTED | STATE      | COMPANY NO. FOR TRAILER, MARINE OR RAIL | DATE OF DELIVERY |
|                          | MONTH DAY YEAR         | VEHICLE ID |   | MONTH DAY YEAR   |
| SIGNATURE OF TRANSPORTER | DATE SHIPMENT ACCEPTED | STATE      | COMPANY NO. FOR TRAILER, MARINE OR RAIL | DATE OF DELIVERY |
|                          | MONTH DAY YEAR         | VEHICLE ID |   | MONTH DAY YEAR   |

AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT

| HANDLING METHOD |   |
|-----------------|---|
| 1               | 4 |
| 2               | 5 |
| 3               | 6 |

OREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS

SIGNATURE \_\_\_\_\_  
MONTH DAY YEAR DATE

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

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

111-1100

|   |  |   |  |                                |                                |
|---|--|---|--|--------------------------------|--------------------------------|
| Transporter — FILL OUT  | Part B: GEN NAME <b>OLIN CORPORATION</b>   |   | GEN EPA ID# <b>MAE001403104</b>  | DATE DELIVERED<br>Mo: Day: Yr: |                                |
|   | TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."<br><i>D. J. [Signature]</i>               |   | TRANSPORTER NO. 2 PERMIT NUMBER  | DATE RECEIVED<br>Mo: Day: Yr:  |                                |
|   | TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." |   | TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment." |                                | DATE DELIVERED<br>Mo: Day: Yr: |
| TSD Facility — FILL OUT   | TSD NAME <b>SCA</b>  |   | TSD EPA ID#  | HANDLING METHOD                |                                |
|   | TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS   |   |  | 1                              | 2                              |
|   |  |   |  | 3                              | 4                              |
|   |  |   | 5  | 6                              |                                |
| TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form." |  | SIGNATURE<br><i>[Signature]</i><br>Please print or type name also |  | DATE RECEIVED<br>Mo: Day: Yr:  |                                |
| In case of emergency or spill immediately call the National Response Center (800) 424-3802 and the N.Y. Department of Transportation (518) 457-7362.  |  |   | DOCUMENT NO. <b>NY 182847 6</b>  |                                |                                |

COPY 3 Generator—Mailed by TSD Facility

See cover sheet  
for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WO# 78091

DOCUMENT NO. NY 182847 6

|   |                              |   |
|---|------------------------------|---|
| GENERATOR NAME<br><b>CLIN CORPORATION</b>                                 | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>MA D 0 0 1 4 0 5 1 0 4</b> |
| SITE ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01887</b>                  |                              |   |
| TRANSPORTER NO. 1<br><b>JETLINE TRANSIT</b>                               | PHONE<br><b>716-843-2829</b> | EPA ID NO.<br><b>NY D 0 6 2 1 7 9 6 9 0</b> |
| SITE ADDRESS<br><b>PO BOX 180 STOUGHTON, MA 02072</b>                     |                              |   |
| TRANSPORTER NO. 2   | PHONE                        | EPA ID NO.                                  |
| SITE ADDRESS  |                              |   |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES INC.</b> | PHONE<br><b>716-754-8231</b> | EPA ID NO.<br><b>NY D 0 4 9 8 3 6 6 2 9</b> |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MODEL CITY, NY 14107</b>             |                              |   |

THIS FORM IS NO. **1** OF A TOTAL OF **1** THE FIRST MANIFEST DOCUMENT NO. IS **NY 182847 6**

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME  | US DOT HAZARD CLASS | UN/NA NUMBER   | FORM      | NET QUANTITY  | UNITS     | CONTAINERS |           | EPA HAZ. CODE | EPA WASTE TYPE |
|--|---------------------|----------------|-----------|---------------|-----------|------------|-----------|---------------|----------------|
|  |                     |                |           |               |           | NO.        | TYPE      |               |                |
| 1 <b>HAZARDOUS WASTE SOLID, N.O.S. (BIS-2ETHYLHEXYL PHTHALATE)</b> | <b>ORM-E</b>        | <b>NA 9189</b> | <b>02</b> | <b>457.29</b> | <b>03</b> | <b>001</b> | <b>03</b> | <b>T1</b>     | <b>U0218</b>   |
| 2  |                     |                |           |               |           |            |           |               |                |
| 3  |                     |                |           |               |           |            |           |               |                |
| 4  |                     |                |           |               |           |            |           |               |                |
| 5  |                     |                |           |               |           |            |           |               |                |
| 6  |                     |                |           |               |           |            |           |               |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|  |   |  |
|--|---|--|
| GENERATOR'S SIGNATURE<br><i>Michael Townley</i><br>Please type name also<br><b>MICHAEL M. TOWNLEY, PRODUCTION SUPERINTENDENT</b>   | DATE SHIPPED<br><b>11 2 0 6 1 8 2</b><br>Mo Day Year  | EXPECTED ARRIVAL DATE<br><b>1 2 1 6 7 1 8 2</b><br>Mo Day Year |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."<br><i>D. J. ...</i> | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>NY 182847 6</b> | DATE RECEIVED<br>Mo Day Year                                   |

COPY 3 Generator—Retained by Generator

Tear at this Perforation

Transporter—FILL OUT

Part B: GEN NAME **OLIN CORPORATION**

GEN EPA ID# **MAD001403104**

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

*Joseph M. Collins*

DATE DELIVERED

Mo: 12 Day: 15 Yr: 94

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO.2 PERMIT NUMBER

NY 10014

DATE RECEIVED

Mo: 12 Day: 15 Yr: 94

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED

Mo: 12 Day: 15 Yr: 94

TSD Facility—FILL OUT

TSD NAME

SCA

TSD EPA ID #

NY 10014

HANDLING METHOD

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 |

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE

*J. Rechoruski*

Please print or type name also

DATE RECEIVED

Mo: 12 Day: 15 Yr: 94

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

DOCUMENT NO. **NY 194148 9**

COPY 3 Generator—Mailed by TSD Facility

11-1100

See cover sheet for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A:

WO# ~~71357~~ 78079

DOCUMENT NO. NY 194148 9

|  |                       |                                      |
|--|-----------------------|--------------------------------------|
| GENERATOR NAME<br>CLIN CORPORATION                                 | PHONE<br>617-933-4240 | EPA ID NO.<br>MA D 0 0 1 4 0 3 1 0 4 |
| SITE ADDRESS<br>51 EAMES STREET WILMINGTON, MA 01887               |                       |                                      |
| TRANSPORTER NO. 1<br>JETLINE TRANSIT                               | PHONE<br>617-843-2829 | EPA ID NO.<br>MA D 0 5 2 1 7 9 8 9 0 |
| SITE ADDRESS<br>P.O. BOX 180, STOUGHTON, MA 02072                  |                       |                                      |
| TRANSPORTER NO. 2  | PHONE                 |                                      |
| SITE ADDRESS   |                       |                                      |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br>SCA SERVICES INC. | PHONE<br>716-754-3231 | EPA ID NO.<br>NY D 0 4 9 8 3 6 6 7 9 |
| SITE ADDRESS<br>1550 BELMER ROAD, MODLE CITY, NY 14107             |                       |                                      |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 194148 9

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME                                 | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS NO. | TYPE | EPA (HAZ) CODE | EPA WASTE TYPE |
|---|---------------------|--------------|------|--------------|-------|----------------|------|----------------|----------------|
| HAZARDOUS WASTE, SOLID, N.O.S. (BIS-2ETHYLEHEXYL PHTHALATE) | ORM-E               | NA 9189      | 62   | 42400        | 03    | 001            | 03   | T              | U02B           |
| 2   |                     |              |      |              |       |                |      |                |                |
| 3   |                     |              |      |              |       |                |      |                |                |
| 4   |                     |              |      |              |       |                |      |                |                |
| 5   |                     |              |      |              |       |                |      |                |                |
| 6   |                     |              |      |              |       |                |      |                |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |  |  |
|---|--|--|
| GENERATOR'S SIGNATURE<br><i>Michael Crowley</i><br>Please type name also: MICHAEL CROWLEY   | DATE SHIPPED<br>12 06 92<br>Mo Day Yr  | EXPECTED ARRIVAL DATE<br>12 07 92<br>Mo Day Yr |
| TRANSPORTER NO. 1 SIGNATURE<br><i>John W. Cooke</i><br>To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER<br>JFA | DATE RECEIVED<br>12 07 92<br>Mo Day Yr         |

COPY 3 Generator--Retained by Generator

Tear at this Perforation



See cover sheet for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A:

WO# 78090  
~~75000~~

DOCUMENT NO. NY 194157 9

|   |                              |                                    |
|---|------------------------------|------------------------------------|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                 | PHONE<br><b>617-933-4240</b> | EPA ID. NO.<br><b>MAD001403104</b> |
| SITE ADDRESS<br><b>51 EAMES STREET WILMINGTON, MA 01887</b>               |                              |                                    |
| TRANSPORTER NO. 1<br><b>JETLINE TRANSIT</b>                               | PHONE<br><b>617-843-2829</b> | EPA ID. NO.<br><b>MAD062179890</b> |
| SITE ADDRESS<br><b>P.O. BOX 180, STOUGHTON, MA 02072</b>                  |                              |                                    |
| TRANSPORTER NO. 2   | PHONE                        | EPA ID. NO.                        |
| SITE ADDRESS  |                              |                                    |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCS SERVICES INC.</b> | PHONE<br><b>715-754-8231</b> | EPA ID. NO.<br><b>NYD049850679</b> |
| SITE ADDRESS<br><b>1550 PALMER ROAD, MIDDLEBURY CITY, NY 14107</b>        |                              |                                    |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 194157 9

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME                                   | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|   |                     |              |      |              |       | NO.        | TYPE |              |                |
| HAZARDOUS WASTE, SOLID, N.O.S.<br>(BIS-2ETHYLHEXYL PHTHALATE) | ORM-E               | NA 6189      | 02   | 379.20       | 03    | 001        | 03   | 11           | 1029           |
| 2   |                     |              |      |              |       |            |      |              |                |
| 3   |                     |              |      |              |       |            |      |              |                |
| 4   |                     |              |      |              |       |            |      |              |                |
| 5   |                     |              |      |              |       |            |      |              |                |
| 6   |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|  |   |   |
|--|---|---|
| GENERATOR'S SIGNATURE<br><i>Ronald J. McEwen</i><br>Please type name also <b>RONALD J. MCEWEN</b> PERMIT NUMBER <b>TFM</b>   | DATE SHIPPED<br><b>12 06 82</b><br>Mo. Day Yr.      | EXPECTED ARRIVAL DATE<br><b>12 07 82</b><br>Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE<br><i>Ronald J. McEwen</i><br>To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>MAD001403</b> | DATE RECEIVED<br><b>12 07 82</b><br>Mo. Day Yr.         |

COPY 3 Generator--Retained by Generator

Tear at this Perforation.

See cover sheet for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE  
Part A: WO# ~~77944~~ 77937

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 194143 5

|  |                       |                            |
|--|-----------------------|----------------------------|
| GENERATOR NAME<br>CLIN CORPORATION                                 | PHONE<br>617-933-4240 | EPA ID NO.<br>MA0001403104 |
| SITE ADDRESS<br>51 EAMES ST. WILMINGTON, MA 01887                  |                       |                            |
| TRANSPORTER NO. 1<br>JETLINE TRANSIT                               | PHONE<br>617-843-2829 | MA0062179890               |
| SITE ADDRESS<br>P.O. BOX 180, STOUGHTON, MA 02072                  |                       |                            |
| TRANSPORTER NO. 2  | PHONE                 |                            |
| SITE ADDRESS   |                       |                            |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br>SCA SERVICES INC. | PHONE<br>716-754-8231 | NYD049836679               |
| SITE ADDRESS<br>1550 BALMER ROAD, MIDDLE CITY, NY 14107            |                       |                            |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 1941435

To Be TYPED by Generator

|   | PROPER US DOT SHIPPING NAME                                | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|---|--|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|   |  |                     |              |      |              |       | NO.        | TYPE |              |                |
| 1 | HAZARDOUS WASTE, SOLID, N.O.S. (BIS-2ETHYLHEXYL PHTHALATE) | ORM-E               | NA 9189      | 02   | 38260        | 03    | 001        | 03   | T            | U028           |
| 2 |  |                     |              |      |              |       |            |      |              |                |
| 3 |  |                     |              |      |              |       |            |      |              |                |
| 4 |  |                     |              |      |              |       |            |      |              |                |
| 5 |  |                     |              |      |              |       |            |      |              |                |
| 6 |  |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES SUBJECT TO SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

**RECEIVED**  
DEC 8 1982

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|  |  |   |  |
|--|--|---|--|
| GENERATOR'S SIGNATURE<br><i>Ronald J. Mc Brien</i><br>Please type name as so <b>RONALD J. MC BRIEN</b>   | PLANT MANAGER <b>JFM</b>                         | DATE SHIPPED<br>12 02 82<br>Mo. Day Yr. | EXPECTED ARRIVAL DATE<br>12 03 82<br>Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."<br><i>[Signature]</i> | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>#11025</b> | DATE RECEIVED<br>Mo. Day Yr.            |  |

COPY 3 Generator—Retained by Generator  
Tear at this Perforation

# HAZARDOUS WASTE MANIFEST AND

WO# 77937

|   |  |
|---|--|
| NAME<br>GENERATOR<br><b>CLIN CORPORATION</b>  | MAILING ADDRESS<br><b>51 EAMES STREET WILMINGTON, MA 01827</b> |
| PRIMARY TRANSPORTER<br><b>JETLINE TRANSIT</b> | <b>P.O. BOX 130, STOUGHTON, MA 02072</b>                       |
| CONTINUING TRANSPORTER                        |  |

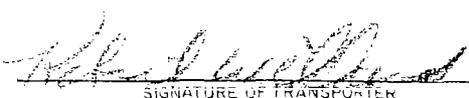
|                                    |   |
|------------------------------------|---|
| H.W.F.<br><b>SCA SERVICES INC.</b> | <b>1550 PALMER ROAD, MODLE CITY, NY 14107</b> |
|------------------------------------|---|

|   |  |  |  |                                |
|---|--|--|--|--------------------------------|
| IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED: | TOTAL NO. OF FORMS ARE: <input type="checkbox"/> | THIS FORM NO. IS: <input type="checkbox"/> | MANIFEST NO. OF FIRST FORM: <input type="checkbox"/> | DATE: <input type="checkbox"/> |
|---|--|--|--|--------------------------------|

| U.S. D.O.T. SHIPPING NAME     | D.O.T. HAZARD CLASS | U.N. / N.A. NO. | WT. / VOL. | UNITS | UNIT CODE                |
|-------------------------------|---------------------|-----------------|------------|-------|--------------------------|
| HAZARDOUS WASTE SOLID, N.O.S. | ORM-E               | NA<br>9189      | 38260      | LB    | P                        |
| 2                             |                     |                 |            |       | <input type="checkbox"/> |
| 3                             |                     |                 |            |       | <input type="checkbox"/> |
| 4                             |                     |                 |            |       | <input type="checkbox"/> |
| 5                             |                     |                 |            |       | <input type="checkbox"/> |
| 6                             |                     |                 |            |       | <input type="checkbox"/> |

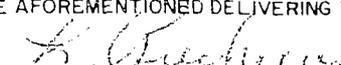
SPECIAL HANDLING INSTRUCTIONS INCLUDING ANY CONTAINER EXEMPTION, AN

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.

|  |  |
|--|--|
| TRANSPORTER COMPLETES<br>REQUIRED LABELS<br><input type="checkbox"/> YES <input type="checkbox"/> NO | THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br><div style="text-align: right;"> <br/>                     SIGNATURE OF TRANSPORTER                 </div> |
| PLACARDS REQUIRED<br>_____   | THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br><div style="text-align: right;">                     _____<br/>                     SIGNATURE OF TRANSPORTER                 </div>   |

INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIAL

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

  
 SIGNATURE

GENERATOR COMPLETES

TRANSPORTER COMPLETES

H.W.F. COMPLETES

0041-1179

Transporter — FILL OUT

TSD Facility — FILL OUT

Part B: GEN NAME OLIN CORPORATION GEN EPA ID# MA 1000 1000 1000 1000

|   |   |                                 |
|---|---|---------------------------------|
| TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."<br><i>Robert Williams</i>  |   | DATE DELIVERED<br>Mo: Day: Yr:  |
| TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."  | TRANSPORTER NO.2 PERMIT NUMBER  | DATE RECEIVED<br>Mo: Day: Yr:   |
| TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."  |   | DATE DELIVERED<br>Mo: Day: Yr:  |
| TSD NAME<br><i>SUA</i>  | TSD EPA ID #<br><u>MA 1000 1000 1000 1000</u>                         | HANDLING METHOD                 |
| TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS  |   | 1                               |
|   |   | 2                               |
|   |   | 3                               |
|   |   | 4                               |
|   |   | 5                               |
| TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form." | SIGNATURE<br><i>Robert Williams</i><br>Please print or type name also | DATE RECEIVED<br>Mo: Day: Yr:   |
| in case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.  |   | DOCUMENT NO. NY <b>194143 5</b> |

COPY 3 Generator—Mailed by TSD Facility

OST 1-1100

See cover sheet  
for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WO# 77940

DOCUMENT NO. NY 194146 2

|  |                              |                                   |
|--|------------------------------|-----------------------------------|
| GENERATOR NAME<br><b>CLIN CORPORATION</b>                                  | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>MA0001403104</b> |
| SITE ADDRESS<br><b>51 EAMES STREET WILMINGTON, MA 01897</b>                |                              |                                   |
| TRANSPORTER NO. 1<br><b>JETLINE TRANSIT</b>                                | PHONE<br><b>617-843-2329</b> | EPA ID NO.<br><b>MA0062179890</b> |
| SITE ADDRESS<br><b>P.O. BOX 180, STOUGHTON, MA 02072</b>                   |                              |                                   |
| TRANSPORTER NO. 2  | PHONE                        | EPA ID NO.                        |
| SITE ADDRESS   |                              |                                   |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES, INC.</b> | PHONE<br><b>715-754-8231</b> | EPA ID NO.<br><b>NY0049836679</b> |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MODEL CITY, NY 14107</b>              |                              |                                   |

THIS FORM IS NO. **1** OF A TOTAL OF **1** THE FIRST MANIFEST DOCUMENT NO. IS **NY 194146 2**

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME                                       | US DOT HAZARD CLASS | UN/NA NUMBER   | FORM      | NET QUANTITY   | UNITS     | CONTAINERS |           | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|----------------|-----------|----------------|-----------|------------|-----------|--------------|----------------|
|   |                     |                |           |                |           | NO.        | TYPE      |              |                |
| <b>HAZARDOUS WASTE, SOLID, N.O.S. (BIS-2ETHYLHEXYL PHTHALATE)</b> | <b>ORM-E</b>        | <b>NA 9139</b> | <b>02</b> | <b>3761910</b> | <b>03</b> | <b>001</b> | <b>03</b> | <b>U088</b>  | <b>08</b>      |
| 2   |                     |                |           |                |           |            |           |              |                |
| 3   |                     |                |           |                |           |            |           |              |                |
| 4   |                     |                |           |                |           |            |           |              |                |
| 5   |                     |                |           |                |           |            |           |              |                |
| 6   |                     |                |           |                |           |            |           |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |   |  |   |
|---|---|--|---|
| GENERATOR'S SIGNATURE<br><i>Ronald J. Mc Brien</i><br>Please type name also<br><b>ROMAND J. MC BRIEN</b>  | PLANT MANAGER<br><i>TFM</i>                         | DATE SHIPPED<br><b>12 03 82</b><br>Mo Day Yr | EXPECTED ARRIVAL DATE<br><b>12 03 82</b><br>Mo Day Yr |
| TRANSPORTER NO. 1 SIGNATURE<br><i>Tom Kelly</i><br>"To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>NY MA 003</b> | DATE RECEIVED<br>Mo Day Yr                   |   |

COPY 3 Generator--Retained by Generator

Tear at this Perforation

Transporter - FILL OUT

Part B: GEN NAME **CLIN CORPORATION** GEN EPA ID# **MA0001403000**

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."  
*John Kelly*

DATE DELIVERED  
**12 03**  
Mo. Day

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO.2 PERMIT NUMBER

DATE RECEIVED  
Mo. Day

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED  
Mo. Day

TSD Facility - FILL OUT

TSD NAME  
**SCH**

TSD EPA ID#  
**NY0001403000**

HANDLING METHOD

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

|   |   |
|---|---|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE  
*J. Buchowski*  
Please print or type name also

DATE RECEIVED  
**12 03**  
Mo. Day

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

DOCUMENT NO. **NY 194146 2**

COPY 3 Generator - Mailed by TSD Facility

7910

# HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 13652  
MANIFEST NUMBER

| MAILING ADDRESS                        | PHONE NUMBER   | STATE / E.P.A. I.D. NO. |
|--|----------------|-------------------------|
| 51 EAMES ST. WILMINGTON, MA 01887      | (617) 933-4240 | MA D001403104           |
| P.O. BOX 180, STOUGHTON, MA 02072      | (617) 843-2829 | MA D0062179890          |
| 1550 BALMER ROAD, MODLE CITY, NY 14107 | (716) 754-8231 | NY D049036679           |

TOTAL NO. OF THIS FORM MANIFEST NO. OF FIRST FORM DATE SHIPPED MONTH DAY YEAR EXPECTED ARRIVAL MONTH DAY YEAR  
 FORMS ARE NO. IS 12 02 82 12 03 82

| U.S. | D.O.T. HAZARD CLASS | UN / N.A. NO. | WT. / VOL. | UNITS | UNIT CODE | CONTAINER |      | E.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|------|---------------------|---------------|------------|-------|-----------|-----------|------|------------------|--|
|      |                     |               |            |       |           | NO.       | TYPE |                  |  |
|      | ORM-E               | NA 9189       | 37640      | LB    | P         | 001       | TR   | U028             | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
|      |                     |               |            |       |           |           |      |                  |  |
|      |                     |               |            |       |           |           |      |                  |  |
|      |                     |               |            |       |           |           |      |                  |  |
|      |                     |               |            |       |           |           |      |                  |  |
|      |                     |               |            |       |           |           |      |                  |  |

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

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

CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE SHIPMENT IN PROPER CONDITION FROM PORT TO THE IDENTIFIED H.W.F.

*[Signature]*  
SIGNATURE OF TRANSPORTER

DATE SHIPMENT ACCEPTED  
MONTH DAY YEAR  
12 02 82

STATE COMPANY NO. FOR TRAILER, MARINE OR RAIL  
VEHICLE I.D. MA TT30728

DATE OF DELIVERY  
MONTH DAY YEAR  
12 03 82

CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE SHIPMENT IN PROPER CONDITION FROM PORT TO THE IDENTIFIED H.W.F.

*[Signature]*  
SIGNATURE OF TRANSPORTER

DATE SHIPMENT ACCEPTED  
MONTH DAY YEAR

STATE COMPANY NO. FOR TRAILER, MARINE OR RAIL  
VEHICLE I.D.

DATE OF DELIVERY  
MONTH DAY YEAR

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

| HANDLING METHOD |     |   |  |
|-----------------|-----|---|--|
| 1               | D81 | 4 |  |
| 2               |     | 5 |  |
| 3               |     | 6 |  |

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

*[Signature]*  
SIGNATURE

12 03 82  
MONTH DAY YEAR

3. GENERATOR COMPLETED COPY

0041-1183

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.  
  
 GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE  
 DATE 12 02 82  
 SIGNATURE JFM

See cover sheet for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WO# 77941

DOCUMENT NO. NY 194144 4

|   |                              |                                   |
|---|------------------------------|-----------------------------------|
| GENERATOR NAME<br><b>CLIN CORPORATION</b>                                 | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>MA0001403104</b> |
| SITE ADDRESS<br><b>51 EAMES STREET WILMINGTON, MA 01887</b>               |                              |                                   |
| TRANSPORTER NO. 1<br><b>JETLINE TRANSIT</b>                               | PHONE<br><b>617-843-2829</b> | EPA ID NO.<br><b>MA0062179890</b> |
| SITE ADDRESS<br><b>P.O. BOX 180, STOUGHTON, MA 02072</b>                  |                              |                                   |
| TRANSPORTER NO. 2   | PHONE                        | EPA ID NO.                        |
| SITE ADDRESS  |                              |                                   |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES INC.</b> | PHONE<br><b>716-754-8231</b> | EPA ID NO.<br><b>NYD049836676</b> |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MOOLE, CITY, NY 14107</b>            |                              |                                   |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 1941444

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME                                | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|  |                     |              |      |              |       | NO.        | TYPE |              |                |
| HAZARDOUS WASTE, SOLID, N.O.S. (BIS-2ETHYLHEXYL PHTHALATE) | ORM-E               | NA 9189      | 02   | 45140        | 03    | 001        | 03   | T            | U028           |
| 2  |                     |              |      |              |       |            |      |              |                |
| 3  |                     |              |      |              |       |            |      |              |                |
| 4  |                     |              |      |              |       |            |      |              |                |
| 5  |                     |              |      |              |       |            |      |              |                |
| 6  |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |   |   |
|---|---|---|
| GENERATOR'S SIGNATURE<br><i>Ronald J. Mc Brien</i><br>Please type name as so <b>RONALD J. MC BRIEN</b>  | DATE SHIPPED<br><b>12 22 82</b><br>Mo. Day Yr.      | EXPECTED ARRIVAL DATE<br><b>12 23 82</b><br>Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE<br><i>[Signature]</i><br>"To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>NY MA 005</b> | DATE RECEIVED<br><b>12 23 82</b><br>Mo. Day Yr.         |

COPY 3 Generator—Retained by Generator

Tear at this Perforation

Part B: GEN NAME

**OLIN CORPORATION**

GEN EPA ID#

**MA 0001403104**

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED  
**12 10 1991**  
Mo Day

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 2 PERMIT NUMBER

**MA 0001403104**

DATE RECEIVED  
Mo Day

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED  
Mo Day

TSD NAME

**SLA**

TSD EPA ID #

**MA 0001403104**

HANDLING METHOD

|   |   |
|---|---|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE

Please print or type name also

DATE RECEIVED  
**12 14 1991**  
Mo Day

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

DOCUMENT NO.

**NY 194144 4**

**COPY 3 Generator—Mailed by TSD Facility**

See cover sheet for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WO# 77944

DOCUMENT NO. NY 1828386

|  |                              |                                   |
|--|------------------------------|-----------------------------------|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                      | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>MA0001403104</b> |
| SITE ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA</b>                             |                              |                                   |
| TRANSPORTER NO. 1<br><b>BUFFALO FUEL CORPORATION</b>                           | PHONE<br><b>716-773-1921</b> | EPA ID NO.<br><b>NY0051809952</b> |
| SITE ADDRESS<br><b>2445 ALAN AVE NIAGARA FALLS, NY 14303</b>                   |                              |                                   |
| TRANSPORTER NO. 2  | PHONE                        | EPA ID NO.                        |
| SITE ADDRESS   |                              |                                   |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES INC.</b>      | PHONE<br><b>716-754-8231</b> | EPA ID NO.<br><b>NY0049836679</b> |
| SITE ADDRESS<br><b>1550 BALMER ROAD, <sup>MOORE</sup> MOORE CITY, NY 14107</b> |                              |                                   |

THIS FORM IS NO. **1** OF A TOTAL OF **1** THE FIRST MANIFEST DOCUMENT NO. IS **NY 1828386**

To Be TYPED by Generator

| PRC PER US DOT SHIPPING NAME                                 | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|  |                     |              |      |              |       | NO.        | TYPE |              |                |
| 1 HAZARDOUS WASTE, BOLID, N.O.S. (BIS-2ETHYLHEXYL PHTHALATE) | ORM-F               | NA 9189      | 02   | 434.00       | 03    | 001        | 03   | T            | U028           |
| 2  |                     |              |      |              |       |            |      |              |                |
| 3  |                     |              |      |              |       |            |      |              |                |
| 4  |                     |              |      |              |       |            |      |              |                |
| 5  |                     |              |      |              |       |            |      |              |                |
| 6  |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |   |  |   |
|---|---|--|---|
| GENERATOR'S SIGNATURE<br><i>Ronald J. Mc Brien</i><br>Please type name also<br><b>RONALD J. MC BRIEN</b>  | PLANT MANAGER<br><i>JFM</i>                     | DATE SHIPPED<br><b>12 02 82</b><br>Mo. Day Yr. | EXPECTED ARRIVAL DATE<br><b>12 03 82</b><br>Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE<br><i>[Signature]</i><br>To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>9A098</b> | DATE RECEIVED<br><b>[Blank]</b><br>Mo. Day Yr. |   |

COPY 3 Generator - Retained by Generator

Tear at this Perforation

Transporter—FILL OUT

Part B: GEN NAME **OLIN CORPORATION**

GEN EPA ID# **MSA D 0 0 1 4 0 3 1 6 4**

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."  
*[Signature]*

DATE DELIVERED  
**12 10 3 1 7**  
Mo. Day Yr.

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO 2 PERMIT NUMBER  
**[Blank Box]**

DATE RECEIVED  
Mo. Day Yr.

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED  
Mo. Day Yr.

TSD Facility—FILL OUT

TSD NAME  
**SCA**

TSD EPA ID #  
**NY D 0 0 1 4 8 3 0 0 7 7**

HANDLING METHOD

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

|   |  |   |  |
|---|--|---|--|
| 1 |  | 2 |  |
| 3 |  | 4 |  |
| 5 |  | 6 |  |

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE  
*[Signature]*  
Please print or type name also

DATE RECEIVED  
**12 10 3 1 7**  
Mo. Day Yr.

In case of emergency or spill immediately call the National Response Center (800) 424-8302 and the N.Y. Department of Transportation (518) 457 7362.

DOCUMENT NO. **NY 182838 6**

COPY 3 Generator—Mailed by TSD Facility

See cover sheet for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WO# 77942 DOCUMENT NO. NY 194147 1

|   |                       |                             |
|---|-----------------------|-----------------------------|
| GENERATOR NAME<br>GLIN CORPORATION                                      | PHONE<br>617-935-4240 | EPA ID NO.<br>MA 001403104  |
| SITE ADDRESS<br>51 EAMES STREET WILMINGTON, MA 01887                    |                       |                             |
| TRANSPORTER NO. 1<br>JETLINE TRANSIT                                    | PHONE<br>517-343-2329 | EPA ID NO.<br>MA 0062079898 |
| SITE ADDRESS<br>P.O. BOX 180, STOUGHTON, MA 02072                       |                       |                             |
| TRANSPORTER NO. 2   | PHONE                 | EPA ID NO.                  |
| SITE ADDRESS  |                       |                             |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br>SCA SERVICES INC.      | PHONE<br>715-754-3231 | EPA ID NO.<br>NY 0049886679 |
| SITE ADDRESS<br>1550 BALMER ROAD, <sup>WHEEL</sup> ROSE, CITY, NY 14106 |                       |                             |

THIS FORM IS NO. OF A TOTAL OF THE FIRST MANIFEST DOCUMENT NO. IS NY 1941471

| PROPER US DOT SHIPPING NAME                                 | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|   |                     |              |      |              |       | NO.        | TYPE |              |                |
| HAZARDOUS WASTE, SOLID, N.O.S. (BIS-2ETHYL HEXYL PHTHALATE) | ORM-E               | NA 9189      | 02   | 423.20       | 03    | 061        | 03   | U3           | 28             |
| 2   |                     |              |      |              |       |            |      |              |                |
| 3   |                     |              |      |              |       |            |      |              |                |
| 4   |                     |              |      |              |       |            |      |              |                |
| 5   |                     |              |      |              |       |            |      |              |                |
| 6   |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |   |   |  |
|---|---|---|--|
| GENERATOR'S SIGNATURE<br><i>Ronald H. Mc Brien</i><br>Please type name also<br>RONALD H. MC BRIEN   | PLANT MANAGER<br>JFM                          | DATE SHIPPED<br>12 02 82<br>Mo. Day Yr. | EXPECTED ARRIVAL DATE<br>12 05 82<br>Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE<br><i>Charles Heger</i><br>To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description in this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER<br>NY MA 0095 | DATE RECEIVED<br>Mo. Day Yr.            |  |

COPY 3 Generator - Retained by Generator

Tear at this Perforation

To Be TYPED by Generator

Transporter—FILL OUT

Part B: GEN NAME **OLIN CORPORATION** GEN EPA ID# **MA 0001403104**

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."  
*Charles Henry*

DATE DELIVERED  
Mo: Day: Year:

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO.2 PERMIT NUMBER

DATE RECEIVED  
Mo: Day: Year:

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED  
Mo: Day: Year:

TSD Facility—FILL OUT

TSD NAME **SCA**

TSD EPA ID# **MA 0001403104**

HANDLING METHOD

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

|   |  |   |  |
|---|--|---|--|
| 1 |  | 2 |  |
| 3 |  | 4 |  |
| 5 |  | 6 |  |

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE *L. Ruckowski*  
Please print or type name also

DATE RECEIVED  
Mo: Day: Year:

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362. DOCUMENT NO. **NY 194147 1**

COPY 3 Generator—Mailed by TSD Facility

# HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

**MA** 13656  
MANIFEST NUMBER

| MAILING ADDRESS                          | PHONE NUMBER     | STATE / E.P.A. I.D. NO. |
|--|------------------|-------------------------|
| 51 CAMES STREET, WILMINGTON, MA. 01887   | ( 617 ) 953-4240 | MA D001403104           |
| P.O. BOX 180, STOUGHTON, MA. 02072       | ( 617 ) 843-2829 | MA D062179890           |
| 1550 BALMER ROAD, MODLE CITY, N.Y. 14107 | ( 716 ) 754-8231 | NY D049836679           |

| D.O.T. HAZARD CLASS | U.N. / N.A. NO. | WT. / VOL. | UNITS | UNIT CODE | CONTAINER |      | E.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|---------------------|-----------------|------------|-------|-----------|-----------|------|------------------|--|
|                     |                 |            |       |           | NO.       | TYPE |                  |  |
| ORM-E               | NA 9189         | 40580      | LB    | P         | 001       | TR   | U028             | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
|                     |                 |            |       |           |           |      |                  |  |
|                     |                 |            |       |           |           |      |                  |  |
|                     |                 |            |       |           |           |      |                  |  |
|                     |                 |            |       |           |           |      |                  |  |
|                     |                 |            |       |           |           |      |                  |  |

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

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

I CERTIFY THAT I AM THE PRIMARY DRIVER AND HAVE ACCEPTED THE SHIPMENT IN PROPER CONDITION AND PORT TO THE IDENTIFIED H.W.F.

*[Signature]*  
SIGNATURE OF TRANSPORTER

DATE SHIPMENT ACCEPTED  
MONTH: 12 DAY: 02 YEAR: 82

STATE: [ ] COMPANY NO. FOR TRAILER, MARINE OR RAIL: TL 999864

DATE OF DELIVERY  
MONTH: 12 DAY: 03 YEAR: 82

I CERTIFY THAT I AM THE CONTINUING DRIVER AND HAVE ACCEPTED THE SHIPMENT IN PROPER CONDITION AND PORT TO THE IDENTIFIED H.W.F.

SIGNATURE OF TRANSPORTER

DATE SHIPMENT ACCEPTED  
MONTH: [ ] DAY: [ ] YEAR: [ ]

STATE: [ ] COMPANY NO. FOR TRAILER, MARINE OR RAIL: [ ]

DATE OF DELIVERY  
MONTH: [ ] DAY: [ ] YEAR: [ ]

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

| HANDLING METHOD |   |  |
|-----------------|---|--|
| 1               | 4 |  |
| 2               | 5 |  |
| 3               | 6 |  |

THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS DIRECT TO THE BEST OF MY KNOWLEDGE

*[Signature]*  
SIGNATURE

12 03 82  
MONTH DAY YEAR

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

DATE: 12-03-82

GENERATOR'S EMERGENCY PHONE NO. IF DIFFERENT FROM ABOVE: [ ]

GENERATOR'S SIGNATURE: *[Signature]*

Transporter—FILL OUT

Part B: GEN NAME **OLIN CORPORATION** GEN EPA ID# **NYA58701410141014**

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."  
*[Signature]*

DATE RECEIVED  
Mo: Day:

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO.2 PERMIT NUMBER **NYA58701410141014**

DATE RECEIVED  
Mo: Day:

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE RECEIVED  
Mo: Day:

TSD Facility—FILL OUT

TSD NAME **SLA**

TSD EPA ID# **NYA58701410141014**

HANDLER NAME **SLA**

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

|   |   |
|---|---|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE *[Signature]*  
Please print or type name also

DATE RECEIVED  
Mo: Day:

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

DOCUMENT NO. **NY 194149 8**

COPY 3 Generator—Mailed by TSD Facility

1611-1100

See cover sheet  
for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: **EO# 77938**

DOCUMENT NO. **NY 1941498**

|  |                              |   |
|--|------------------------------|---|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>MA D 0 0 1 4 6 3 1 0 4</b> |
| SITE ADDRESS<br><b>51 EAMES STREET WILMINGTON, MA 01887</b>              |                              |   |
| TRANSPORTER NO. 1<br><b>JETLINE TRANSIT</b>                              | PHONE<br><b>617-843-2829</b> | EPA ID NO.<br><b>MA D 0 6 2 1 7 9 8 9 0</b> |
| SITE ADDRESS<br><b>P.O. BOX 180, STOUGHTON, MA 02072</b>                 |                              |   |
| TRANSPORTER NO. 2<br><b>XXXX</b>   | PHONE                        | EPA ID NO.                                  |
| SITE ADDRESS   |                              |   |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICE INC.</b> | PHONE<br><b>716-754-8231</b> | EPA ID NO.<br><b>NY D 0 4 9 8 3 6 6 7 9</b> |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MOOLE CITY, NY 14107</b>            |                              |   |

THIS FORM IS NO. **1** OF A TOTAL OF **1** THE FIRST MANIFEST DOCUMENT NO. IS **NY 1941498**  
**XXXXXX**

| PROPER US DOT SHIPPING NAME                                       | US DOT HAZARD CLASS | UN/NA NUMBER   | FORM      | NET QUANTITY  | UNITS     | CONTAINERS |           | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|----------------|-----------|---------------|-----------|------------|-----------|--------------|----------------|
|   |                     |                |           |               |           | NO.        | TYPE      |              |                |
| <b>HAZARDOUS WASTE, SOLID, N.O.S. (BIS-2ETHYLHEXYL PHTHALATE)</b> | <b>ORME</b>         | <b>NA 9189</b> | <b>02</b> | <b>40.580</b> | <b>63</b> | <b>001</b> | <b>03</b> | <b>T</b>     | <b>U028</b>    |
| 2   |                     |                |           |               |           |            |           |              |                |
| 3   |                     |                |           |               |           |            |           |              |                |
| 4   |                     |                |           |               |           |            |           |              |                |
| 5   |                     |                |           |               |           |            |           |              |                |
| 6   |                     |                |           |               |           |            |           |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |                          |  |   |
|---|--------------------------|--|---|
| GENERATOR'S SIGNATURE<br><i>Ronald J. Mc Brien</i><br>Please type name also <b>RONALD J. MC BRIEN</b> | PLANT MANAGER <b>JEM</b> | DATE SHIPPED<br><b>12 02 82</b><br>Mo. Day Yr.   | EXPECTED ARRIVAL DATE<br><b>13 03 82</b><br>Mo. Day Yr. |
|   |                          | TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."<br><i>[Signature]</i> | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>MA 095</b>        |
|   |                          | DATE RECEIVED<br>Mo. Day Yr.   |   |

COPY 3 Generator—Retained by Generator  
Tear at this Perforation

Transporter—FILL OUT

Part B: GEN NAME OIL IN CORPORATION

GEN EPA ID# MA 0001403194

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

*P. Billet*

DATE DELIVERED  
Mo: Day:

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

*J*

TRANSPORTER NO. 2 PERMIT NUMBER MA 0098

DATE RECEIVED  
Mo: Day:

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED  
Mo: Day:

TSD Facility—FILL OUT

TSD NAME SCA

TSD EPA ID # NY 00498-111679

HANDLING METHOD

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

|   |  |   |  |
|---|--|---|--|
| 1 |  | 2 |  |
| 3 |  | 4 |  |
| 5 |  | 6 |  |

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE *J. Buchowski*  
Please print or type name also

DATE RECEIVED  
Mo: Day:

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

DOCUMENT NO. NY 182836 8

COPY 3 Generator—Mailed by TSD Facility

See cover sheet for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: MO# 77943

DOCUMENT NO. NY 182839 5

|   |                              |                                   |
|---|------------------------------|-----------------------------------|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                 | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>MA0001403104</b> |
| SITE ADDRESS<br><b>51 EAMES STREET WILMINGTON, MA 01887</b>               |                              |                                   |
| TRANSPORTER NO. 1<br><b>BUFFALO FUEL CORPORATION</b>                      | PHONE<br><b>716-773-1921</b> | EPA ID NO.<br><b>NY0051809952</b> |
| SITE ADDRESS<br><b>2445 ALAN AVE NIAGARA FALLS, NY 14303</b>              |                              |                                   |
| TRANSPORTER NO. 2   | PHONE                        | EPA ID NO.                        |
| SITE ADDRESS  |                              |                                   |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES INC.</b> | PHONE<br><b>716-754-8231</b> | EPA ID NO.<br><b>NY0049836679</b> |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MODEL CITY, NY 14107</b>             |                              |                                   |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 1828395

To Be TYPED by Generator

| 1   | 2     | 3          | 4  | 5     | 6  | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|---|-------|------------|----|-------|----|------|--------------|-------|------------|------|--------------|----------------|
|   |       |            |    |       |    |      |              |       | NO.        | TYPE |              |                |
| HAZARDOUS WASTE, SOLID, N.O.S.<br>(BIS-2ETHYLHEXYL PHTHALATE) | ORM-E | NA<br>9189 | 02 | 17220 | 03 | 001  | 03           |       |            |      |              |                |
|   |       |            |    |       |    |      |              |       |            |      |              |                |
|   |       |            |    |       |    |      |              |       |            |      |              |                |
|   |       |            |    |       |    |      |              |       |            |      |              |                |
|   |       |            |    |       |    |      |              |       |            |      |              |                |
|   |       |            |    |       |    |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |   |   |   |
|---|---|---|---|
| GENERATOR'S SIGNATURE<br><i>Ronald J. Mc Brien</i><br>Please type name also <b>RONALD J. MC BRIEN</b>   | PLANT MANAGER<br><i>ST</i>                      | DATE SHIPPED<br><b>12 02 82</b><br>Mo Day Yr  | EXPECTED ARRIVAL DATE<br><b>12 03 82</b><br>Mo Day Yr |
| TRANSPORTER NO. 1 SIGNATURE<br><i>Robert Carley</i><br>To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>9A098</b> | DATE RECEIVED<br><b>12 03 82</b><br>Mo Day Yr |   |

COPY 3 Generator - Retained by Generator

Tear at this Perforation

5611-1100

Transporter - FILL OUT

TSD Facility - FILL OUT

Part B: GEN NAME: **OLIN CORPORATION** GEN EPA ID# **MA 6001403104**

|   |  |   |   |   |   |   |   |
|---|--|---|---|---|---|---|---|
| TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."<br><i>Robert [Signature]</i>   | DATE DELIVERED<br>Mo: [ ] Day: [ ]   |   |   |   |   |   |   |
| TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."<br><i>[Signature]</i>  | TRANSPORTER NO. 2 PERMIT NUMBER<br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |   |   |   |   |   |   |
| TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."<br><i>[Signature]</i>  | DATE RECEIVED<br>Mo: [ ] Day: [ ]  |   |   |   |   |   |   |
| TSD NAME<br><i>SU</i>   | TSD EPA ID #<br><i>NY 1044403104</i>   |   |   |   |   |   |   |
| TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS  | HANDLING METHOD<br><table border="1"> <tr><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td></tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 |
| 1   | 2  |   |   |   |   |   |   |
| 3   | 4  |   |   |   |   |   |   |
| 5   | 6  |   |   |   |   |   |   |
| TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."<br><i>[Signature]</i> | SIGNATURE<br><i>[Signature]</i><br>Please print or type name also  |   |   |   |   |   |   |
| In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.  | DATE RECEIVED<br>Mo: [ ] Day: [ ]  |   |   |   |   |   |   |
| DOCUMENT NO. NY <b>182839 5</b>   |  |   |   |   |   |   |   |

COPY 3 Generator - Mailed by TSD Facility

See cover sheet for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WO# 77935 DOCUMENT NO. NY 1828377

|   |                              |  |
|---|------------------------------|--|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                 | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>MA001403104</b>                     |
| SITE ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01887</b>                  |                              |  |
| TRANSPORTER NO. 1<br><b>BUFFALO FUEL CORPORATION</b>                      | PHONE<br><b>716-773-1921</b> | NY D O S I R O 9 9 5 2<br><b>NY D 055880 999 5 2</b> |
| SITE ADDRESS<br><b>2445 ALLEN CORP NIAGARA FALLS, NY 14303</b>            |                              |  |
| TRANSPORTER NO. 2   | PHONE                        |  |
| SITE ADDRESS  |                              |  |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES INC.</b> | PHONE<br><b>716-754-8231</b> | D<br><b>NY B 049836679</b>                           |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MODLE CITY, NY 14107</b>             |                              |  |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 1828377

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME  | US DOT HAZARD CLASS | UN/NA NUMBER   | FORM      | NET QUANTITY | UNITS     | CONTAINERS |           | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|----------------|-----------|--------------|-----------|------------|-----------|--------------|----------------|
|  |                     |                |           |              |           | NO.        | TYPE      |              |                |
| <b>HAZARDOUS WASTE, SOLID, N.O.S. (BIS-2ETHYLEHEXYL PHTHALATE)</b> | <b>ORM-E</b>        | <b>NA 9189</b> | <b>02</b> | <b>44340</b> | <b>03</b> | <b>001</b> | <b>03</b> | <b>T</b>     | <b>W028</b>    |
| 2  |                     |                |           |              |           |            |           |              |                |
| 3  |                     |                |           |              |           |            |           |              |                |
| 4  |                     |                |           |              |           |            |           |              |                |
| 5  |                     |                |           |              |           |            |           |              |                |
| 6  |                     |                |           |              |           |            |           |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |               |  |  |  |   |  |  |                              |
|---|---------------|--|--|--|---|--|--|------------------------------|
| GENERATOR'S SIGNATURE<br><i>Ronald H. Mc Brien</i><br>Please type name as so<br><b>RONALD H. MC BRIEN</b> | PLANT MANAGER | DATE SHIPPED<br><b>12 02 82</b><br>Mo. Day Yr.   |  |  | EXPECTED ARRIVAL DATE<br><b>12 03 82</b><br>Mo. Day Yr. |  |  |                              |
|   |               | TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."<br><i>James R. Carley</i> |  |  | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>PA098</b>         |  |  | DATE RECEIVED<br>Mo. Day Yr. |

COPY 3 Generator - Retained by Generator  
Tear at this Perforation



See cover sheet  
for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WO# 77936

DOCUMENT NO. NY 182836 8

|  |                              |                                   |
|--|------------------------------|-----------------------------------|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                | PHONE<br><b>617-933-4240</b> | EPA ID NO.<br><b>MA0001403104</b> |
| SITE ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01887</b>                 |                              |                                   |
| TRANSPORTER NO. 1<br><b>BUFFALO FUEL CORPORATION</b>                     | PHONE<br><b>716-773-1921</b> | EPA ID NO.<br><b>NYD051809952</b> |
| SITE ADDRESS<br><b>2445 ALAN AVE NIAGARA FALLS, NY 14303</b>             |                              |                                   |
| TRANSPORTER NO. 2  | PHONE                        |                                   |
| SITE ADDRESS   |                              |                                   |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES INC</b> | PHONE<br><b>716-754-8231</b> | EPA ID NO.<br><b>NYD049836679</b> |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MIDDLE CITY, NY 14107</b>           |                              |                                   |

THIS FORM IS NO. **1** OF A TOTAL OF **1** THE FIRST MANIFEST DOCUMENT NO. IS **NY 182836 8**

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME  | US DOT HAZARD CLASS | UN/NA NUMBER   | FORM      | NET QUANTITY | UNITS     | CONTAINERS |           | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|----------------|-----------|--------------|-----------|------------|-----------|--------------|----------------|
|  |                     |                |           |              |           | NO.        | TYPE      |              |                |
| <b>HAZARDOUS WASTE, SOLID, N.O.S. (BIS-2ETHYLEHEXYL PHTHALATE)</b> | <b>ORM-E</b>        | <b>NA 9189</b> | <b>02</b> | <b>4360</b>  | <b>03</b> | <b>001</b> | <b>03</b> | <b>T</b>     | <b>U028</b>    |
| 2  |                     |                |           |              |           |            |           |              |                |
| 3  |                     |                |           |              |           |            |           |              |                |
| 4  |                     |                |           |              |           |            |           |              |                |
| 5  |                     |                |           |              |           |            |           |              |                |
| 6  |                     |                |           |              |           |            |           |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION: This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|  |   |   |   |
|--|---|---|---|
| GENERATOR'S SIGNATURE<br><i>Ronald J. Mc Brien</i><br>Please type name also <b>RONALD J. MC BRIEN</b>  | PLANT MANAGER                                   | DATE SHIPPED<br><b>12 02 82</b><br>Mo. Day Yr.  | EXPECTED ARRIVAL DATE<br><b>12 03 82</b><br>Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE<br><i>R. Gilbert</i><br>To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>9A093</b> | DATE RECEIVED<br><b>12 17 82</b><br>Mo. Day Yr. |   |

COPY 3 Generator--Retained by Generator

Tear at this Perforation

See cover sheet  
for instructions

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A: WO# **78647**

DOCUMENT NO. NY **191155 2**

|   |                              |   |
|---|------------------------------|---|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>                                 | PHONE<br><b>617-535-4240</b> | EPA ID NO.<br><b>MA D 0 0 1 4 0 3 1 0 4</b> |
| SITE ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01887</b>                  |                              |   |
| TRANSPORTER NO. 1<br><b>JETLINE TRANSIT</b>                               | PHONE<br><b>617-843-2829</b> | EPA ID NO.<br><b>MA D 0 6 2 1 7 9 8 9 0</b> |
| SITE ADDRESS<br><b>P.O. BOX 180 STOUGHTON, MA 02072</b>                   |                              |   |
| TRANSPORTER NO. 2   | PHONE                        |   |
| SITE ADDRESS  |                              |   |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY<br><b>SCA SERVICES INC.</b> | PHONE<br><b>716-754-8231</b> | EPA ID NO.<br><b>NY D 0 4 9 8 3 6 6 7 9</b> |
| SITE ADDRESS<br><b>1550 BALMER ROAD, MODEL CITY NY 14107</b>              |                              |   |

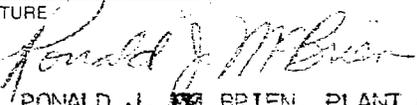
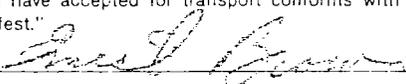
THIS FORM IS NO. \_\_\_\_\_ OF A TOTAL OF \_\_\_\_\_ THE FIRST MANIFEST DOCUMENT NO. IS NY \_\_\_\_\_

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME     | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS |      | EPA HAZ CODE | EPA WASTE TYPE |
|---------------------------------|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
|                                 |                     |              |      |              |       | NO.        | TYPE |              |                |
| 1 HAZARDOUS WASTE SOLID, N.O.S. | ORM-E               | NA 9179      | 02   | 39540        | 03    | 001        | 03   | T            | U028           |
| 2                               |                     |              |      |              |       |            |      |              |                |
| 3                               |                     |              |      |              |       |            |      |              |                |
| 4                               |                     |              |      |              |       |            |      |              |                |
| 5                               |                     |              |      |              |       |            |      |              |                |
| 6                               |                     |              |      |              |       |            |      |              |                |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

|   |  |   |
|---|--|---|
| GENERATOR'S SIGNATURE<br>  | DATE SHIPPED:<br>Mo. Day Yr. <b>01 07 83</b>       | EXPECTED ARRIVAL DATE:<br>Mo. Day Yr. <b>01 08 83</b> |
| Please type name also<br><b>RONALD J. Brien, PLANT MANAGER</b>  |  |   |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."<br> | TRANSPORTER NO. 1 PERMIT NUMBER<br><b>MA 11005</b> | DATE RECEIVED:<br>Mo. Day Yr. <b>01 07 83</b>         |

COPY 3 Generator—Retained by Generator

Tear at this Perforation

Transporter — FILL OUT

Part B: GEN NAME **OLIN CORPORATION**

3170 A

GEN EPA ID# **44-00014-03104**

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

*[Signature]*

DATE DELIVERED  
Mo: 11 Day: 03 Yr: 85

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 2 PERMIT NUMBER

**NY 00014-03104**

DATE RECEIVED  
Mo: 11 Day: 03 Yr: 85

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED  
Mo: 11 Day: 03 Yr: 85

TSD Facility — FILL OUT

TSD NAME

*SCA*

TSD EPA ID #

**NY 00014-03104**

HANDLING METHOD

|   |                                     |   |                          |
|---|-------------------------------------|---|--------------------------|
| 1 | <input checked="" type="checkbox"/> | 2 | <input type="checkbox"/> |
| 3 | <input type="checkbox"/>            | 4 | <input type="checkbox"/> |
| 5 | <input type="checkbox"/>            | 6 | <input type="checkbox"/> |

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE

Please print or type name also

*[Signature]*  
**Frederick**

DATE RECEIVED  
Mo: 11 Day: 03 Yr: 85

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

DOCUMENT NO. **NY 194155 2**

COPY 3 Generator—Mailed by TSD Facility

0041-1200

FROM SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. PAGE 2  
 EASTERN DIVISION  
 103 BOXFORD ROAD  
 ROWLEY, MASS. 01969

INVOICE NO. 3-01-1010  
 DATE 3-16-83  
 ACCOUNT NO. 151400  
 BALANCE DUE 417.41



TO OLIN CHEMICAL CORP  
 51 EAMES ST  
 WILMINGTON MA 01887

CHECK NUMBER  
 [ ]  
 ACCOUNT DUE

REMIT TO SCA DISPOSAL SER OF N.E. 88811301514005004174100000  
 DEPT. 98007-AH  
 LOUISVILLE, KY 40298  
 EASTERN DIVISION

DETAILS AND TERMS ARE GIVEN IN THIS PORTION WITH YOUR PAYMENT TERMS NET 15 DAYS

REFER ALL INQUIRIES TO: 800-892-0292 617-948-2495 ACCOUNT NO.: 151400  
 113 SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. FOR  
 EASTERN DIVISION  
 103 BOXFORD ROAD OLIN CHEMICAL CORP  
 ROWLEY, MASS. 01969

| DATE |             | DESCRIPTION           | AMOUNT |
|------|-------------|-----------------------|--------|
| 3/16 | 103571 2.57 | DUMP FEE PER TON      | 4241 ✓ |
| 3/21 |             | WKLY SERV CHG         | 6000   |
| 3/28 |             | WKLY SERV CHG         | 6000   |
|      |             | LOCATION TOTAL 417.41 |        |

OLIN CORP.  
 APR - 1 1983  
 51 EAMES ST.  
 WILMINGTON, MA 01887

TOTAL THIS INVOICE → 41741

| PREVIOUS BALANCES | 150 DAYS | 120 DAYS | 90 DAYS | 60 DAYS | 30 DAYS |     |
|-------------------|----------|----------|---------|---------|---------|-----|
|                   | .00      | .00      | .00     | .00     | .00     | .00 |

A LATE CHARGE OF 1 1/2% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%) MAY BE IMPOSED ON ANY BALANCE NOT PAID WHEN DUE. TO AVOID THE IMPOSITION OF A LATE CHARGE, FULL PAYMENT OF THE AMOUNT DUE MUST BE RECEIVED BEFORE YOUR NEXT CLOSING DATE.

41741

SERVICE MAY STOP ON ACCOUNTS PAST DUE

PAYMENTS OR CHARGES NOT SHOWN WILL APPEAR ON NEXT MONTH'S STATEMENT

0041-1201

SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. PAGE 1

FROM EASTERN DIVISION  
103 BOXFORD ROAD  
ROWLEY, MASS. 01969

INVOICE NO.  
3-01-1010



TO OLIN CHEMICAL CORP  
51 EAMES ST  
WILMINGTON MA

**Olin Corp.**  
Chemicals Group

DATE  
3-18-83

ACCOUNT NO.  
151400

BALANCE DUE  
417.41

CHECK NUMBER

MICROFILM

REMIT TO

SCA DISPOSAL SER OF N.E.  
DEPT. 98007-AH  
LOUISVILLE, KY 40298  
EASTERN DIVISION

51 EAMES ST.  
WILMINGTON, MA 01827

88811301514005004174100000

PLEASE READ AND RETURN THIS PORTION WITH YOUR PAYMENT TERMS: NET 30 DAYS

REFER ALL INQUIRIES TO: 800-892-0292 617-948-2495

ACCOUNT NO.:

113 SCA DISPOSAL SERVICES OF NEW ENGLAND, INC.

151400

EASTERN DIVISION

FOR



103 BOXFORD ROAD  
ROWLEY, MASS. 01969

OLIN CHEMICAL CORP

| DATE | DESCRIPTION                      | AMOUNT  |
|------|----------------------------------|---------|
|      | PAYMENTS THRU 3-17               |         |
|      | SERVICE LOCATION 51 EAMES STREET |         |
| 3/02 | RENT 3/2-6                       | 2000 ✓  |
| 3/07 | WKLY SERV CHG                    | 3 6000  |
| 3/14 | WKLY SERV CHG                    | 3 6000  |
| 3/14 | RENT 3/7-14                      | 1 2000  |
| 3/14 | RENT 3/7-14                      | 4000 CR |
| 3/14 | DELIVERY CHG                     | 6000    |
| 3/16 | 2WKS RENT                        | 6000 CR |
| 3/16 | DELIVERY CHG                     | 6000    |
| 3/16 | 103571 1 30YD P/U                | 7500 ✓  |

*Ken O'neale 400*

TOTAL THIS INVOICE →

CONTINUED

| PREVIOUS BALANCES | 150 DAYS | 120 DAYS | 90 DAYS | 60 DAYS | 30 DAYS |
|-------------------|----------|----------|---------|---------|---------|
|-------------------|----------|----------|---------|---------|---------|

A LATE CHARGE OF 1 1/2% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%) MAY BE IMPOSED ON ANY BALANCE NOT PAID WHEN DUE. TO AVOID THE IMPOSITION OF A LATE CHARGE, FULL PAYMENT OF THE AMOUNT DUE MUST BE RECEIVED BEFORE YOUR NEXT CLOSING DATE.

BALANCE DUE

SERVICE MAY STOP ON ACCOUNTS PAST DUE

PAYMENTS OR CHARGES NOT SHOWN WILL APPEAR ON NEXT MONTH'S STATEMENT

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 5490

NO. 77648

MANIFEST NUMBER

| GENERATOR NAME                                | MAILING ADDRESS                               | PHONE NUMBER          | STATE / E.P.A. I.D. NO. |
|---|---|-----------------------|-------------------------|
| GENERATOR<br><b>OLIN CORPORATION</b>          | <b>51 EAMES ST. WILMINGTON, MA 01887</b>      | <b>(617) 933-4240</b> | MA 01887-0310           |
| PRIMARY TRANSPORTER<br><b>JETLINE TRANSIT</b> | <b>P.O. BOX 180 STOUGHTON, MA 02072</b>       | <b>(617) 843-2829</b> | MA 02072-0180           |
| CONTINUING TRANSPORTER                        |   |                       |                         |
| H.W.F.<br><b>SCA SERVICE INC.</b>             | <b>1550 BALMER ROAD, MODEL CITY, NY 14107</b> | <b>(716) 754-8231</b> | NY 14107-0674           |

IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED:   
 DATE SHIPPED: MONTH 07, DAY 10, YEAR 83   
 EXPIRES DATE: MONTH 04, DAY 04, YEAR 83

| U.S. D.O.T. SHIPPING NAME         | D.O.T. HAZARD CLASS | U.N. / N.A. NO. | WT./VOL. | UNITS | UNIT CODE | CONTAINER |      | E.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|-----------------------------------|---------------------|-----------------|----------|-------|-----------|-----------|------|------------------|--|
|                                   |                     |                 |          |       |           | NO.       | TYPE |                  |  |
| 1. HAZARDOUS WASTE, SOLID, N.O.S. | ORM-E               | 3189            |          | LB    | P         | 001       | TB   | 00228            | 1. B15-2 ETHYLHEXYL PHTHALATE                    |
| 2.                                |                     |                 |          |       |           |           |      |                  |  |
| 3.                                |                     |                 |          |       |           |           |      |                  |  |
| 4.                                |                     |                 |          |       |           |           |      |                  |  |
| 5.                                |                     |                 |          |       |           |           |      |                  |  |
| 6.                                |                     |                 |          |       |           |           |      |                  |  |

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

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

TRANSPORTER COMPLETES

REQUIRED LABELS  
 YES  NO

PLACARDS REQUIRED  
 \_\_\_\_\_

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

\_\_\_\_\_  
 SIGNATURE OF TRANSPORTER

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

\_\_\_\_\_  
 SIGNATURE OF TRANSPORTER

H.W.F. COMPLETES

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

\_\_\_\_\_  
 SIGNATURE OF H.W.F.

I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS

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

DATE 11/7/83  
 GENERATOR'S EMERGENCY PHONE NUMBER IF DIFFERENT FROM ABOVE  
 GENERATOR'S SIGNATURE

3071-1100

4001-1100

GENERATOR COMPLETES

|   |  |   |             |          |   |           |   |               |  |
|---|--|---|-------------|----------|---|-----------|---|---------------|--|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>   |  | MAILING ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01887</b> |             |          | PHONE NUMBER<br><b>( 617 ) 933-4240</b> |           | STATE/E.P.A. I.D. NO.<br><b>MA 0003 H0 0104</b> |               |  |
| PRIMARY TRANSPORTER<br><b>JETLINE TRANSIT</b>   |  | P.O. BOX 180 STOUGHTON, MA 02072                            |             |          | ( 617 ) 843-2829                        |           | MA 0003 H0 0104                                 |               |  |
| CONTINUING TRANSPORTER  |  |   |             |          |   |           |   |               |  |
| H.W.F.<br><b>SCA SERVICE INC.</b>   |  | <b>1550 BALMER ROAD, MODEL CITY, NY 14107</b>               |             |          | <b>716 754-8231</b>                     |           | <b>NY 0003 H0 0104</b>                          |               |  |
| IF MORE THAN ONE MANIFEST/<br>SHIPPING PAPER IS USED:   |  | DETAILS OF OTHER MANIFESTS                                  |             |          | DATE SHIPPED                            |           | DATE RECEIVED                                   |               |  |
|   |  |   |             |          | 011 07 83                               |           | 011 08 85                                       |               |  |
| U.S. D.O.T. SHIPPING NAME   |  | DOT HAZARD CLASS  | UN./HA. NO. | WT./VOL. | UNITS                                   | UNIT CODE | CONTAINER NO. TYPE                              | EPA WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
| 1. HAZARDOUS WASTE, SOLID, N.O.S.   |  | ORM-E   | NO 9199     | 341620   | LB                                      | B         | 0001  | 0002          | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
| 2.  |  |   |             |          |   |           |   |               |  |
| 3.  |  |   |             |          |   |           |   |               |  |
| 4.  |  |   |             |          |   |           |   |               |  |
| 5.  |  |   |             |          |   |           |   |               |  |
| 6.  |  |   |             |          |   |           |   |               |  |
| SPECIAL HANDLING INSTRUCTIONS INCLUDING ANY CONTAINER EXEMPTION, AND EMERGENCY RESPONSE INFORMATION |  |   |             |          |   |           |   |               |  |
| IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802      |  |   |             |          |   |           |   |               |  |

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

DATE 1 7 83

GENERATOR SIGNATURE *Ronald J. McEwen*

GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE

TRANSPORTER COMPLETES

|   |  |                           |                            |
|---|--|---------------------------|----------------------------|
| REQUIRED LABELS<br><input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO | THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br><i>[Signature]</i><br>SIGNATURE OF TRANSPORTER | DATE SHIPPED<br>011 07 83 | DATE RECEIVED<br>011 08 85 |
| PLACARDS REQUIRED   | THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br>SIGNATURE OF TRANSPORTER                    |                           |                            |

H.W.F. COMPLETES

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

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

*[Signature]*  
SIGNATURE

3. GENERATOR COMPLETED COPY

NO# 74697

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 5492  
MANIFEST NUMBER

|   |   |   |  |
|---|---|---|--|
| GENERATOR NAME<br><b>ULIN CORPORATION</b>     | MAILING ADDRESS<br><b>51 EAVES ST. WILMINGTON, MA 01897</b> | PHONE NUMBER<br><b>( 617 ) 933-4240</b> | STATE / EPA ID NO<br><b>MA 05012A02104</b> |
| PRIMARY TRANSPORTER<br><b>JETLINE TRANSIT</b> | <b>P.O. BOX 186 STOUGHTON, MA 02972</b>                     | <b>( 617 ) 843-2329</b>                 | <b>MA 0062174580</b>                       |
| CONTINUING TRANSPORTER                        |   |   |  |
| H.W.F. <b>SCA SERVICES INC</b>                | <b>1550 BALMER ROAD, HOVEL CITY, NY 14167</b>               | <b>( 716 ) 754-2231</b>                 | <b>NY 00450550079</b>                      |

IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED: **01 07 83** **01 08 83**

| U.S. D.O.T. SHIPPING NAME               | D.O.T. HAZARD CLASS | U.N. / N.A. NO. | WT. / VOL. | UNITS     | UNIT CODE | CONTAINER  |           | E.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|---|---------------------|-----------------|------------|-----------|-----------|------------|-----------|------------------|--|
|   |                     |                 |            |           |           | NO.        | TYPE      |                  |  |
| 1 <b>HAZARDOUS WASTE, SOLID, N.O.S.</b> | <b>ORR-E</b>        | <b>NA 9189</b>  |            | <b>LB</b> |           | <b>001</b> | <b>DR</b> | <b>U 0218</b>    | <b>I. BIS-2 ETHYL-EXYL PHTHALATE</b>             |
| 2                                       |                     |                 |            |           |           |            |           |                  |  |
| 3                                       |                     |                 |            |           |           |            |           |                  |  |
| 4                                       |                     |                 |            |           |           |            |           |                  |  |
| 5                                       |                     |                 |            |           |           |            |           |                  |  |
| 6                                       |                     |                 |            |           |           |            |           |                  |  |

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

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

GENERATOR COMPLETES

TRANSPORTER COMPLETES

W.F. COMPLETES

REQUIRED LABELS  YES

PLACARDS REQUIRED

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

\_\_\_\_\_  
SIGNATURE OF TRANSPORTER

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

\_\_\_\_\_  
SIGNATURE OF TRANSPORTER

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

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

\_\_\_\_\_  
SIGNATURE

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

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

7 - GENERATOR COPY

5071-1100

01021-11111

WO# 78647

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 5492

| NAME                                   | MAILING ADDRESS                        | PHONE NUMBER     | STATE / E.P.A. ID. NO. |
|--|--|------------------|------------------------|
| GENERATOR<br>OLIN CORPORATION          | 51 EAMES ST. WILMINGTON, MA 01887      | ( 617 ) 933-4240 | MA 01887               |
| PRIMARY TRANSPORTER<br>JETLINE TRANSIT | P.O. BOX 180 STOUGHTON, MA 02072.      | ( 617 ) 843-2829 | MA 02072               |
| CONTINUING TRANSPORTER                 |  |                  |                        |
| H.W.F.<br>SCA SERVICES INC             | 1550 BALMER ROAD, MODEL CITY, NY 14107 | ( 716 ) 754-8231 | NY 14107               |

IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED, INDICATE THE DATE OF THIS MANIFEST AND THE DATE OF THE OTHERS.

| U.S. D.O.T. SHIPPING NAME      | D.O.T. HAZARD CLASS | UN / H.A. NO. | WT. / VOL. | UNITS | UNIT CODE | CONTAINER |      | E.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|--------------------------------|---------------------|---------------|------------|-------|-----------|-----------|------|------------------|--|
|                                |                     |               |            |       |           | NO.       | TYPE |                  |  |
| HAZARDOUS WASTE, SOLID, N.O.S. | ORM-E               | NA 9189       | 39.540     | LB    | PL        | 030       | T    | 0002             | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
|                                |                     |               |            |       |           |           |      |                  |  |
|                                |                     |               |            |       |           |           |      |                  |  |
|                                |                     |               |            |       |           |           |      |                  |  |
|                                |                     |               |            |       |           |           |      |                  |  |
|                                |                     |               |            |       |           |           |      |                  |  |

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

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

GENERATOR COMPLETES

TRANSPORTER COMPLETES

H.W.F. COMPLETES

REQUIRED LABELS  YES  NO

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

*Eric A. Bowen*  
SIGNATURE OF TRANSPORTER

PLACARDS REQUIRED  YES  NO

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

SIGNATURE OF TRANSPORTER

DATE SHIPMENT ACCEPTED: MONTH 7, YEAR 1992

DATE SHIPMENT ACCEPTED: MONTH 7, YEAR 1992

MA 01887

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

I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS

MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE

*R. Pucher*  
SIGNATURE

MONTH 7, YEAR 1992

DATE SHIPMENT ACCEPTED

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

*Ronald J. McPherson*  
SECRETARY'S SIGNATURE

DATE 1/7/92

GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE

0011-120

WO# 78690

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 5489

|   |   |   |   |
|---|---|---|---|
| GENERATOR NAME<br><b>ALIN CORPORATION</b>     | MAILING ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01887</b> | PHONE NUMBER<br><b>( 617 ) 933-4240</b> | STATE / E.P.A. I.D. NO.<br><b>MA 00000000000000000000</b> |
| PRIMARY TRANSPORTER<br><b>JETLINE TRANSIT</b> | <b>P.O. BOX 180 STOUGHTON, MA 02072</b>                     | <b>( 617 ) 843-2829</b>                 | <b>MA 00000000000000000000</b>                            |
| CONTINUING TRANSPORTER                        |   |   |   |
| H.W.F.<br><b>SCA SERVICES INC.</b>            | <b>1550 BALMER ROAD, MODEL CITY, NY 14107</b>               | <b>( 716 ) 754-8231</b>                 | <b>NY 00000000000000000000</b>                            |

GENERATOR COMPLETES

| U.S. D.O.T. SHIPPING NAME     | D.O.T. HAZARD CLASS | UN. / NA NO. | WT / VOL. | UNITS | UNIT CODE | CONTAINER |      | EPA WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|-------------------------------|---------------------|--------------|-----------|-------|-----------|-----------|------|---------------|--|
|                               |                     |              |           |       |           | NO.       | TYPE |               |  |
| HAZARDOUS WASTE, SOLD, N.O.S. | ORM-E               | 9189         | 478.50    | LB    | P         | 0.01L     | TR   | U00281        | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
|                               |                     |              |           |       |           |           |      |               |  |
|                               |                     |              |           |       |           |           |      |               |  |
|                               |                     |              |           |       |           |           |      |               |  |
|                               |                     |              |           |       |           |           |      |               |  |
|                               |                     |              |           |       |           |           |      |               |  |

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

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

TRANSPORTER COMPLETES

REQUIRED LABELS  
 YES  NO

PLACARDS REQUIRED

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

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

DATE OF SHIPMENT RECEIVED

DATE OF SHIPMENT DEPARTED

DATE OF SHIPMENT DELIVERED

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

I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS

MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE

*J. J. Pechowski*  
SIGNATURE



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

*Ronald J. McQueen*  
GENERATOR SIGNATURE

17 83

GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE

H.W.F. COMPLETES

W04 11040

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

IVIA 3403

MANIFEST NUMBER

|   |   |   |                         |
|---|---|---|-------------------------|
| GENERATOR NAME<br><b>ALIN CORPORATION</b>     | MAILING ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01887</b> | PHONE NUMBER<br><b>( 617 ) 933-4200</b> | STATE / E.P.A. I.D. NO. |
| PRIMARY TRANSPORTER<br><b>JETLINE TRAMBIT</b> | <b>P.O. BOX 180 STOUGHTON, MA 02072</b>                     | <b>( 617 ) 243-2829</b>                 |                         |
| CONTINUING TRANSPORTER                        |   |   |                         |
| H.W.F.<br><b>SCA SERVICES INC.</b>            | <b>1350 BALMER ROAD, MODEL CITY, NY 14107</b>               | <b>( 716 ) 754-8231</b>                 |                         |

IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED: TOTAL NO. OF MANIFESTS / NON-OFFICIAL FORMS ARE USED: **01 07 83** DATE OF THIS MANIFEST: **01 02 83**

| U.S. D.O.T. SHIPPING NAME            | D.O.T. HAZARD CLASS | UN / N.A. NO.  | WT. / VOL. | UNITS     | UNIT CODE | CONTAINER  |             | E.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|--------------------------------------|---------------------|----------------|------------|-----------|-----------|------------|-------------|------------------|--|
|                                      |                     |                |            |           |           | NO.        | TYPE        |                  |  |
| <b>HAZARDOUS WASTE, SOLID, N.D.S</b> | <b>09H-E</b>        | <b>NA 2189</b> |            | <b>LD</b> | <b>P</b>  | <b>001</b> | <b>T.R.</b> | <b>U0210</b>     | <b>1. BIS-2 ETHYLHEXYL PHTHALATE</b>             |
| 2                                    |                     |                |            |           |           |            |             |                  |  |
| 3                                    |                     |                |            |           |           |            |             |                  |  |
| 4                                    |                     |                |            |           |           |            |             |                  |  |
| 5                                    |                     |                |            |           |           |            |             |                  |  |
| 6                                    |                     |                |            |           |           |            |             |                  |  |

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

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

GENERATOR COMPLETES

TRANSPORTER COMPLETES

H.W.F. COMPLETES

REQUIRED LABELS

YES  NO

ALWAYS REQUIRED

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

\_\_\_\_\_  
SIGNATURE OF TRANSPORTER

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

\_\_\_\_\_  
SIGNATURE OF TRANSPORTER

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

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

\_\_\_\_\_  
SIGNATURE

7 GENERATOR COPY

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

DATE **17 02 83**

GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE

GENERATOR SIGNATURE

5021-1100



HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MANIFEST NUMBER 9400

|   |   |                                       |  |
|---|---|---------------------------------------|--|
| GENERATOR NAME<br><b>CLIN CORPORATION</b>     | MAILING ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01887</b> | PHONE NUMBER<br><b>(617) 933-4249</b> | STATE/E.P.A. ID. NO.<br><b>MA 000174051104</b> |
| PRIMARY TRANSPORTER<br><b>JETLINE TRANSIT</b> | <b>P.O. BOX 180 STOUGHTON, MA 02072</b>                     | <b>(617) 843-2829</b>                 | <b>MA 000174051104</b>                         |
| CONTINUING TRANSPORTER                        |   |                                       |  |
| H.W.F.<br><b>SCA SERVICES INC.</b>            | <b>1550 PALMER ROAD, MODEL CITY, NY 14107</b>               | <b>(716) 754-8231</b>                 | <b>NY 000199146749</b>                         |

GENERATOR COMPLETES

| U.S. DOT SHIPPING NAME         | D.O.T. HAZARD CLASS | UN. / N.A. NO. | WT. / VOL. | UNITS | UNIT CODE | CONTAINER |      | EPA WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|--------------------------------|---------------------|----------------|------------|-------|-----------|-----------|------|---------------|--|
|                                |                     |                |            |       |           | NO.       | TYPE |               |  |
| HAZARDOUS WASTE, SOLID, H.O.S. | OR-H                | 5109           |            | LB    | P         | 001       | TR   | U0235         | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
|                                |                     |                |            |       |           |           |      |               |  |
|                                |                     |                |            |       |           |           |      |               |  |
|                                |                     |                |            |       |           |           |      |               |  |
|                                |                     |                |            |       |           |           |      |               |  |
|                                |                     |                |            |       |           |           |      |               |  |

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

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

TRANSPORTER COMPLETES

REQUIRED LABELS  
 YES  NO

PLACARDS REQUIRED  
 YES  NO

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

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

H.W.F. COMPLETES

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

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

\_\_\_\_\_  
 SIGNATURE

7 GENERATOR COPY

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

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

0171-1100

WFO# 78651

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MANIFEST NUMBER 0401

| NAME                                   | MAILING ADDRESS                   | PHONE NUMBER     | STATE/E.P.A. ID NO. |
|--|-----------------------------------|------------------|---------------------|
| GENERATOR<br>OLIN CORPORATION          | 51 EAMES ST. WILMINGTON, MA 01887 | ( 617 ) 933-4240 | MA D0001503104      |
| PRIMARY TRANSPORTER<br>JETLINE TRANSIT | P.O. BOX 180 STOUGHTON, MA 02072  | ( 617 ) 843-2829 | MA D062779890       |
| CONTINUING TRANSPORTER                 |                                   | ( )              |                     |

H.W.F. SCA SERVICES INC. 1550 BALMER ROAD, MODEL CITY, NY 14107 ( 716 ) 754-8231 N.Y. D049836679

IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED: TOTAL NO. OF FORMS ARE: THIS FORM NO. IS: MANIFEST NO. OF FIRST FORM: DATE SHIPPED: MONTH: 01 DAY: 07 YEAR: 83 EXPECTED ARRIVAL DATE: MONTH: 01 DAY: 08 YEAR: 83

| U.S. D.O.T. SHIPPING NAME      | D.O.T. HAZARD CLASS | UN / NA NO. | WT. / VOL. | UNITS | UNIT CODE | CONTAINER |      | EPA WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|--------------------------------|---------------------|-------------|------------|-------|-----------|-----------|------|---------------|--|
|                                |                     |             |            |       |           | NO.       | TYPE |               |  |
| HAZARDOUS WASTE, SOLID, N.O.S. | ORM-E               | NA 9189     | 359.50     | LB    | P         | D011      | DR   | D0028         | 1. BIS-2 ETHYLEXEL PHTHALATE                     |
|                                |                     |             |            |       |           |           |      |               |  |
|                                |                     |             |            |       |           |           |      |               |  |
|                                |                     |             |            |       |           |           |      |               |  |
|                                |                     |             |            |       |           |           |      |               |  |
|                                |                     |             |            |       |           |           |      |               |  |

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

WFO # 78651

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

TRANSPORTER COMPLETES

REQUIRED LABELS: YES  NO

PLACARDS REQUIRED: \_\_\_\_\_

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

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

SIGNATURE OF TRANSPORTER: *[Signature]*

SIGNATURE OF TRANSPORTER: \_\_\_\_\_

| DATE OF RECEIPT | DATE OF DELIVERY | DATE OF RETURN | DATE OF REUSE |
|-----------------|------------------|----------------|---------------|
| 01/07/83        | 01/08/83         | 01/08/83       | 01/08/83      |

H.W.F. COMPLETES

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

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

SIGNATURE: *[Signature]*

DATE: 01/08/83

| DATE OF RECEIPT | DATE OF DELIVERY | DATE OF RETURN | DATE OF REUSE |
|-----------------|------------------|----------------|---------------|
| 01/07/83        | 01/08/83         | 01/08/83       | 01/08/83      |

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

GENERATOR'S EMERGENCY PHONE NO. IF DIFFERENT FROM ABOVE: DATE: 1/83 GENERATOR SIGNATURE: JEN

111-1100

Wof 78652

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MANIFEST NUMBER 0400

|   |   |   |  |
|---|---|---|--|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>   | MAILING ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01887</b> | PHONE NUMBER<br><b>( 617 ) 933-4240</b> | STATE / E.P.A. ID NO.<br><b>MA D-01014053104</b> |
| PRIMARY TRANSPORTER<br><b>JETLINE TRAIT</b> | <b>P.O. BOX 180 STOUGHTON, MA 02072</b>                     | <b>( 617 ) 843-2829</b>                 | <b>MA D-01014053104</b>                          |
| CONTINUING TRANSPORTER                      |   |   |  |
| H.W.F. NAME<br><b>SCA SERVICE, INC</b>      | <b>1550 BALMER ROAD, MODEL CITY, NY 14107</b>               | <b>( 716 ) 754-8231</b>                 | <b>NY D-049026074</b>                            |

GENERATOR COMPLETES

| U.S. DOT. SHIPPING NAME        | D.O.T. HAZARD CLASS | UN. / NA NO | WT. / VOL | UNITS | UNIT CODE | CONTAINER |      | E.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|--------------------------------|---------------------|-------------|-----------|-------|-----------|-----------|------|------------------|--|
|                                |                     |             |           |       |           | NO        | TYPE |                  |  |
| HAZARDOUS WASTE, SOLID, N.O.S. | ORM-E               | 9189        | 428.20    | LB    | P         | 010       | 1HTR | U0028            | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
|                                |                     |             |           |       |           |           |      |                  |  |
|                                |                     |             |           |       |           |           |      |                  |  |
|                                |                     |             |           |       |           |           |      |                  |  |
|                                |                     |             |           |       |           |           |      |                  |  |
|                                |                     |             |           |       |           |           |      |                  |  |

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

work off 78652

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

TRANSPORTER COMPLETES

|   |  |                                    |   |                              |
|---|--|------------------------------------|---|------------------------------|
| REQUIRED LABELS<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>PLACARDS REQUIRED   | THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br><i>Charles Hegar</i><br>SIGNATURE OF TRANSPORTER | DATE SHIPMENT ACCEPTED<br>01-01-83 | STATE COMPANY AND FOR RATER<br>MA 1164306 | DATE OF DELIVERY<br>01-01-83 |
| THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br><br>SIGNATURE OF TRANSPORTER | <br><br><br>   | <br><br><br>                       | <br><br><br>                              | <br><br><br>                 |

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

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

*J. Puchowski*  
SIGNATURE

3. GENERATOR COMPLETED COPY

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

DATE 1/1/83  
 GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE  
*Ronald J. Puchowski*  
 GENERATOR'S SIGNATURE

111-1212

WO# 78653

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 5487

| GENERATOR NAME                             | MAILING ADDRESS                        | PHONE NUMBER     | STATE / EPA I.D. NO. |
|--|--|------------------|----------------------|
| OLIN CORPORATION                           | 51 EAMES ST. WILMINGTON, MA 01887      | ( 617 ) 933-4240 | MA 01887             |
| PRIMARY TRANSPORTER<br>JET LINE TRAXIT     | P.O. BOX 180 STOUGHTON, MA 01072       | ( 617 ) 843-2829 | MA 01072             |
| CONTINUING TRANSPORTER<br>SCA SERVICE INC. | 1550 BALMER ROAD, MODEL CITY, NY 14107 | ( 716 ) 754-8231 | NY 14107             |
| H.W.F.                                     |  |                  |                      |

GENERATOR COMPLETES

IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED: TOTAL NO. OF THIS FORMS ARE: NO. OF MANIFESTS AND/OR THIS FORM: DATE SHIPPED: MONTH: DAY: YEAR: EXPIRES: MONTH: DAY: YEAR:

| U.S. DOT SHIPPING NAME         | D.O.T. HAZARD CLASS | UN. / NA NO. | WT. / VOL. | UNITS | UNIT CODE | CONTAINER |      | EPA WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|--------------------------------|---------------------|--------------|------------|-------|-----------|-----------|------|---------------|--|
|                                |                     |              |            |       |           | NO.       | TYPE |               |  |
| HAZARDOUS WASTE, SOLID, N.O.S. | ORM-E               | NA 9189      | 3702.0     | LB    | P         | 0.40      | DR   | 001218        | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
|                                |                     |              |            |       |           |           |      |               |  |
|                                |                     |              |            |       |           |           |      |               |  |
|                                |                     |              |            |       |           |           |      |               |  |
|                                |                     |              |            |       |           |           |      |               |  |
|                                |                     |              |            |       |           |           |      |               |  |

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

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

TRANSPORTER COMPLETES

REQUIRED LABELS  
 YES  NO

PLACARDS REQUIRED

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

*Dan Kyprianou*  
SIGNATURE OF TRANSPORTER

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

\_\_\_\_\_  
SIGNATURE OF TRANSPORTER

| DATE OF RECEIPT | DATE OF DELIVERY |
|-----------------|------------------|
| 11/7/98         | 11/7/98          |

H.W.F. COMPLETES

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

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

*J. Buchowski*  
SIGNATURE

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

*Kenneth M. ...*  
GENERATOR SIGNATURE

1/78  
DATE

JFA  
GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE



WO#

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 5494

MANIFEST NUMBER

| GENERATOR NAME                         | MAILING ADDRESS                        | PHONE NUMBER     | STATE/E.P.A. I.D. NO. |
|--|--|------------------|-----------------------|
| OLIN CORPORATION                       | 51 EAMES ST. WILMINGTON, MA 01887      | ( 617 ) 933-4240 | MA 000014031024       |
| PRIMARY TRANSPORTER<br>JETLINE TRANSIT | P.O. BOX 180 STOUGHTON, MA 02072       | ( 617 ) 843-2829 | MA 0005212790990      |
| CONTINUING TRANSPORTER                 |  |                  |                       |
| H.W.F.<br>SCA SERVICES INC.            | 1550 BALMER ROAD, MODEL CITY, NY 14107 | ( 716 ) 754-8231 | NY 00093368729        |

GENERATOR COMPLETES

| U.S. DOT. SHIPPING NAME       | DOT. HAZARD CLASS | U.N. / N.A. NO | WT./VOL. | UNITS | UNIT CODE | CONTAINER |      | EPA. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|-------------------------------|-------------------|----------------|----------|-------|-----------|-----------|------|----------------|--|
|                               |                   |                |          |       |           | NO.       | TYPE |                |  |
| HAZARDOUS WASTE, SOLID N.O.S. | ORM-E             | NA 9189        | 750 LB   | LB    |           |           |      |                | XXXXXXKIMX<br>1. BIS-2 ETHYLHEXYL PHTHALATE      |
|                               |                   |                |          |       |           |           |      |                |  |
|                               |                   |                |          |       |           |           |      |                |  |
|                               |                   |                |          |       |           |           |      |                |  |
|                               |                   |                |          |       |           |           |      |                |  |
|                               |                   |                |          |       |           |           |      |                |  |

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

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8902

TRANSPORTER COMPLETES

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

|                                      |         |
|--------------------------------------|---------|
| DATE SHIPMENT ACCEPTED FOR TRANSPORT | 1/17/88 |
| DATE SHIPMENT RECEIVED               | 1/17/88 |

H.W.F. COMPLETES

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

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

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

GENERATOR SIGNATURE  
*[Signature]*  
DATE 1/17/88  
GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE

1041-121

WO# 78094

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MANIFEST NUMBER

|  |   |                                       |                       |
|--|---|---------------------------------------|-----------------------|
| GENERATOR NAME<br><b>OLIN CORPORATION</b>              | MAILING ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01887</b> | PHONE NUMBER<br><b>(617) 933-4240</b> | STATE/E.P.A. I.D. NO. |
| PRIMARY TRANSPORTER<br><b>BUFFALO FUEL CORPORATION</b> | <b>2445 ALAN AVE, NIAGARA FALLS, NY 14303</b>               | <b>(716) 773-1921</b>                 |                       |
| CONTINUING TRANSPORTER                                 |   |                                       |                       |
| H.W.F.<br><b>SCA SERVICES INC.</b>                     | <b>1550 BALMER ROAD, MODEL CITY, NY 14107</b>               | <b>(716) 754-8231</b>                 |                       |

GENERATOR COMPLETES

| U.S. D.O.T. SHIPPING NAME                 | D.O.T. HAZARD CLASS | U.N. / NA NO. | WT. / VOL | UNITS | UNIT CODE | CONTAINER |      | EPA WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|---|---------------------|---------------|-----------|-------|-----------|-----------|------|---------------|--|
|   |                     |               |           |       |           | NO.       | TYPE |               |  |
| <del>HAZARDOUS WASTE, SOLID, N.O.S.</del> | ORM-E               | NA 9189       | 1100      | LB    | 1E        | 001       | TR   | U002A         | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
|   |                     |               |           |       |           |           |      |               |  |
|   |                     |               |           |       |           |           |      |               |  |
|   |                     |               |           |       |           |           |      |               |  |
|   |                     |               |           |       |           |           |      |               |  |
|   |                     |               |           |       |           |           |      |               |  |

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

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

TRANSPORTER COMPLETES

REQUIRED LABELS  
 YES  NO

PLACARDS REQUIRED

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

*[Signature]*  
SIGNATURE OF TRANSPORTER

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

\_\_\_\_\_  
SIGNATURE OF TRANSPORTER

H.W.F. COMPLETES

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

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

*[Signature]*  
SIGNATURE

3 GENERATOR COMPLETED COPY

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

*[Signature]*  
GENERATOR SIGNATURE

DATE  
12/6/82

GENERATOR'S EMERGENCY PHONE  
IF DIFFERENT FROM ABOVE  
578

0041-1215

GENERATOR COMPLETES

|   |   |                                       |  |
|---|---|---------------------------------------|--|
| GENERATOR<br><b>CLIM CORPORATION</b>          | MAILING ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01897</b> | PHONE NUMBER<br><b>(617) 933-4240</b> | STATE/E.P.A. I.D. NO.<br><b>MA 0180114 03104</b> |
| PRIMARY TRANSPORTER<br><b>JETLINE TRANSIT</b> | <b>PO BOX X180 STOUGHTON, MA 01072</b>                      | <b>(716) 343-2829</b>                 | <b>NY 010022179890</b>                           |
| CONTINUING TRANSPORTER                        |   |                                       |  |
| H.W.F.<br><b>SCA SERVICES INC.</b>            | <b>1550 BALMER ROAD, NODOL CITY, NY</b>                     | <b>(716) 754-8231</b>                 | <b>NY 02000000679</b>                            |

IF MORE THAN ONE MANIFEST/ SHIPPING PAPER IS USED:

|                         |                         |
|-------------------------|-------------------------|
| STATE/E.P.A. I.D. NO.   | STATE/E.P.A. I.D. NO.   |
| <b>MA 0180114 03104</b> | <b>MA 0180114 03104</b> |

| U.S. DOT. SHIPPING NAME              | D.O.T. HAZARD CLASS | UN. / N.A. NO.  | WT. / VOL. | UNITS     | UNIT CODE | CONTAINER   |           | E.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|--------------------------------------|---------------------|-----------------|------------|-----------|-----------|-------------|-----------|------------------|--|
|                                      |                     |                 |            |           |           | NO.         | TYPE      |                  |  |
| <b>HAZARDOUS WASTE SOLID, H.O.S.</b> | <b>ORM-E</b>        | <b>71A 9189</b> |            | <b>18</b> | <b>P</b>  | <b>0101</b> | <b>TR</b> | <b>0101</b>      | <b>1. B15-2 ETHYLHEXYL PHTHALATE</b>             |
|                                      |                     |                 |            |           |           |             |           |                  |  |
|                                      |                     |                 |            |           |           |             |           |                  |  |
|                                      |                     |                 |            |           |           |             |           |                  |  |
|                                      |                     |                 |            |           |           |             |           |                  |  |
|                                      |                     |                 |            |           |           |             |           |                  |  |

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

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

TRANSPORTER COMPLETES

REQUIRED LABELS  
 YES     NO

PLACARDS REQUIRED

THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.  
*D. [Signature]*  
 SIGNATURE OF TRANSPORTER

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

H.W.F. COMPLETES

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

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

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

GENERATOR'S EMERGENCY PHONE # IF DIFFERENT FROM ABOVE  
DATE  
GENERATOR SIGNATURE

0041-1217

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 5485

MANIFEST NUMBER

|   |   |   |   |
|---|---|---|---|
| GENERATOR NAME<br><b>GLIN CORPORATION</b>     | MAILING ADDRESS<br><b>51 EAMES ST. WASHINGTON</b> | PHONE NUMBER<br><b>( 617 ) 95304240</b> | STATE / E.P.A. ID NO.<br><b>MA 0000000000</b> |
| PRIMARY TRANSPORTER<br><b>JETLINE TRANSIT</b> | <b>PO BOX 180 STOUGHTON, MA 02072</b>             | <b>( 716-88 843-2829</b>                |   |
| CONTINUING TRANSPORTER                        |   |   |   |
| H.W.F.<br><b>SCA SERVICES INC.</b>            | <b>1550 PALMER ROAD, MODEL CITY NY 14107</b>      | <b>( 716 ) 754-8231</b>                 |   |

GENERATOR COMPLETES

| U.S. DOT. SHIPPING NAME          | D.O.T. HAZARD CLASS | U.N. / N.A. NO. | WT. / VOL. | UNITS | UNIT CODE | CONTAINER |      | E.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|----------------------------------|---------------------|-----------------|------------|-------|-----------|-----------|------|------------------|--|
|                                  |                     |                 |            |       |           | NO.       | TYPE |                  |  |
| 1. HAZARDOUS WASTE SOLID, N.O.S. | 091-E               | MA 9189         |            | LS    |           |           |      |                  | 1. B15-2 ETHYLHEXYL PHTHALATE                    |
| 2.                               |                     |                 |            |       |           |           |      |                  |  |
| 3.                               |                     |                 |            |       |           |           |      |                  |  |
| 4.                               |                     |                 |            |       |           |           |      |                  |  |
| 5.                               |                     |                 |            |       |           |           |      |                  |  |
| 6.                               |                     |                 |            |       |           |           |      |                  |  |

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

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

TRANSPORTER COMPLETES

|   |  |                           |                           |
|---|--|---------------------------|---------------------------|
| REQUIRED LABELS<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br>_____<br>SIGNATURE OF TRANSPORTER    | DATE OF SHIPMENT<br>_____ | TIME OF SHIPMENT<br>_____ |
| PLACARDS REQUIRED<br><input type="checkbox"/> YES <input type="checkbox"/> NO | THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br>_____<br>SIGNATURE OF TRANSPORTER | DATE OF SHIPMENT<br>_____ | TIME OF SHIPMENT<br>_____ |

H.W.F. COMPLETES

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

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

\_\_\_\_\_ SIGNATURE

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

GENERATOR'S EMERGENCY PHONE NUMBER IF DIFFERENT FROM ABOVE

DATE

GENERATOR SIGNATURE

104 77144

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 13655  
MANIFEST NUMBER

| NAME                                   | MAILING ADDRESS                           | PHONE NUMBER   | STATE / F.P.A. ID. NO. |
|--|---|----------------|------------------------|
| GENERATOR<br>CLIN CORPORATION          | 51 EAVES STREET, WILMINGTON, MA. 01887    | (517) 933-4240 |                        |
| PRIMARY TRANSPORTER<br>JETLINE TRANSIT | P.O. BOX 180, SToughton, MA. 02072        | (617) 843-2629 |                        |
| CONTINUING TRANSPORTER                 |   |                |                        |
| H.W.F.<br>SCA SERVICES INC.            | 1580 PALMER ROAD, MIDDLE CITY, N.Y. 14107 | (716) 754-8231 |                        |

GENERATOR COMPLETES

| U.S. DOT SHIPPING NAME          | DOT HAZARD CLASS | U.N. / N.A. NO. | WT./VOL. | UNITS | UNIT CODE | CONTAINER |      | F.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|---------------------------------|------------------|-----------------|----------|-------|-----------|-----------|------|------------------|--|
|                                 |                  |                 |          |       |           | NO.       | TYPE |                  |  |
| 1 HAZARDOUS WASTE SOLID, N.O.S. | ORM-E            | NA 9189         |          | LN    |           |           |      |                  | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
| 2                               |                  |                 |          |       |           |           |      |                  |  |
| 3                               |                  |                 |          |       |           |           |      |                  |  |
| 4                               |                  |                 |          |       |           |           |      |                  |  |
| 5                               |                  |                 |          |       |           |           |      |                  |  |
| 6                               |                  |                 |          |       |           |           |      |                  |  |

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

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

TRANSPORTER COMPLETES

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

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

H.W.F. COMPLETES

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

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

GENERATOR'S SIGNATURE \_\_\_\_\_ DATE 11 07 88  
GENERATOR'S EMERGENCY PHONE \_\_\_\_\_ IF DIFFERENT FROM ABOVE

0041-1219

NO# 77940

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA MANIFEST NUMBER 10000

GENERATOR COMPLETES

|  |   |                                |                                    |
|--|---|--------------------------------|------------------------------------|
| GENERATOR NAME<br><b>GLIN CORPORATION</b>                    | MAILING ADDRESS<br>51 EAMES STREET, WILMINGTON, MA. 01887 | PHONE NUMBER<br>(617) 933-4240 | STATE/EPA I.D. NO.<br>MA 000103101 |
| PRIMARY TRANSPORTER<br><b>JETLINE TRANSIT SERVICES, Inc.</b> | P.O. BOX 180, STOUGHTON, MA. 02072                        | (617) 843-2829                 | MA 000103101                       |
| CONTINUING TRANSPORTER                                       |   |                                |                                    |
| H.W.F.<br><b>SCA SERVICES INC.</b>                           | 1550 BALMER ROAD, MADLE CITY, N.Y. 14107                  | (716) 754-8231                 | NY 000103101                       |

| U.S. D.O.T. SHIPPING NAME     | D.O.T. HAZARD CLASS | U.N./N.A. NO. | WT./VOL. | UNITS | UNIT CODE | CONTAINER |      | EPA WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|-------------------------------|---------------------|---------------|----------|-------|-----------|-----------|------|---------------|--|
|                               |                     |               |          |       |           | NO.       | TYPE |               |  |
| HAZARDOUS WASTE SOLID, N.O.S. | ORM-E               | NA 9189       | 4.5/40   | LB    |           | 010       | TB   |               | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
|                               |                     |               |          |       |           |           |      |               |  |
|                               |                     |               |          |       |           |           |      |               |  |
|                               |                     |               |          |       |           |           |      |               |  |
|                               |                     |               |          |       |           |           |      |               |  |
|                               |                     |               |          |       |           |           |      |               |  |

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

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

TRANSPORTER COMPLETES

|   |   |
|---|---|
| REQUIRED LABELS<br><input type="checkbox"/> YES <input type="checkbox"/> NO | THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br><br><i>[Signature]</i><br>SIGNATURE OF TRANSPORTER    |
| PLACARDS REQUIRED   | THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br><br><i>[Signature]</i><br>SIGNATURE OF TRANSPORTER |

|                      |              |
|----------------------|--------------|
| DATE OF SHIPMENT     | 12-08-88     |
| TIME OF SHIPMENT     | 11:00 AM     |
| LOCATION OF SHIPMENT | MA 000103101 |

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

GENERATOR SIGNATURE *[Signature]* DATE 12-08-88 GENERATOR'S EMERGENCY PHONE # DIFFERENT FROM ABOVE

H.W.F. COMPLETES

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

101 77144

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 13668  
MANIFEST NUMBER

| GENERATOR NAME                                  | MAILING ADDRESS                         | PHONE NUMBER     | STATE / EPA ID NO. |
|---|---|------------------|--------------------|
| CLIN CORPORATION                                | 51 EAMES ST. WILMINGTON, MA 01827       | ( 817 ) 933-4240 |                    |
| PRIMARY TRANSPORTER<br>BUFFALO FUEL CORPORATION | 2445 ALAN AVE NIAGARA FALLS, NY 14303   | ( 716 ) 773-1921 |                    |
| CONTINUING TRANSPORTER                          |   |                  |                    |
| H.W.F.<br>SCA SERVICES INC.                     | 1550 BALMER ROAD, NICOLE CITY, NY 14187 | ( 716 ) 754-2131 |                    |

GENERATOR COMPLETES

| U.S. DOT. SHIPPING NAME        | DOT HAZARD CLASS | U.N. ID. NO. | WT./VOL. | UNITS | UNIT CODE | CONTAINER NO. | TYPE | EPA WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|--------------------------------|------------------|--------------|----------|-------|-----------|---------------|------|---------------|--|
| HAZARDOUS WASTE, SOLID, N.O.S. | 9                | 149          |          | LB    |           |               |      |               | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
|                                |                  |              |          |       |           |               |      |               |  |
|                                |                  |              |          |       |           |               |      |               |  |
|                                |                  |              |          |       |           |               |      |               |  |
|                                |                  |              |          |       |           |               |      |               |  |
|                                |                  |              |          |       |           |               |      |               |  |

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

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

TRANSPORTER COMPLETES

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

H.W.F. COMPLETES

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

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

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

GENERATOR SIGNATURE \_\_\_\_\_ DATE 12/01/87  
GENERATOR'S EMERGENCY PHONE \_\_\_\_\_ IF DIFFERENT FROM ABOVE

10041-1221

# 7944

# HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 13668  
MANIFEST NUMBER

GENERATOR COMPLETES

| NAME  | MAILING ADDRESS                       | PHONE NUMBER     | STATE / E.P.A. ID NO. |
|---|---------------------------------------|------------------|-----------------------|
| GENERATOR<br>CLIN CORPORATION                   | 51 EAVES ST. WILMINGTON, MA 01887     | ( 617 ) 933-4240 | MA 0000000000         |
| PRIMARY TRANSPORTER<br>BUFFALO FUEL CORPORATION | 2445 ALAN AVE NIAGARA FALLS, NY 14303 | ( 716 ) 773-1921 | NY 0000000000         |
| CONTINUING TRANSPORTER                          |                                       |                  |                       |
| H.W.F.<br>SCA SERVICES INC.                     | 1550 BALMER ROAD MODEL 55TY, NY 14107 | ( 716 ) 754-8231 | NY 0000000000         |

IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED: TOTAL NO. OF THIS FORMS: NO. OF THIS FORMS FOR THIS SHIPMENT: DATE SHIPPED: 12/03/82

| U.S. D.O.T. SHIPPING NAME      | D.O.T. HAZARD CLASS | UN. / NA NO. | WT. / VOL. | UNITS | UNIT CODE | CONTAINER |      | EPA WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|--------------------------------|---------------------|--------------|------------|-------|-----------|-----------|------|---------------|--|
|                                |                     |              |            |       |           | NO.       | TYPE |               |  |
| HAZARDOUS WASTE, SOLID, N.O.S. | ORM-E               | NA 9189      | 0.5400     | LB    |           | 000       | 1B   | U             | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
| 2                              |                     |              |            |       |           |           |      |               |  |
| 3                              |                     |              |            |       |           |           |      |               |  |
| 4                              |                     |              |            |       |           |           |      |               |  |
| 5                              |                     |              |            |       |           |           |      |               |  |
| 6                              |                     |              |            |       |           |           |      |               |  |

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

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

TRANSPORTER COMPLETES

REQUIRED LABELS  
 YES  NO

PLACARDS REQUIRED

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

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

H.W.F. COMPLETES

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

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

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

GENERATOR SIGNATURE: *Ronald J. Wilson*  
 DATE: 12/03/82  
 GENERATOR'S EMERGENCY PHONE: JFA  
 IF DIFFERENT FROM ABOVE



0041-1000

### HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 13660  
MANIFEST NUMBER

77742

| GENERATOR NAME                        | MAILING ADDRESS                       | PHONE NUMBER   | STATE / EPA ID NO |
|---------------------------------------|---------------------------------------|----------------|-------------------|
| GENERATOR<br>OLIN CORPORATION         | 51 EAMES ST. WILMINGTON, MA 01887     | (617) 933-4240 | MA 13660          |
| PRIMARY TRANSPORTER<br>JETLINE TRACHT | P.O. BOX 180, STOUGHTON, MA 02072     | (617) 843-2825 | MA 13660          |
| CONTINUING TRANSPORTER                |                                       |                |                   |
| H.W.F.<br>SCA SERVICES INC.           | 1550 BALMER ROAD, HALE CITY, NY 14107 | (716) 754-8231 | NY 13660          |

GENERATOR COMPLETES

| U.S. DOT SHIPPING NAME        | DOT HAZARD CLASS | UN NO   | WT VOL | UNITS | UNIT CODE | CONTAINER |      | EPA WASTE NO | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|-------------------------------|------------------|---------|--------|-------|-----------|-----------|------|--------------|--|
|                               |                  |         |        |       |           | NO        | TYPE |              |  |
| HAZARDOUS WASTE SOLID, N.O.S. | 09H-E            | NA 9189 |        | LS    | 1         | 0X01      | TR   | U0024        | 1. BIS - 2 ETHYLHEXYL PHTHALATE                  |
|                               |                  |         |        |       |           |           |      |              |  |
|                               |                  |         |        |       |           |           |      |              |  |
|                               |                  |         |        |       |           |           |      |              |  |
|                               |                  |         |        |       |           |           |      |              |  |
|                               |                  |         |        |       |           |           |      |              |  |

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

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

TRANSPORTER COMPLETES

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

H.W.F. COMPLETES

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

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

SIGNATURE \_\_\_\_\_

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

GENERATOR SIGNATURE \_\_\_\_\_ DATE 12/02/97 GENERATOR'S EMERGENCY PHONE # IF DIFFERENT FROM ABOVE



4-11-1224

77757

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 13653  
MANIFEST NUMBER

GENERATOR COMPLETES

| NAME                                   | MAILING ADDRESS                        | PHONE NUMBER     | STATE / E.P.A. I.D. NO. |
|--|--|------------------|-------------------------|
| GENERATOR<br>OLIN CORPORATION          | 54 EAMES STREET WILMINGTON, MA 01887   | ( 617 ) 933-4240 |                         |
| PRIMARY TRANSPORTER<br>JETLINE TRANSIT | P.O. BOX 130, STOUGHTON, MA 02072      | ( 617 ) 843-2829 |                         |
| CONTINUING TRANSPORTER                 |  | ( )              |                         |
| H.W.F.<br>SCA SERVICES INC.            | 1550 BALMER ROAD, MOOLE CITY, NY 14107 | ( 716 ) 754-9231 |                         |

IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED: SPECIAL NO. OF FORMS FOR TRANSPORTER'S USE: SPECIAL NO. OF FORMS FOR CONTINUING TRANSPORTER'S USE: SPECIAL NO. OF FORMS FOR H.W.F.'S USE:

| U.S. D.O.T. SHIPPING NAME     | D.O.T. HAZARD CLASS | U.N. / N.A. NO. | WT. / VOL. | UNITS | UNIT CODE | CONTAINER |      | E.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|-------------------------------|---------------------|-----------------|------------|-------|-----------|-----------|------|------------------|--|
|                               |                     |                 |            |       |           | NO.       | TYPE |                  |  |
| HAZARDOUS WASTE SOLID, N.O.S. | ORM-E               | 9199            |            | LB    |           | 100       | TB   | 100-212          | 1. DIS-2 ETHYLEXYL PHTHALATE                     |
|                               |                     |                 |            |       |           |           |      |                  |  |
|                               |                     |                 |            |       |           |           |      |                  |  |
|                               |                     |                 |            |       |           |           |      |                  |  |
|                               |                     |                 |            |       |           |           |      |                  |  |
|                               |                     |                 |            |       |           |           |      |                  |  |

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

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

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

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

12 02 02

TRANSPORTER COMPLETES

REQUIRED LABELS  
 YES  NO

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

\_\_\_\_\_  
SIGNATURE OF TRANSPORTER

PLACARDS REQUIRED

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

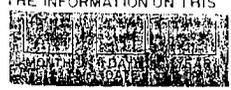
\_\_\_\_\_  
SIGNATURE OF TRANSPORTER

H.W.F. COMPLETES

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

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

\_\_\_\_\_  
SIGNATURE



0041-1225

77910

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

1992  
MANIFEST NUMBER

|  |   |   |                       |
|--|---|---|-----------------------|
| GENERATOR NAME<br><b>CLIN CORPORATION</b>                    | MAILING ADDRESS<br><b>51 EAMES ST. WILMINGTON, MA 01827</b> | PHONE NUMBER<br><b>( 617 ) 933-4240</b> | STATE / E.P.A. ID NO. |
| PRIMARY TRANSPORTER<br><b>SEALINE TRANSIT Services, Inc.</b> | <b>P.O. BOX 180, STOUGHTON, MA 02072</b>                    | <b>( 517 ) 845-2829</b>                 |                       |
| CONTINUING TRANSPORTER                                       |   |   |                       |
| H.W.F.<br><b>GCA SERVICES INC.</b>                           | <b>1550 BALMER ROAD, MOLE CITY, NY 14107</b>                | <b>( 715 ) 754-8231</b>                 |                       |

GENERATOR COMPLETES

| U.S. D.O.T. SHIPPING NAME     | D.O.T. HAZARD CLASS | U.N. / N.A. NO. | WT / VOL | UNITS | UNIT CODE | CONTAINER |      | E.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|-------------------------------|---------------------|-----------------|----------|-------|-----------|-----------|------|------------------|--|
|                               |                     |                 |          |       |           | NO.       | TYPE |                  |  |
| HAZARDOUS WASTE SOLID, N.O.S. | ORM-E               | NA 9188         |          | LB    |           |           |      |                  | 1. BIS-2 ETHYL-HEXYL TEREPHTHALATE               |
|                               |                     |                 |          |       |           |           |      |                  |  |
|                               |                     |                 |          |       |           |           |      |                  |  |
|                               |                     |                 |          |       |           |           |      |                  |  |
|                               |                     |                 |          |       |           |           |      |                  |  |
|                               |                     |                 |          |       |           |           |      |                  |  |

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

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

TRANSPORTER COMPLETES

|   |  |  |  |
|---|--|--|--|
| REQUIRED LABELS<br><input type="checkbox"/> YES <input type="checkbox"/> NO | THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br><br><i>[Signature]</i><br>SIGNATURE OF TRANSPORTER |  |  |
| PLACARDS REQUIRED<br><i>N/A</i>   | THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br><br>SIGNATURE OF TRANSPORTER                    |  |  |

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

H.W.F. COMPLETES

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

SIGNATURE

7. GENERATOR COPY

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

GENERATOR SIGNATURE  
DATE  
GENERATOR'S EMERGENCY PHONE NUMBER (DIFFERENT FROM ABOVE)

12/01/82

0011-1226

WLF 77132

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 13656  
MANIFEST NUMBER

GENERATOR COMPLETES

| GENERATOR NAME                         | MAILING ADDRESS                           | PHONE NUMBER   | STATE/E.P.A. ID. NO. |
|--|---|----------------|----------------------|
| OLIN CORPORATION                       | 51 EAMES STREET, WILMINGTON, MA. 01887    | (617) 933-4240 |                      |
| PRIMARY TRANSPORTER<br>JETLINE TRANSIT | P.O. BOX 180, SToughton, MA. 02072        | (617) 843-2829 |                      |
| CONTINUING TRANSPORTER                 |   |                |                      |
| H.W.F.<br>SCA SERVICES INC.            | 1550 BALMER ROAD, MIDDLE CITY, N.Y. 14107 | (716) 754-8231 |                      |

IF MORE THAN ONE MANIFEST/SHIPPING PAPER IS USED: TOTAL NO. OF THIS FORMS: \_\_\_\_\_ MANIFESTS: \_\_\_\_\_ DEPER'S FORMS: \_\_\_\_\_ DATE SHIPPED: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

| U.S. D.O.T. SHIPPING NAME     | D.O.T. HAZARD CLASS | UN / NA NO. | WT./VOL. | UNITS | UNIT CODE | CONTAINER |      | EPA. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|-------------------------------|---------------------|-------------|----------|-------|-----------|-----------|------|----------------|--|
|                               |                     |             |          |       |           | NO.       | TYPE |                |  |
| HAZARDOUS WASTE SOLID, H.O.S. | 09H-E               | 0189        |          | LS    | P         | 0189      |      |                | 1. B15-2 ETHYLENGLYCOL ADIPATE                   |
| 2                             |                     |             |          |       |           |           |      |                |  |
| 3                             |                     |             |          |       |           |           |      |                |  |
| 4                             |                     |             |          |       |           |           |      |                |  |
| 5                             |                     |             |          |       |           |           |      |                |  |
| 6                             |                     |             |          |       |           |           |      |                |  |

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

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

TRANSPORTER COMPLETES

REQUIRED LABELS  
 YES  
 NO

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

PLACARDS REQUIRED  
 NO

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

H.W.F. COMPLETES

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

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

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

GENERATOR'S SIGNATURE \_\_\_\_\_ DATE 12/22/82 GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE \_\_\_\_\_



77119

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 13667  
MANIFEST NUMBER

GENERATOR COMPLETES

| NAME  | MAILING ADDRESS                        | PHONE NUMBER     | STATE / E.P.A. I.D. NO. |
|---|--|------------------|-------------------------|
| GENERATOR<br>CLIN CORPORATION                   | 51 EAMES STREET WILMINGTON, MA 01897   | ( 818 ) 933-4248 |                         |
| PRIMARY TRANSPORTER<br>BUFFALO FUEL CORPORATION | 2045 ALAN AVE, NIAGARA FALLS, NY 14303 | ( 716 ) 773-1921 |                         |
| CONTINUING TRANSPORTER                          |  |                  |                         |
| H.W.F.<br>SCA SERVICES INC.                     | 1550 PALMER ROAD, MIDDLEBURY, NY 14867 | ( 716 ) 754-8231 |                         |

IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED: TOTAL NO. OF THIS FORM: NO. OF MANIFESTS: NO. OF FIRST FORMS: DATE SHIPPED: MONTH: YEAR:

| U.S. DOT. SHIPPING NAME        | D.O.T. HAZARD CLASS | U.N. / N.A. NO | WT. / VOL. | UNITS | UNIT CODE | CONTAINER |      | EPA WASTE NO | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|--------------------------------|---------------------|----------------|------------|-------|-----------|-----------|------|--------------|--|
|                                |                     |                |            |       |           | NO        | TYPE |              |  |
| HAZARDOUS WASTE, SOLID, N.O.S. | ORM-E               | 9189           |            | LB    |           |           |      |              | 1. BIS-2 ETHYLHEXYL PHTHALATE                    |
| 2                              |                     |                |            |       |           |           |      |              |  |
| 3                              |                     |                |            |       |           |           |      |              |  |
| 4                              |                     |                |            |       |           |           |      |              |  |
| 5                              |                     |                |            |       |           |           |      |              |  |
| 6                              |                     |                |            |       |           |           |      |              |  |

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

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

TRANSPORTER COMPLETES

REQUIRED LABELS  
 YES  NO

PLACARDS REQUIRED  
 YES  NO

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

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

SIGNATURE OF TRANSPORTER

SIGNATURE OF TRANSPORTER

DATE SHIPMENT ACCEPTED: MONTH: YEAR:

DATE SHIPMENT ACCEPTED: MONTH: YEAR:

H.W.F. COMPLETES

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

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

SIGNATURE

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

GENERATOR SIGNATURE: \_\_\_\_\_ DATE: 12 02 92

GENERATOR'S EMERGENCY PHONE: \_\_\_\_\_ IF DIFFERENT FROM ABOVE

WO# 17949

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 15001  
MANIFEST NUMBER

|   |   |                                  |                         |
|---|---|----------------------------------|-------------------------|
| GENERATOR<br>CLIN CORPORATION                   | MAILING ADDRESS<br>51 EAMES STREET WILMINGTON, MA 01897 | PHONE NUMBER<br>( 010 ) 933-4240 | STATE / E.P.A. I.D. NO. |
| PRIMARY TRANSPORTER<br>BUFFALO FUEL CORPORATION | 2445 ALAN AVE, NIAGARA FALLS, NY 14303                  | ( 716 ) 773-1921                 |                         |
| CONTINUING TRANSPORTER                          |   |                                  |                         |
| H.W.F.<br>SCA SERVICES INC.                     | 1550 BALMER ROAD, MODEL CITY, NY 14107                  | ( 716 ) 754-8231                 |                         |

GENERATOR COMPLETES

| U.S. D.O.T. SHIPPING NAME      | D.O.T. HAZARD CLASS | U.N. / N.A. NO | WT. / VOL | UNITS | UNIT CODE | CONTAINER |      | E.P.A. WASTE NO.              | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|--------------------------------|---------------------|----------------|-----------|-------|-----------|-----------|------|-------------------------------|--|
|                                |                     |                |           |       |           | NO.       | TYPE |                               |  |
| HAZARDOUS WASTE, SOLID, N.O.S. | ORM-E               | NA 9189        | 442.0     | LB    |           |           |      | 1. BIS-2 ETHYLHEXYL PHTHALATE |  |
|                                |                     |                |           |       |           |           |      |                               |  |
|                                |                     |                |           |       |           |           |      |                               |  |
|                                |                     |                |           |       |           |           |      |                               |  |
|                                |                     |                |           |       |           |           |      |                               |  |
|                                |                     |                |           |       |           |           |      |                               |  |

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

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

TRANSPORTER COMPLETES

REQUIRED LABELS  
 YES  NO

PLACARDS REQUIRED  
 YES  NO

THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.  
*Robert C. [Signature]*  
 SIGNATURE OF TRANSPORTER

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

H.W.F. COMPLETES

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

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

3. GENERATOR COMPLETED COPY

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

DATE 12 02 82  
 GENERATOR SIGNATURE *[Signature]*  
 GENERATOR'S EMERGENCY PHONE NO. IF DIFFERENT FROM ABOVE

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 1355  
MANIFEST NUMBER

0521-1400

77-133

|  |  |   |                         |
|--|--|---|-------------------------|
| GENERATOR<br><b>OLIN CORPORATION</b>                   | MAILING ADDRESS<br><b>51 EMES ST. WILMINGTON, MA 01827</b> | PHONE NUMBER<br><b>( 617 ) 933-4240</b> | STATE / E.P.A. I.D. NO. |
| PRIMARY TRANSPORTER<br><b>SUFFALO FUEL CORPORATION</b> | <b>2445 ALAN AVE NIAGARA FALLS, NY 14303</b>               | <b>( 716 ) 773-1921</b>                 |                         |
| CONTINUING TRANSPORTER                                 |  |   |                         |
| H.W.F.<br><b>SCA SERVICES INC.</b>                     | <b>1550 BALMER ROAD, MIDDLE CITY, NY 14107</b>             | <b>( 716 ) 754-2231</b>                 |                         |

GENERATOR COMPLETES

| U.S. D.O.T. SHIPPING NAME     | D.O.T. HAZARD CLASS | UN / NA NO. | WT / VOL | UNITS | UNIT CODE | CONTAINER |      | EPA WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|-------------------------------|---------------------|-------------|----------|-------|-----------|-----------|------|---------------|--|
|                               |                     |             |          |       |           | NO.       | TYPE |               |  |
| HAZARDOUS WASTE SOLID, N.O.S. | 09H-E               | NA 9199     |          | LD    |           |           |      |               | 1. BIS-2 ETHYHEXYL PHTHALATE                     |
|                               |                     |             |          |       |           |           |      |               |  |
|                               |                     |             |          |       |           |           |      |               |  |
|                               |                     |             |          |       |           |           |      |               |  |
|                               |                     |             |          |       |           |           |      |               |  |
|                               |                     |             |          |       |           |           |      |               |  |

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

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

TRANSPORTER COMPLETES

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

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

H.W.F. COMPLETES

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

\_\_\_\_\_  
SIGNATURE

MONTH DAY YEAR

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

12/02/92  
DATE  
GENERATOR'S EMERGENCY PHONE NUMBER IF DIFFERENT FROM ABOVE  
GENERATOR SIGNATURE

011-1231

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 13659  
MANIFEST NUMBER

wa# 77935

| GENERATOR NAME                                  | MAILING ADDRESS                         | PHONE NUMBER    | STATE / E.P.A. I.D. NO. |
|---|---|-----------------|-------------------------|
| GENERATOR<br>OLIN CORPORATION                   | 51 EAMES ST. WILMINGTON, MA 01887       | (617 ) 933-4240 | MA 13659                |
| PRIMARY TRANSPORTER<br>BUFFALO FUEL CORPORATION | 2445 ALAN AVE NIAGARA FALLS, NY 14303   | (716 ) 773-1921 |                         |
| CONTINUING TRANSPORTER                          |   | ( )             |                         |
| H.W.F.<br>SCA SERVICES INC.                     | 1550 BALMER ROAD, MIDDLE CITY, NY 14107 | (716 ) 754-8231 | NY 10000                |

GENERATOR COMPLETES

| U.S. D.O.T. SHIPPING NAME        | D.O.T. HAZARD CLASS | U.N. / N.A. NO. | WT. / VOL. | UNITS | UNIT CODE | CONTAINER |      | E.P.A. WASTE NO. | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S. |
|----------------------------------|---------------------|-----------------|------------|-------|-----------|-----------|------|------------------|--|
|                                  |                     |                 |            |       |           | NO.       | TYPE |                  |  |
| 1. HAZARDOUS WASTE SOLID, N.O.S. | ORM-E               | NA 9189         |            | LB    |           |           |      |                  | 1. BIS-2 ETHYHEXYL PHTHALATE                     |
| 2                                |                     |                 |            |       |           |           |      |                  |  |
| 3                                |                     |                 |            |       |           |           |      |                  |  |
| 4                                |                     |                 |            |       |           |           |      |                  |  |
| 5                                |                     |                 |            |       |           |           |      |                  |  |
| 6                                |                     |                 |            |       |           |           |      |                  |  |

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

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

TRANSPORTER COMPLETES

|   |   |                                |                         |                             |                             |
|---|---|--------------------------------|-------------------------|-----------------------------|-----------------------------|
| REQUIRED LABELS<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br><br>James Carley<br>SIGNATURE OF TRANSPORTER    | DATE SHIPMENT MADE<br>12/02/82 | TIME OF DAY<br>12:00 PM | LOCATION<br>MIDDLE CITY, NY | RECEIVED BY<br>James Carley |
| PLACARDS REQUIRED<br><input type="checkbox"/> YES <input type="checkbox"/> NO | THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.<br><br>James Carley<br>SIGNATURE OF TRANSPORTER | DATE SHIPMENT MADE<br>12/02/82 | TIME OF DAY<br>12:00 PM | LOCATION<br>MIDDLE CITY, NY | RECEIVED BY<br>James Carley |

H.W.F. COMPLETES

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

MONTH DAY YEAR  
DEC 02 1982

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

James Carley  
GENERATOR SIGNATURE

DATE  
12 02 82

GENERATOR'S EMERGENCY PHONE  
IF DIFFERENT FROM ABOVE

001-1232

7776

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 13657

GENERATOR COMPLETES

| NAME  | MAILING ADDRESS                          | PHONE NUMBER   | STATE / E.P.A. I.D. NO. |
|---|--|----------------|-------------------------|
| GENERATOR<br>OLDI CORPORATION                   | 51 BATES STREET, WILMINGTON MA. 01887    | (617) 933-4240 | MA 13657                |
| PRIMARY TRANSPORTER<br>BUFFALO FUEL CORPORATION | 2445 ALAN AVE, NIAGARA FALLS, NY. 14303  | (716) 773-1921 | NY 14303                |
| CONTINUING TRANSPORTER                          |  |                |                         |
| H.W.F.<br>SCA SERVICES INTL.                    | 1550 BRIMMER ROAD HOUSTON CITY, TX 14107 | (716) 754-0231 | TX 14107                |

IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED: TOTAL NO. OF THIS FORMS ARE: 1-2

| U.S. DOT. SHIPPING NAME       | DOT. HAZARD CLASS | UN / NA NO | WT./VOL. | UNITS | UNIT CODE | CONTAINER |      | EPA WASTE NO | DESCRIPTION OR WASTE ANALYSIS IF WASTE IS NOS |
|-------------------------------|-------------------|------------|----------|-------|-----------|-----------|------|--------------|---|
|                               |                   |            |          |       |           | NO        | TYPE |              |   |
| HABITABLE WASTE SOLID, R.O.S. | CFM-E             | NA 1184    |          | 10    |           |           |      | U001         | 1. RC-2 EXHAUSTED PULVERIZER                  |
|                               |                   |            |          |       |           |           |      |              |   |
|                               |                   |            |          |       |           |           |      |              |   |
|                               |                   |            |          |       |           |           |      |              |   |
|                               |                   |            |          |       |           |           |      |              |   |
|                               |                   |            |          |       |           |           |      |              |   |

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

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

TRANSPORTER COMPLETES

REQUIRED LABELS

YES  
 NO

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

  
 SIGNATURE OF TRANSPORTER

DATE SHIPMENT ACCEPTED:

MONTH: DAY: YEAR:

STATE: COMPANY NO. FOR TRAILER:

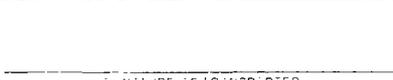
STATE: COMPANY NO. FOR TRAILER:

DATE OF DELIVERY:

MONTH: DAY: YEAR:

FEELARDS REQUIRED

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

  
 SIGNATURE OF TRANSPORTER

DATE SHIPMENT ACCEPTED:

MONTH: DAY: YEAR:

STATE: COMPANY NO. FOR TRAILER:

STATE: COMPANY NO. FOR TRAILER:

DATE OF DELIVERY:

MONTH: DAY: YEAR:

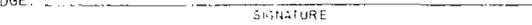
INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT

HANDLING METHOD:

HANDLING METHOD:

H.W.F. COMPLETES

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

  
 SIGNATURE

MONTH: DAY: YEAR:

DATE OF DELIVERY:

MONTH: DAY: YEAR:

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

GENERATOR SIGNATURE: DATE: GENERATOR'S EMERGENCY PHONE NO. IF DIFFERENT FROM ABOVE:





STRAIGHT BILL OF LADING - SHORT FORM

ORIGINAL-NOT NEGOTIABLE

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM OLIN CORPORATION

PAGE

|                          |                |   |
|--------------------------|----------------|---|
| AT 066<br>WILMINGTON     | DATE<br>1/7/83 | DO NOT SUBMIT FREIGHT BILL<br>WITHOUT THIS NUMBER |
| ROUTE<br>Jetline Transit | VEHICLE NO.    | SHIPPER'S NO.<br>WO #78648                        |

|  |                      |  |
|--|----------------------|--|
| CONSIGNEE TO<br>SCA SERVICES INC<br>1550 BALMER ROAD<br>MODEL CITY, NY 14107 | CUSTOMER'S ORDER NO. | <p><b>FOR CHEMICAL EMERGENCY-</b><br/> <b>SPILL, LEAK, FIRE, EXPO-</b><br/> <b>SURE OR ACCIDENT, CALL:</b><br/> <b>CHEMTREC-DAY OR NIGHT:</b><br/> <b>800-424-9300</b></p> <p><small>THE PROPERTY DESCRIBED BELOW IS APPARENTLY UNHAZARDOUS EXCEPT AS NOTICED. THE CONDITION AND QUANTITY OF SUCH PROPERTY IS UNKNOWN. THESE CONDITIONS AND QUANTITIES ARE LISTED BELOW. WITHOUT LIMITATION, THE SHIPPER HEREBY ACCEPTS THE RESPONSIBILITY FOR THE PROPER CLASSIFICATION, PACKAGING, MARKING, LABELING, AND TARIFFS OF THIS PROPERTY AND FOR THE PROPER APPLICABLE REGULATIONS. THE SHIPPER HEREBY ACCEPTS THE RESPONSIBILITY FOR THE PROPER APPLICABLE REGULATIONS. THE SHIPPER HEREBY ACCEPTS THE RESPONSIBILITY FOR THE PROPER APPLICABLE REGULATIONS. THE SHIPPER HEREBY ACCEPTS THE RESPONSIBILITY FOR THE PROPER APPLICABLE REGULATIONS.</small></p> |
|--|----------------------|--|

|   |  |  |   |   |
|---|--|--|---|---|
| <b>FREIGHT CHARGES ARE PREPAID</b><br>IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | <b>CARRIER INSTRUCTIONS</b><br>SEE BELOW | *If the shipment moves between two parts by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."<br>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972 | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) |
|---|--|--|---|---|

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS        | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|---|----------|---------------|
| 1               | TRUCK         | X   | HAZARDOUS WASTE SOLID, N.O.S.<br>(Bis-2 Ethylhexyl Phthalate) | 34620    |               |

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.

|  |                                  |
|--|----------------------------------|
| <b>OLIN CORPORATION, Shipper</b><br>Per <i>Jim Martucci</i><br>Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355<br><b>SHIPPING POINT</b> | <i>Richard C. ...</i> Age<br>Per |
|--|----------------------------------|



**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM **OLIN CORPORATION**

|                           |                |  |
|---------------------------|----------------|--|
| AT<br>066<br>WILMINGTON   | DATE<br>1/7/83 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br>Jet Line Transit | VEHICLE NO.    | SHIPPER'S NO.<br>WO #78650                             |

|  |                      |  |
|--|----------------------|--|
| CONSIGNEE TO<br>SCA SERVICES INC<br>1550 BALMER ROAD<br>MODEL CITY, NY 14107   | CUSTOMER'S ORDER NO. | <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPO-<br/>SURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> |
| <p><small>THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED HEREIN, AND CONTAINS NO HAZARDOUS MATERIALS, UNLESS INDICATED OTHERWISE. THE CARRIER SHALL NOT BE RESPONSIBLE FOR THE PROTECTION OF THE PROPERTY UNDER THIS BILL OF LADING. THE CARRIER SHALL NOT BE RESPONSIBLE FOR THE PROTECTION OF THE PROPERTY UNDER THIS BILL OF LADING. THE CARRIER SHALL NOT BE RESPONSIBLE FOR THE PROTECTION OF THE PROPERTY UNDER THIS BILL OF LADING. THE CARRIER SHALL NOT BE RESPONSIBLE FOR THE PROTECTION OF THE PROPERTY UNDER THIS BILL OF LADING.</small></p> |                      |  |

|                             |   |                                   |  |   |   |
|-----------------------------|---|-----------------------------------|--|---|---|
| FREIGHT CHARGES ARE PREPAID | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau. |
|                             | OLIN CORPORATION  | (SIGNATURE OF CONSIGNOR)          | (SIGNATURE OF CONSIGNOR)   | (SIGNATURE OF CONSIGNOR)  | (SIGNATURE OF CONSIGNOR)  |

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS        | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|---|----------|---------------|
| 1               | TRUCK         | X   | HAZARDOUS WASTE SOLID, N.O.S.<br>(Bis-2 Ethylhexyl Phthalate) | 47850    |               |

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.

**1** **OLIN CORPORATION, Shipper**  
Per *[Signature]*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

*[Signature]* Age \_\_\_\_\_  
Per \_\_\_\_\_

**SHIPPING POINT**



**STRAIGHT BILL OF LADING - SHORI FORM**

ORIGINAL NOT NEGOTIABLE.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM OLIN CORPORATION

|                                 |                |  |
|---------------------------------|----------------|--|
| AT 066<br>WILMINGTON            | DATE<br>1/7/83 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br><i>Jetline Transit</i> | VEHICLE NO.    | SHIPPER'S NO.<br>WO #78652                             |

|  |                      |  |
|--|----------------------|--|
| CONSIGNEE TO<br>SCA SERVICES INC.<br>1550 BALMER ROAD<br>MODEL CITY, NY 14107  | CUSTOMER'S ORDER NO. | <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPO-<br/>SURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> <p><small>THE PROPERTY DESCRIBED BELOW IS APPARENT GOOD ORDER, EXCEPT AS NOTED. CONTENTS AND CONDITION IS SUBJECT TO INSPECTION AT THE TIME OF RECEIPT AND IS NOT GUARANTEED BY THE CARRIER. THE CARRIER SHALL NOT BE RESPONSIBLE FOR THE LOSS OF OR DAMAGE TO THE PROPERTY DESCRIBED HEREIN UNLESS IT IS PROVEN THAT THE LOSS OR DAMAGE WAS CAUSED BY THE NEGLIGENCE OF THE CARRIER. THE CARRIER SHALL NOT BE RESPONSIBLE FOR THE LOSS OF OR DAMAGE TO THE PROPERTY DESCRIBED HEREIN UNLESS IT IS PROVEN THAT THE LOSS OR DAMAGE WAS CAUSED BY THE NEGLIGENCE OF THE CARRIER. THE CARRIER SHALL NOT BE RESPONSIBLE FOR THE LOSS OF OR DAMAGE TO THE PROPERTY DESCRIBED HEREIN UNLESS IT IS PROVEN THAT THE LOSS OR DAMAGE WAS CAUSED BY THE NEGLIGENCE OF THE CARRIER.</small></p> |
| <p><b>IF THE SHIPMENT MOVES BETWEEN TWO PORTS BY A CARRIER BY WATER, THE LAW REQUIRES THAT THE BILL OF LADING SHALL STATE WHETHER IT IS "CARRIER'S OR SHIPPER'S WEIGHT."</b></p> <p><i>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972</i></p> |                      |  |

|                             |   |                                   |  |   |
|-----------------------------|---|-----------------------------------|--|---|
| FREIGHT CHARGES ARE PREPAID | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO:<br>OLIN CORPORATION<br>120 LONG RIDGE ROAD, P.O. BOX 876<br>STAMFORD, CT. 06904-0876<br>ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW | <p>Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:</p> <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges</p> <p>OLIN CORPORATION<br/>(SIGNATURE OF CONSIGNOR)</p> | <p>This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.</p> <p>OLIN CORPORATION<br/>(SIGNATURE OF CONSIGNOR)</p> |
|-----------------------------|---|-----------------------------------|--|---|

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS        | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|---|----------|---------------|
| 1               | TRUCK         | X   | HAZARDOUS WASTE SOLID, N.O.S.<br>(Bis-2 Ethylhexyl Phthalate) | 42620    |               |

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.

1 **OLIN CORPORATION** Shipper  
Per *Jim Hartman*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355

Per *Charles Heger* Age  
0041-1239

SHIPPING POINT



**STRAIGHT BILL OF LADING - SHORT FORM**

ORIGINAL-NOT NEGOTIABLE.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

FROM **OLIN CORPORATION**

|                                 |                |  |
|---------------------------------|----------------|--|
| AT 066<br>WILMINGTON            | DATE<br>1/7/83 | PAGE<br>DO NOT SUBMIT FREIGHT BILL WITHOUT THIS NUMBER |
| ROUTE<br><i>Jetline Transit</i> | VEHICLE NO.    | SHIPPER'S NO.<br>WO #78654                             |

|   |                      |   |
|---|----------------------|---|
| CONSIGNEE TO<br>SCA SERVICES INC<br>1550 BALMER ROAD<br>MODEL CITY, NY 14107  | CUSTOMER'S ORDER NO. | <p><b>FOR CHEMICAL EMERGENCY-<br/>SPILL, LEAK, FIRE, EXPO-<br/>SURE OR ACCIDENT, CALL:<br/>CHEMTREC-DAY OR NIGHT:<br/>800-424-9300</b></p> <p><small>THE PROPERTY DESCRIBED BELOW IN APPLICABLE TARIFFS, EXCEPT AS OTHERWISE INDICATED, IS SUBJECT TO THE UNLAWFUL MARKED CONTRACT AND IS SUBJECT TO THE TARIFFS AND CONDITIONS OF THE TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING. THE CARRIER SHALL BE RESPONSIBLE FOR THE PROPER CLASSIFICATION OF THE PROPERTY AND THE TARIFFS APPLICABLE TO THE PROPERTY. THE CARRIER SHALL NOT BE RESPONSIBLE FOR THE PROPER CLASSIFICATION OF THE PROPERTY IF THE PROPERTY IS NOT PROPERLY CLASSIFIED BY THE SHIPPER AND ACCEPTED FOR SHIPMENT BY THE CARRIER. THE CARRIER SHALL NOT BE RESPONSIBLE FOR THE PROPER CLASSIFICATION OF THE PROPERTY IF THE PROPERTY IS NOT PROPERLY CLASSIFIED BY THE SHIPPER AND ACCEPTED FOR SHIPMENT BY THE CARRIER. THE CARRIER SHALL NOT BE RESPONSIBLE FOR THE PROPER CLASSIFICATION OF THE PROPERTY IF THE PROPERTY IS NOT PROPERLY CLASSIFIED BY THE SHIPPER AND ACCEPTED FOR SHIPMENT BY THE CARRIER.</small></p> |
| <p><b>IF CHARGES ARE PREPAID MAIL<br/>PREPAID FREIGHT BILL TO:<br/>OLIN CORPORATION<br/>120 LONG RIDGE ROAD, P.O. BOX 876<br/>STAMFORD, CT. 06904-0876<br/>ACCOUNTS PAYABLE</b></p> |                      |   |

|                             |   |                                   |  |   |   |
|-----------------------------|---|-----------------------------------|--|---|---|
| FREIGHT CHARGES ARE PREPAID | IF CHARGES ARE PREPAID MAIL PREPAID FREIGHT BILL TO: OLIN CORPORATION 120 LONG RIDGE ROAD, P.O. BOX 876 STAMFORD, CT. 06904-0876 ACCOUNTS PAYABLE | CARRIER INSTRUCTIONS<br>SEE BELOW | * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether, it is "carrier's or shipper's weight."<br>Note-Where the rate is dependent on released value the agreed or declared value of the property is hereby stated by the shipper to be not exceeding 150 CENTS PER POUND OR ANY OTHER LEVEL AUTHORIZED BY RRO-MC-972 | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:<br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) | This shipment is correctly described. Gross weights of this shipment are correct as shown herein and subject to verification by the governing Weighing and Inspection Bureau.<br>OLIN CORPORATION<br>(SIGNATURE OF CONSIGNOR) |
|-----------------------------|---|-----------------------------------|--|---|---|

| NO. OF PACKAGES | KIND OF PKGS. | HM. | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS        | * WEIGHT | CLASS OR RATE |
|-----------------|---------------|-----|---|----------|---------------|
| 1               | TRUCK         | X   | HAZARDOUS WASTE SOLID, N.O.S.<br>(Bis-2 Ethylhexyl Phthalate) | 36040    |               |

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.

**OLIN CORPORATION, Shipper**  
Per *[Signature]*  
Permanent post-office address of shipper, 120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT. 06904-1355  
SHIPPING POINT

*[Signature]* Agee  
Per

0041-1241

CD 3050 (REV. 1/82)

SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. PAGE 2



FROM EASTERN DIVISION  
103 BOXFORD ROAD  
ROWLEY, MASS. 01969

INVOICE NO.  
11-01-1414

DATE  
11-25-83

TO OLIN CHEMICAL CORP  
51 EAMES ST  
WILMINGTON MA 01887

ACCOUNT NO.  
151400  
BALANCE DUE  
1,806.23

CHECK NUMBER  
[ ]  
AMOUNT PAID  
[ ]

REMIT TO SCA DISPOSAL SER OF N.E. 888113015140050180623000000  
DEPT. 98007-E-113  
LOUISVILLE, KY 40298  
EASTERN DIVISION

REFER ALL INQUIRIES TO: 800-892-0292 617-948-2495 ACCOUNT NO.: 151400  
113 SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. FOR  
EASTERN DIVISION  
103 BOXFORD ROAD OLIN CHEMICAL CORP  
ROWLEY, MASS. 01969

| DATE  | DESCRIPTION           | AMOUNT |
|-------|-----------------------|--------|
| 11/21 | WKLY SERV CHG         | 5600   |
|       | LOCATION TOTAL 534.12 |        |

OLIN CORP  
CHEMICALS GROUP  
DEC 7 1983  
Wilmington Accounting Dept.

TOTAL THIS INVOICE 534.12

|                   |          |          |         |         |         |         |
|-------------------|----------|----------|---------|---------|---------|---------|
| PREVIOUS BALANCES | 150 DAYS | 120 DAYS | 90 DAYS | 60 DAYS | 30 DAYS |         |
|                   | .00      | .00      | 591.93  | .00     | 680.18  | 1272.11 |

A LATE CHARGE OF 1% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 12%) WILL BE APPLIED TO ANY BALANCE DUE TO AVOID THE IMPOSITION OF A LATE CHARGE. PLEASE PAY THE AMOUNT DUE TO BEFORE YOUR NEXT CLOSING DATE.

180623

SERVICE MAY STOP ON ACCOUNTS PAST DUE.

PAID FOR CHANGE OF ADDRESS WILL APPEAR ON NEXT MONTH'S STATEMENT

0041-1242

FROM SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. PAGE 1  
 EASTERN DIVISION  
 103 BOXFORD ROAD  
 ROWLEY, MASS. 01969

INVOICE NO.  
 11-01-1414

DATE  
 11-25-83

ACCOUNT NO.  
 151400

BALANCE DUE  
 1,806.23



CHECK NUMBER

Empty box for check number and amount paid.

TO OLIN CHEMICAL CORP  
 51 EAMES ST  
 WILMINGTON MA 01887

REMIT TO

SCA DISPOSAL SER OF N.E. 888113015140050180623000000  
 DEPT. 98007-E-113  
 LOUISVILLE, KY 40298  
 EASTERN DIVISION

REFER ALL INQUIRIES TO: 800-892-0292 617-948-2495

ACCOUNT NO.:  
 151400  
 FOR

113 SCA DISPOSAL SERVICES OF NEW ENGLAND, INC.  
 EASTERN DIVISION  
 103 BOXFORD ROAD  
 ROWLEY, MASS. 01969

OLIN CHEMICAL CORP

| DATE  | DESCRIPTION                      | AMOUNT   |
|-------|----------------------------------|----------|
|       | OPENING BALANCE                  | 1,272.11 |
|       | PAYMENTS THRU 11-23              |          |
|       | SERVICE LOCATION 51 EAMES STREET |          |
| 10/31 | WKLY SERV CHG                    | 5600     |
| 11/01 | 215527 1 42YD COMP P/U           | 7500     |
| 11/01 | 215527 2.22 DUMP FEE PER TON     | 3663     |
| 11/07 | WKLY SERV CHG                    | 5600     |
| 11/14 | WKLY SERV CHG                    | 5600     |
| 11/18 | DELIVERY CHG.                    | 4000     |
| 11/18 | 205752 1 30YD P/U                | 7500     |
| 11/18 | 205752 5.06 DUMP FEE PER TON     | 8349     |

OLIN. CORP.  
 CHEMICALS GROUP  
 DEC 1 1983  
 Wilmington Accounting Dept.

TOTAL THIS INVOICE

CONTINUED

| PREVIOUS BALANCES | 120 DAYS | 120 DAYS | 90 DAYS | 90 DAYS | 60 DAYS |
|-------------------|----------|----------|---------|---------|---------|
|-------------------|----------|----------|---------|---------|---------|

A LATE CHARGE OF 1% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 12%) MAY BE IMPOSED ON ANY BALANCE NOT PAID WHEN DUE. TO AVOID THE IMPOSITION OF A LATE CHARGE, FULL PAYMENT OF THE AMOUNT DUE MUST BE RECEIVED BEFORE YOUR NEXT CLOSING DATE.

SERVICE MAY STOP ON ACCOUNTS PAST DUE.

0041-1243

0041-1244

**OLIN CORPORATION  
ACCOUNTS PAYABLE VOUCHER APRON**

CD 165-1 REV 7/58

| SPECIAL INSTRUCTIONS |                    |                 |                                |                                    |         |         | VENDOR NO.<br>00938401     |                      |
|----------------------|--------------------|-----------------|--------------------------------|------------------------------------|---------|---------|----------------------------|----------------------|
|                      |                    |                 |                                |                                    |         |         | 1-8                        |                      |
|                      |                    |                 |                                |                                    |         |         | VOUCHER NO.<br>LD 3112     |                      |
|                      |                    |                 |                                |                                    |         |         | 16-20                      |                      |
| GROSS<br>AMOUNT      | DISCOUNT<br>AMOUNT | NET<br>AMOUNT   | TRADE<br>RELATIONS<br>CODE     | ACCOUNTING CODE                    |         |         | MATERIAL<br>APPO. EXP. NO. | QUANTITY<br>CUSTOMER |
|                      |                    |                 |                                | GEN                                | LOC     | DET.    |                            |                      |
| (CR) 21 - 30         | 31 - 36            | 37 - 44         | 31 - 35                        | 36 - 39                            | 40 - 42 | 43 - 45 | 46 - 52                    | 53 - 62              |
| 53412                |                    |                 |                                | 916                                | 415     | 279     |                            |                      |
|                      |                    |                 |                                |                                    |         |         |                            |                      |
|                      |                    |                 |                                |                                    |         |         |                            |                      |
|                      |                    |                 |                                |                                    |         |         |                            |                      |
|                      |                    |                 |                                |                                    |         |         |                            |                      |
|                      |                    |                 |                                |                                    |         |         |                            |                      |
|                      |                    |                 | INVOICE NO. OR DATE<br>0112114 | DUE DATE<br>12-31-58               |         |         | KEY PUNCHED                |                      |
| (CR) 21 - 30         | 31 - 36            | 37 - 44         | 45 - 50                        | 51 - 54                            |         |         |                            |                      |
| PROCESSING<br>PK     | CODE AUDIT         | EXTENSIONS<br>/ |                                | VOUCHER APPROVAL<br>R. [Signature] |         |         | VERIFIED                   |                      |

**INVOICE APPROVAL**

OC-217 REV 11/76

**INSTRUCTIONS:**

1. See CSP No. 5 for instructions to complete this form.
2. Sign with full signature in ink in space provided.
3. Person approving payment must be the supervisor of the person authorizing payment, or have direct or general responsibility for the department charged, and must have an appropriate Grant of Operating Authority (invoice approval).
4. Not to be used for equipment, materials, or services covered by Purchasing and Receiving Procedure, CSP No. 19.

|  |              |                               |  |                         |
|--|--------------|-------------------------------|--|-------------------------|
| INVOICE RECEIVED FROM<br><b>SCA SERVICES</b> |              | INVOICE DATE<br><b>112583</b> | INVOICE NO.<br><b>01:414</b>   | AMOUNT<br><b>534.12</b> |
| CHARGE ACCOUNT NUMBER<br><b>9166-465-239</b> |              | DEPARTMENT                    | LOCATION<br><b>Wilmington</b>  |                         |
| FOR ACCOUNTING USE ONLY                      |              |                               | AUTHORIZATION FOR PAYMENT  |                         |
| ACCOUNTING CODE NUMBER                       | DEBIT AMOUNT | CREDIT AMOUNT                 | I certify the attached invoice represents a correct and proper charge to Olin. |                         |
|  |              |                               | SIGNATURE <b>PK [Signature]</b> DATE <b>12/14/83</b>                           |                         |
|  |              |                               | APPROVAL<br>SIGNATURE <b>MT [Signature]</b> DATE <b>12/14/83</b>               |                         |



SCA DISPOSAL SERVICES OF N.E., INC.  
EASTERN DIVISION  
103 BOXFORD ROAD  
ROWLEY, MA 01969  
1-800-882-0292

SERVICE TICKET  
NO. **215527**

CUST. NO. \_\_\_\_\_ LOC. NO. \_\_\_\_\_ SERVICE DATE **11/1/83**

SERVICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

CUSTOMER NAME: **OLIN Chemical**

ADDRESS: \_\_\_\_\_ PO # \_\_\_\_\_ PHONE: \_\_\_\_\_

RTE. NO. \_\_\_\_\_ TRUCK NO. **254** MILES EMPLOY \_\_\_\_\_

TIME \_\_\_\_\_ DISP. SITE \_\_\_\_\_

| TRANS CODE  | QUANTITY | AMOUNT | DESCRIPTION                | GL                   | TAX |
|---|----------|--------|----------------------------|----------------------|-----|
| ARRIVE CUST: <b>140</b>                           |          |        | LEAVE CUST:                |                      |     |
| DISPOSAL SITE: <b>44666111</b>                    |          |        | ARRIVE: _____ LEAVE: _____ |                      |     |
| ARRIVE CUST: _____                                |          |        | LEAVE CUST: _____          |                      |     |
| DOWN TIME: _____                                  |          |        |                            |                      |     |
| REMARKS: <b>1/2 hour waiting for truck in way</b> |          |        |                            |                      |     |
| DRIVER'S SIGNATURE                                |          |        |                            | DATE: <b>11/1/83</b> |     |
| CUSTOMER'S SIGNATURE                              |          |        |                            | DATE: <b>11/1/83</b> |     |



Solid Waste Services of N.E., Inc.  
Essex Road • Rowley, MA 01969  
(617) 918-2495

Haverhill Landfill

*Old Chemical*

Customer Name \_\_\_\_\_

Customer No. \_\_\_\_\_

Truck No. \_\_\_\_\_

Compacted

Truck Yards \_\_\_\_\_

Loose

Other Describe \_\_\_\_\_

Received By \_\_\_\_\_  
Form 103

By \_\_\_\_\_

Driver

0041-1246



SCA Disposal Services of N.E., Inc.  
 Bedford Road • Rowley, MA 01869  
 Tel: (617) 878-2495

Haverhill Landfill

Customer Name \_\_\_\_\_

Customer No. \_\_\_\_\_ Truck No. \_\_\_\_\_

Compacted Truck Yards \_\_\_\_\_

Loose \_\_\_\_\_

Other Describe \_\_\_\_\_

Received By \_\_\_\_\_ By \_\_\_\_\_ Driver \_\_\_\_\_

Form 103

0041-1247

SCA DISPOSAL SER OF N.E. PER 113015-4005012711000001  
 DEPT. 800-892-118  
 LOUISVILLE, KY 40299  
 EASTERN DIVISION

113 SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. 151900  
 EASTERN DIVISION  
 103 SOXFORD ROAD  
 ROCKLEY, MASS. 01959 MTH CHEMICAL CORP

|                |        |      |                         |        |
|----------------|--------|------|-------------------------|--------|
| 10/21          | 213592 | 1    | 42YD COMP R/U           | 7500   |
| 10/21          | 213592 | 4.73 | DUMP FEE PER TON        | 7905   |
| 10/24          |        |      | WASTE HANDLING SERV CHG | 5000   |
| LOCATION TOTAL |        |      |                         | 580.15 |

OLIN. CORP  
 CHEMICALS GROUP  
 NOV 08 1983  
 Wilmington Accounting Dept.

|   |          |          |         |         |         |
|---|----------|----------|---------|---------|---------|
| TOTAL THIS INVOICE  |          |          |         |         | 68018   |
| PREVIOUS BALANCES   | 150 DAYS | 120 DAYS | 90 DAYS | 60 DAYS | 30 DAYS |
|   | .00      | .00      | .00     | 591.93  | .00     |
| A LATE CHARGE OF 7 1/2% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 12%) MAY BE IMPOSED ON ANY BALANCE NOT PAID WITHIN 15 DAYS OF THE DATE OF A LATE CHARGE. FULL PAYMENT OF THE AMOUNT DUE MUST BE MADE BEFORE YOUR NEXT CLOSING DATE. |          |          |         |         | 127211  |
| SERVICE MAY STOP ON ACCOUNTS PAST DUE.  |          |          |         |         |         |

11-22-83

1,272.11

SCA DISPOSAL SER OF N.E. 36411301-1-3050127211000000  
DEPT. 1101-113  
LEWISVILLE, NY 10201  
EASTERN DIVISION

113 SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. 151400  
EASTERN DIVISION  
103 BOARDMAN ROAD  
FIDLEY, ME 01029 OLIN-CHEMICAL CORP

OPERATING BALANCE 2,054.67  
PAYMENTS THRU 10-27 1,220.07 CR  
ADJUSTMENTS 242.67 CR

SERVICE LOCATION: 51 EAMES STREET  
9/26 205759 1 42YD. COMP P/U  
9/26 205759 4.97 DUMP FEE PER TON  
10/03 MTHLY SERV CHG  
10/06 205760 1 42YD. COMP P/U  
10/06 205760 4.31 DUMP FEE PER TON  
10/10 MTHLY SERV CHG  
10/17 MTHLY SERV CHG

OLIN CORP  
CHEMICALS GROUP  
NOV 08 1983  
Wilmington Accounting Dept  
1500  
16201  
17500  
17112  
5600  
5600

TOTAL THIS INVOICE

CONTINUE

| PREVIOUS BALANCES | 150 DAYS | 120 DAYS | 90 DAYS | 60 DAYS | 30 DAYS |
|-------------------|----------|----------|---------|---------|---------|
|                   |          |          |         |         |         |

A LATE CHARGE OF 1% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 12%) MAY BE IMPOSED ON ANY BALANCE NOT PAID WHEN DUE. TO AVOID THE IMPOSITION OF A LATE CHARGE, FULL PAYMENT OF THE AMOUNT DUE MUST BE RECEIVED BEFORE YOUR NEXT CLOSING DATE.

SERVICE MAY STOP ON ACCOUNTS PAST DUE.

PAYMENTS FOR SERVICES NOT STOWN WILL BE CHARGED TO YOU.



17 14833

SCA Disposal Services of N.E., Inc.  
Boxford Road • Rowley, MA 01969  
(617) 948-2495

Haverhill Landfill

IDENT 5  
WEIGHT 4200 LB  
TIME 12:24 DATE 09/26/83

IDENT 5  
GROSS 42600 LB  
TARE 32668 LB  
NET 9948 LB  
TIME 12:29 DATE 09/26/83

Customer Name FO +

Customer No. 75277 Truck No. 72

- Compacted
  - Loose
  - Other Describe
- Truck Yards 07

Received By R. Martin By R. Martin Driver

Form 103



SCA Disposal Services of N.E., Inc.  
 Boxford Road • Rowley, MA 01969  
 (617) 948-2495

Haverhill Landfill

IDENT \_\_\_\_\_  
 WEIGHT IN \_\_\_\_\_  
 TIME 10:45  
 IDENT \_\_\_\_\_  
 GROSS 45123 LB  
 TARE 33500 LB  
 NET 11623 LB  
 TIME 11:00

*OLM*

Customer Name \_\_\_\_\_

Customer No. \_\_\_\_\_ Truck No. \_\_\_\_\_

- Compacted
- Loose
- Other Describe \_\_\_\_\_

Truck Yards \_\_\_\_\_

Received By \_\_\_\_\_ By \_\_\_\_\_ Driver

Form 103



SCA Disposal Services of N.E., Inc.  
 Boxford Road • Rowley, MA 01969  
 (617) 948-2495

Haverhill Landfill

IDENT 3  
 NET WT 42388 LB  
 TIME 07:03 DATE 11/21/88

IDENT 3  
 GROSS 42388 LB  
 TARE 32828 LB  
 NET 9460 LB  
 TIME 07:28 DATE 11/21/88

Customer Name Truck

Customer No. 292115

Truck No. 1000

Compacted

Truck Yards 10

Loose

Other Describe \_\_\_\_\_

Received By \_\_\_\_\_

By [Signature]

Driver

Form 103

**OLIN CORPORATION**  
**ACCOUNTS PAYABLE VOUCHER AFRON**

CD 165-1 REV 7/58

| SPECIAL INSTRUCTIONS |                 |                 |                               |                                       |                    |       | VENDOR NO.<br>19006987  |                   |
|----------------------|-----------------|-----------------|-------------------------------|---------------------------------------|--------------------|-------|-------------------------|-------------------|
|                      |                 |                 |                               |                                       |                    |       | VOUCHER NO.<br>K0437    |                   |
|                      |                 |                 |                               |                                       |                    |       | 16-20                   |                   |
| GROSS AMOUNT         | DISCOUNT AMOUNT | NET AMOUNT      | TRADE RELATIONS CODE          | ACCOUNTING CODE                       |                    |       | MATERIAL APPO, EXP. NO. | QUANTITY CUSTOMER |
|                      |                 |                 |                               | GEN                                   | LOC                | DET   |                         |                   |
| (CR) 21-30           | 31-36           | 37-44           | 31-35                         | 35-39                                 | 40-42              | 43-45 | 45-52                   | 53-62             |
| 680.18               |                 |                 |                               | 966                                   | 465                | 239   |                         |                   |
|                      |                 |                 |                               |                                       |                    |       |                         |                   |
|                      |                 |                 |                               |                                       |                    |       |                         |                   |
|                      |                 |                 |                               |                                       |                    |       |                         |                   |
|                      |                 |                 |                               |                                       |                    |       |                         |                   |
|                      |                 |                 |                               |                                       |                    |       |                         |                   |
|                      |                 |                 | INVOICE NO. OR DATE<br>011423 |                                       | DUE DATE<br>120183 |       | KEY PUNCHED             |                   |
| (CR) 21-30           | 31-36           | 37-44           | 45-50                         |                                       | 51-54              |       |                         |                   |
| PROCESSING<br>PK     | CODE AUDIT      | EXTENSIONS<br>✓ |                               | VOUCHER APPROVAL<br>L. J. [Signature] |                    |       | VERIFIED                |                   |

SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. PAGE 1

FROM

EASTERN DIVISION  
103 BOXFORD ROAD  
ROWLEY, MASS. 01969

INVOICE NO.  
6-01-1236



DATE  
6-17-83

TO

OLIN CHEMICAL CORP  
51 EAMES ST  
WILMINGTON MA 01887

ACCOUNT NO.  
151400

BALANCE DUE  
2,577.67

CHECK NUMBER

OPENING BALANCE

REMIT TO

SCA DISPOSAL SER OF N.E. 888113015140050257767000000  
DEPT. 98007-E-113  
LOUISVILLE, KY 40298  
EASTERN DIVISION

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. TERMS NET 15 DAYS

REFER ALL INQUIRIES TO: 800-892-0292 617-948-2495

ACCOUNT NO.:

113 SCA DISPOSAL SERVICES OF NEW ENGLAND, INC.

151400

EASTERN DIVISION

FOR



103 BOXFORD ROAD  
ROWLEY, MASS. 01969

OLIN CHEMICAL CORP

| DATE | DESCRIPTION                      | AMOUNT   |
|------|----------------------------------|----------|
|      | OPENING BALANCE                  | 1,941.53 |
|      | PAYMENTS THRU 6-16               |          |
|      | SERVICE LOCATION 51 EAMES STREET |          |
| 5/30 | WKLY SERV CHG                    | 4000 ✓   |
| 6/06 | WKLY SERV CHG                    | 4000 ✓   |
| 6/07 | 203249 1 42YD COMP P/U           | 7500 ✓   |
| 6/07 | 203249 7.18 DUMP FEE PER TON     | 11847 ✓  |
| 6/13 | WKLY SERV CHG.                   | 4000 ✓   |
| 6/20 | WKLY SERV CHG                    | 4000 ✓   |
| 6/27 | WKLY SERV CHG                    | 4000 ✓   |
| 6/30 | MTHLY SERV CHG                   | 24267 ✓  |
|      | LOCATION TOTAL                   | 636.14   |

TOTAL THIS INVOICE →

636.14

| PREVIOUS BALANCES | 150 DAYS | 120 DAYS | 90 DAYS | 60 DAYS | 30 DAYS |         |
|-------------------|----------|----------|---------|---------|---------|---------|
|                   | .00      | .00      | 417.41  | 749.12  | 775.00  | 1941.53 |

A LATE CHARGE OF 1 1/2% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%) MAY BE IMPOSED ON ANY BALANCE NOT PAID WHEN DUE. TO AVOID THE IMPOSITION OF A LATE CHARGE, FULL PAYMENT OF THE AMOUNT DUE MUST BE RECEIVED BEFORE YOUR NEXT CLOSING DATE.

25 7767

BALANCE DUE

SWEPPING SERVICES ARE NOW AVAILABLE  
CALL FOR FREE ESTIMATE

PAYMENTS OR CHARGES NOT SHOWN WILL APPEAR ON NEXT MONTH'S STATEMENT

0041-1254

Weighed on WEBB scales

*W. G. Olin*

Date 147 JAN  
32 000

Ticket No. 5-176

Gross

Material Beans

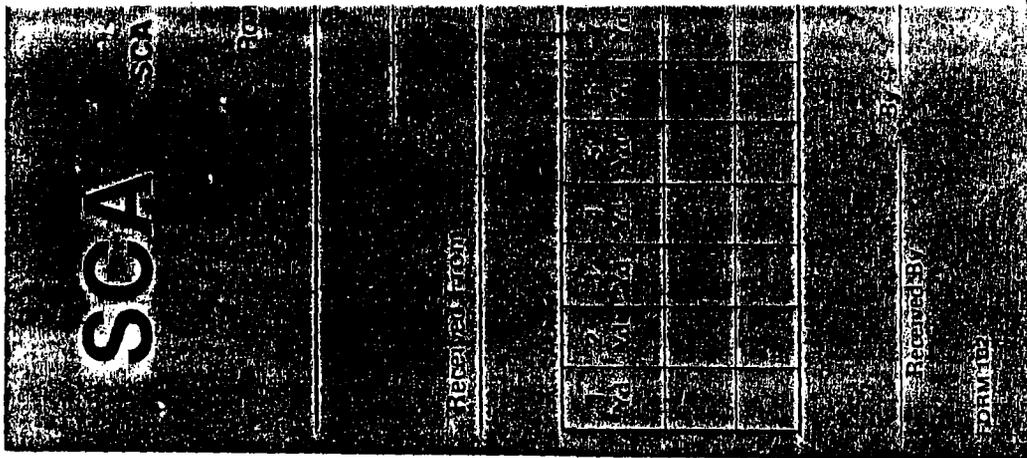
Tare

From 11/15

To 11/15

14360 Net

Weigher 11/15





# SCA

SCA Disposal Services  
of N.E., Inc.

Boxford Road  
Rowley, Mass. 01969  
(617) 948-2495

Received From G. D. Lin May 4 1983

|                          |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |    |    |             |           |
|--------------------------|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|----|----|-------------|-----------|
| 1                        | Yd | 2 | Yd | 3 | Yd | 4 | Yd | 5 | Yd | 6 | Yd | 7 | Yd | 8 | Yd | 9 | Yd | 10 | Yd | Other Sizes | Loose Yds |
| Align on on Street Sided |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |    |    |             |           |
| 42 yd concrete           |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |   |    |    |    |             |           |

Received By [Signature] Driver

FORM 102

## INVOICE APPROVAL

OC-217 REV 11/76

### INSTRUCTIONS:

1. See CSP No. 5 for instructions to complete this form.
2. Sign with full signature in ink in space provided.
3. Person approving payment must be the supervisor of the person authorizing payment, or have direct or general responsibility for the department charged, and must have an appropriate Grant of Operating Authority (invoice approval).
4. Not to be used for equipment, materials, or service covered by Purchasing and Receiving Procedure, CSP No. 19.

|  |              |               |  |                               |                         |
|--|--------------|---------------|--|-------------------------------|-------------------------|
| INVOICE RECEIVED FROM<br><u>SCA SERVICES</u> |              |               | INVOICE DATE<br><u>06/17/83</u>  | INVOICE NO.<br><u>011236</u>  | AMOUNT<br><u>636.14</u> |
| CHARGE ACCOUNT NUMBER<br><u>966-465-239</u>  |              | DEPARTMENT    |  | LOCATION<br><u>Wilmington</u> |                         |
| FOR ACCOUNTING USE ONLY                      |              |               | AUTHORIZATION FOR PAYMENT  |                               |                         |
| ACCOUNTING CODE NUMBER                       | DEBIT AMOUNT | CREDIT AMOUNT | I certify the attached invoice represents a correct and proper charge to Olin. |                               |                         |
|  |              |               | SIGNATURE <u>PK [Signature]</u> DATE <u>7/26/83</u>                            |                               |                         |
|  |              |               | APPROVAL SIGNATURE <u>MT [Signature]</u> DATE <u>7/27/83</u>                   |                               |                         |

SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. PAGE 2  
 EASTERN DIVISION  
 103 BOXFORD ROAD  
 ROWLEY, MASS. 01969

HHH  
 SCA 121  
 SERVICES

INVOICE NO.  
 5-01-1193  
 DATE  
 5-27-83  
 ACCOUNT NO.  
 151400  
 BALANCE DUE  
 1,941.53

TO OLIN CHEMICAL CORP  
 51 EAMES ST  
 WILMINGTON MA 01887

CHECK NUMBER  
 [ ]  
 [ ]

PERMIT TO SCA DISPOSAL SER OF N.E. 888113015140050194153000000  
 DEPT. 98007-E-113  
 LOUISVILLE, KY 40298  
 EASTERN DIVISION

REFER ALL INQUIRIES TO: 800-892-0292 617-948-2495 ACCOUNT NO: 151400 FOR  
 113 SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. OLIN CHEMICAL CORP  
 EASTERN DIVISION  
 103 BOXFORD ROAD  
 ROWLEY, MASS. 01969

| DATE | DESCRIPTION    | AMOUNT  |
|------|----------------|---------|
| 5/23 | WKLY SERV CHG  | 4000 ✓  |
| 5/31 | MTHLY SERV CHG | 24267 ✓ |
|      | LOCATION TOTAL | 775.00  |

**Clin Corp.**  
 Chemicals Group  
 JUN 9 1983  
 51 EAMES ST.  
 WILMINGTON, MA 01887

|                    |          |          |         |         |         |
|--------------------|----------|----------|---------|---------|---------|
| TOTAL THIS INVOICE |          |          |         |         | 775.00  |
| PREVIOUS BALANCES  | 150 DAYS | 120 DAYS | 90 DAYS | 60 DAYS | 30 DAYS |
|                    | .00      | .00      | .00     | 417.41  | 749.12  |
|                    |          |          |         |         | 116653  |

A LATE CHARGE OF 1 1/2% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%) MAY BE IMPOSED ON ANY BALANCE NOT PAID WHEN DUE. TO AVOID THE IMPOSITION OF A LATE CHARGE, FULL PAYMENT OF THE AMOUNT DUE MUST BE RECEIVED BEFORE YOUR NEXT CLOSING DATE.

**SERVICE MAY STOP ON ACCOUNTS PAST DUE**

PAYMENTS AND CHARGES NOT SHOWN WILL APPEAR ON NEXT STATEMENT

0041-1258

FROM SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. PAGE 1  
 EASTERN DIVISION  
 103 BOXFORD ROAD  
 ROWLEY, MASS. 01969

INVOICE NO  
 5-01-1193



TO OLIN CHEMICAL CORP  
 51 EAMES ST  
 WILMINGTON MA 01887

DATE  
 5-27-03  
 ACCOUNT NO.  
 151400  
 BALANCE DUE  
 1,941.53

DATE PAID SER  
 [ ]  
 [ ]

REMIT TO  
 SCA DISPOSAL SER OF N.E.  
 DEPT. 98007-E-113  
 LOUISVILLE, KY 40298  
 EASTERN DIVISION

88811301514005019415300000

PLEASE AND RETURN THIS PORTION WITH YOUR PAYMENT. TERMS NET 30 DAYS

REFER ALL INQUIRIES TO: 800-892-0292 617-948-2495  
 113 SCA DISPOSAL SERVICES OF NEW ENGLAND, INC.  
 EASTERN DIVISION  
 103 BOXFORD ROAD  
 ROWLEY, MASS. 01969

ACCOUNT NO.:  
 151400  
 FOR

OLIN CHEMICAL CORP

| DATE | DESCRIPTION                      | AMOUNT   |
|------|----------------------------------|----------|
|      | OPENING BALANCE                  | 1,166.53 |
|      | PAYMENTS THRU 5-26               |          |
|      | SERVICE LOCATION 51 EAMES STREET |          |
| 5/02 | WKLY SERV CHG                    | 4000 ✓   |
| 5/09 | WKLY SERV CHG                    | 4000 ✓   |
| 5/10 | 201089 1 42YD COMP P/U           | 7500 ✓   |
| 5/10 | 201089 7.92 DUMP FEE PER TON     | 13068 ✓  |
| 5/11 | 1 30YD P/U                       | 7500 ✓   |
| 5/11 | 3.13 DUMP FEE PER TON            | 5165 ✓   |
| 5/11 | RENT 4/28-5/11                   | 4000 ✓   |
| 5/16 | WKLY SERV CHG                    | 4000 ✓   |

TOTAL THIS INVOICE

CONTINUED

| PREVIOUS BALANCES | 150 DAYS | 120 DAYS | 90 DAYS | 60 DAYS | 30 DAYS |
|-------------------|----------|----------|---------|---------|---------|
|-------------------|----------|----------|---------|---------|---------|

A LATE CHARGE OF 1 1/2% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%) MAY BE IMPOSED ON ANY BALANCE NOT PAID WHEN DUE. TO AVOID THE IMPOSITION OF A LATE CHARGE, FULL PAYMENT OF THE AMOUNT DUE MUST BE RECEIVED BEFORE YOUR NEXT CLOSING DATE.

SERVICE MAY STOP ON ACCOUNTS PAST DUE

PAYMENTS OR CHARGES NOT SHOWN WILL APPEAR ON NEXT MONTH'S STATEMENT

0041-1259





7029  
**SCA Disposal Services of N.E., Inc.**  
 Boxford Road • Rowley, MA 01969  
 (617) 948-2495

Haverhill Landfill

*Old Jen*  
 170  
 1870  
 1870

---

Customer Name \_\_\_\_\_  
 Customer Number \_\_\_\_\_  
 Transaction Code \_\_\_\_\_ Truck No. \_\_\_\_\_

Compacted      Truck Yards \_\_\_\_\_  
 Loose  
 Other Describe *roll off*

Received By *JD* By *A. Matis*  
 Driver

Form 103

**DLIN CORPORATION  
ACCOUNTS PAYABLE VOUCHER APRON**

FD 165-1 REV 7/58

SPECIAL INSTRUCTIONS

|                                      |
|--------------------------------------|
| VENDOR NO.<br><b>19006950</b><br>1-8 |
| VOUCHER NO.<br><b>67392</b><br>16-20 |

| GROSS AMOUNT             | DISCOUNT AMOUNT | NET AMOUNT             | TRADE RELATIONS CODE                      | ACCOUNTING CODE                      |            |                           | MATERIAL APPO. EXP. NO. | QUANTITY CUSTOMER |
|--------------------------|-----------------|------------------------|---|--------------------------------------|------------|---------------------------|-------------------------|-------------------|
|                          |                 |                        |   | GEN                                  | LOC        | DET.                      |                         |                   |
| (CR) 21-30               | 31-36           | 37-44                  | 31-35                                     | 36-39                                | 40-42      | 43-45                     | 46-52                   | 53-62             |
| <b>775.00</b>            |                 |                        |   | <b>966</b>                           | <b>465</b> | <b>239</b>                |                         |                   |
|                          |                 |                        |   |                                      |            |                           |                         |                   |
|                          |                 |                        |   |                                      |            |                           |                         |                   |
|                          |                 |                        |   |                                      |            |                           |                         |                   |
|                          |                 |                        |   |                                      |            |                           |                         |                   |
|                          |                 |                        |   |                                      |            |                           |                         |                   |
| (CR) 21-30               | 31-36           | 37-44                  | 45-50                                     | INVOICE NO. OR DATE<br><b>011193</b> |            | DUE DATE<br><b>080383</b> |                         | KEY PUNCHED       |
| PROCESSING<br><b>PLG</b> | CODE AUDIT      | EXTENSIONS<br><b>✓</b> | VOUCHER APPROVAL<br><b>P. [Signature]</b> |                                      | VERIFIED   |                           |                         |                   |

0041-1262



SCA DISPOSAL SERVICES OF MA, INC.  
 EASTERN DIVISION  
 103 BOXFORD ROAD  
 ROWLEY, MA 01909  
 1-800-892-0292

SERVICE  
 TICKET

NO 201089

RECEIVING RECORD

9056

CUST. NO. \_\_\_\_\_ LOC. NO. \_\_\_\_\_ SERVICE DATE \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_

**BILLING INFORMATION**

CUSTOMER NAME \_\_\_\_\_ PO # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

RTE. NO. \_\_\_\_\_ TRUCK NO. \_\_\_\_\_ MILES \_\_\_\_\_

TIME \_\_\_\_\_ DISP. SITE \_\_\_\_\_ EMPLOY \_\_\_\_\_

| TRANS CODE | QUANTITY | AMOUNT | DESCRIPTION | GL | TAX |
|------------|----------|--------|-------------|----|-----|
|            |          |        |             |    |     |
|            |          |        |             |    |     |
|            |          |        |             |    |     |
|            |          |        |             |    |     |

ARRIVE CUST.: \_\_\_\_\_ LEAVE CUST.: \_\_\_\_\_

DISPOSAL SITE: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ LEAVE: \_\_\_\_\_

ARRIVE CUST.: \_\_\_\_\_ LEAVE CUST.: \_\_\_\_\_

DOWN TIME: \_\_\_\_\_

REMARKS: \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CUSTOMER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CUST SITE \_\_\_\_\_

SCA-SERV

TRASH-OUT

014840LB METC

TRANSACTION 000030 030580LB TR

00 03:48PM MAY 10 83 || 045420LB || GR

SCA-SERV

TRASH-PICK-UP

00 02:24PM MAY 10 83 || 030580LB ||

WILSON JONES  
 RECEIVING RECORD

RECEIVED BY  
 \_\_\_\_\_

Received  
 by \_\_\_\_\_

Wilson Jones  
 RECEIVING RECORD

Original

0041-1263

**INVOICE APPROVAL**

OC-217 REV 11/76

**INSTRUCTIONS:**

1. See CSP No. 5 for instructions to complete this form.
2. Sign with full signature in ink in space provided.
3. Person approving payment must be the supervisor of the person authorizing payment, or have direct or general responsibility for the department charged, and must have an appropriate Grant of Operating Authority (invoice approval).
4. Not to be used for equipment, materials, or services covered by Purchasing and Receiving Procedure, CSP No. 19.

|  |              |               |   |                               |                         |
|--|--------------|---------------|---|-------------------------------|-------------------------|
| INVOICE RECEIVED FROM<br><b>SCA Services</b> |              |               | INVOICE DATE<br><b>052783</b>   | INVOICE NO.<br><b>011193</b>  | AMOUNT<br><b>775.00</b> |
| CHARGE ACCOUNT NUMBER<br><b>966-465-239</b>  |              | DEPARTMENT    |   | LOCATION<br><b>Wilmington</b> |                         |
| FOR ACCOUNTING USE ONLY                      |              |               | AUTHORIZATION FOR PAYMENT<br><i>I certify the attached invoice represents a correct and proper charge to Olin.</i><br><br>SIGNATURE <b>P. S. Kane</b> DATE <b>7/26/83</b> |                               |                         |
| ACCOUNTING CODE NUMBER                       | DEBIT AMOUNT | CREDIT AMOUNT |   |                               |                         |
|  |              |               |   |                               |                         |
|  |              |               |   |                               |                         |
|  |              |               |   |                               |                         |
| APPROVAL<br><b>MT</b>                        |              |               | SIGNATURE <b>M. D. [Signature]</b> DATE <b>7/27/83</b>  |                               |                         |



SCA DISPOSAL SERVICES OF NEW, INC.  
 EASTERN DIVISION  
 103 BOXFORD ROAD  
 ROWLEY, MA 01969  
 1-800-892-0292

SERVICE  
 TICKET

RECEIVING RECEIPT

NO 201089

9056

CUST. NO. \_\_\_\_\_ LOC. NO. \_\_\_\_\_ SERVICE DATE 5/10/83

SERVICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_

**BILLING INFORMATION**

CUSTOMER NAME \_\_\_\_\_ PO # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

RTE. NO. \_\_\_\_\_ TRUCK NO. 555 MILES \_\_\_\_\_  
 TIME \_\_\_\_\_ DISP. SITE 555 EMPLOY \_\_\_\_\_

| TRANS CODE | QUANTITY | AMOUNT | DESCRIPTION | GL | TAX |
|------------|----------|--------|-------------|----|-----|
|            |          |        |             |    |     |
|            |          |        |             |    |     |
|            |          |        |             |    |     |
|            |          |        |             |    |     |
|            |          |        |             |    |     |

ARRIVE CUST.: \_\_\_\_\_ LEAVE CUST.: 5/10/83

DISPOSAL SITE: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ LEAVE: \_\_\_\_\_

ARRIVE CUST.: \_\_\_\_\_ LEAVE CUST.: \_\_\_\_\_

DOWN TIME: \_\_\_\_\_

REMARKS: \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 CUSTOMER'S SIGNATURE [Signature] DATE \_\_\_\_\_

SCA-SERV

TRASH-OUT

014840LB NETC

TRANSACTION 000030 030580LB TR

00 03:48PM MAY 10 83 || 045420LB || GR

SCA-SERV

TRASH-PICK-UP

00 02:24PM MAY 10 83 || 030580LB ||

Received  
 by \_\_\_\_\_

Wilson Jones

Original

0041-1265

# INVOICE APPROVAL

OC-217 REV 11/76

### INSTRUCTIONS:

1. See CSP No. 5 for instructions to complete this form.
2. Sign with full signature in ink in space provided.
3. Person approving payment must be the supervisor of the person authorizing payment, or have direct or general responsibility for the department charged, and must have an appropriate Grant of Operating Authority (invoice approval).
4. Not to be used for equipment, materials, or services covered by Purchasing and Receiving Procedure, CSP No. 19.

|  |              |               |  |                               |                         |
|--|--------------|---------------|--|-------------------------------|-------------------------|
| INVOICE RECEIVED FROM<br><b>SCA Services</b> |              |               | INVOICE DATE<br><b>052783</b>  | INVOICE NO.<br><b>011193</b>  | AMOUNT<br><b>775.00</b> |
| CHARGE ACCOUNT NUMBER<br><b>966-465-239</b>  |              | DEPARTMENT    |  | LOCATION<br><b>Wilmington</b> |                         |
| FOR ACCOUNTING USE ONLY                      |              |               | AUTHORIZATION FOR PAYMENT<br><i>I certify the attached invoice represents a correct and proper charge to Olin.</i> |                               |                         |
| ACCOUNTING CODE NUMBER                       | DEBIT AMOUNT | CREDIT AMOUNT |  |                               |                         |
|  |              |               | SIGNATURE <b>PK S KANE</b> DATE <b>7/26/83</b>   |                               |                         |
|  |              |               | APPROVAL<br>MT SIGNATURE <b>M.D. [Signature]</b> DATE <b>7/27/83</b>   |                               |                         |

FROM SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. PAGE 1  
 EASTERN DIVISION  
 103 BOXFORD ROAD  
 ROWLEY, MASS. 01969

INVOICE NO.  
 8-01-1401



TO OLIN CHEMICAL CORP  
 51 EAMES ST  
 WILMINGTON MA 01887

DATE  
 8-22-83  
 ACCOUNT NO.  
 151400  
 BALANCE DUE  
 1,220.07

CHECK NUMBER  
 [ ]  
 [ ]

REMIT TO

SCA DISPOSAL SER OF N.E. 888113015140050122007000000  
 DEPT. 98007-E-113  
 LOUISVILLE, KY 40298  
 EASTERN DIVISION

~~DISPATCH AND REMITTANCE INFORMATION WITH YOURS PLEASE RETURN TO US WITHIN 15 DAYS~~

REFER ALL INQUIRIES TO: 800-892-0292 617-948-2495

ACCOUNT NO.:

113 SCA DISPOSAL SERVICES OF NEW ENGLAND, INC.

151400  
 FOR

EASTERN DIVISION  
 103 BOXFORD ROAD

OLIN CHEMICAL CORP

ROWLEY, MASS. 01969

| DATE | DESCRIPTION                      | AMOUNT      |
|------|----------------------------------|-------------|
|      | OPENING BALANCE                  | 2,358.04    |
|      | PAYMENTS THRU 8-19               | 1,771.14 CR |
|      | SERVICE LOCATION 51 EAMES STREET |             |
| 8/01 | WKLY SERV CHG                    | 4000 ✓      |
| 8/03 | 205762 1 42YD COMP P/U           | ✓7500       |
| 8/03 | 205762 (7) DUMP FEE PER TON      | 11550       |
| 8/08 | WKLY SERV CHG                    | 4000 ✓      |
| 8/15 | WKLY SERV CHG                    | 4000 ✓      |
| 8/22 | WKLY SERV CHG                    | 4000 ✓      |
| 8/29 | WKLY SERV CHG                    | 4000 ✓      |
| 8/31 | 01887 MTHLY SERV CHG             | ✓24267      |
|      | LOCATION TOTAL                   | 633.17      |

*Olin Corp. Chemicals Group*  
 SEP 9 1983  
 51 EAMES ST.  
 WILMINGTON, MA 01887

TOTAL THIS INVOICE →

633.17

|                   |          |          |         |         |         |        |
|-------------------|----------|----------|---------|---------|---------|--------|
| PREVIOUS BALANCES | 150 DAYS | 120 DAYS | 90 DAYS | 60 DAYS | 30 DAYS |        |
|                   | .00      | .00      | .00     | .00     | 586.90  | 586.90 |

A LATE CHARGE OF 1 1/2% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%) MAY BE IMPOSED ON ANY BALANCE NOT PAID WHEN DUE. TO AVOID THE IMPOSITION OF A LATE CHARGE, FULL PAYMENT OF THE AMOUNT DUE MUST BE RECEIVED BEFORE YOUR NEXT CLOSING DATE.

122007

BALANCE DUE

SERVICE MAY STOP ON ACCOUNTS PAST DUE. WE ARE SUBSCRIBERS TO DUN & BRADSTREET'S COMMERCIAL COLLECTION DIVISION

~~PAYMENTS OR CHARGES NOT SHOWN WILL APPEAR ON NEXT MONTH'S STATEMENT~~

0041-1267



SCA Disposal Services of N.E., Inc.  
 Box 100 Road • Rowley, MA 01969  
 (617) 948-2495

Haverhill Landfill

*Old Chemical*

TYPE OF WASTE: *HAZARDOUS*  
 DATE: *07-15-83*  
 TONNAGE: *1*  
 GROSS WEIGHT: *2200 LB*  
 TARE: *200 LB*  
 NET WEIGHT: *2000 LB*  
 TYPE OF WASTE: *HAZARDOUS*  
 DATE: *07-15-83*

Customer Name: \_\_\_\_\_

Customer No: \_\_\_\_\_ Truck No: \_\_\_\_\_

- Compacted
- Loose
- Other Describe \_\_\_\_\_

By *A. Martin*  
 Driver

Received By \_\_\_\_\_  
 Form 103

0041-1268



# Receiving Record

9167

Received from

Date

Address

Order No.

Via

Returned Goods

| Quantity | Start No. | Description                     | Collect Charges \$  |
|----------|-----------|---------------------------------|---------------------|
| 1        |           | SCA                             |                     |
| 2        |           | SCA                             |                     |
| 3        |           | TRANSACTION 000025              | 032860LB            |
| 4        |           | 02 02:16PM AUG 03 83            | 046520LB            |
| 5        |           | <del>02 02:16PM AUG 03 83</del> | <del>046520LB</del> |
| 6        |           | SCA                             |                     |
| 7        |           | SCA                             |                     |
| 8        |           | SCRAP                           |                     |
| 9        |           | 02 01:47PM AUG 03 83            | 032860LB            |
| 10       |           |                                 |                     |
| 11       |           |                                 |                     |
| 12       |           |                                 |                     |
| 13       |           |                                 |                     |

Remarks

Checked with Purchase Order by

Credit Memo Issued by

Received by

Original

Wilson Jones  
GENERAL FIELD SERVICE DIVISION  
1000 W. PARKWAY  
MEMPHIS, TN 38103

## INVOICE APPROVAL

OC-217 REV 11/76

### INSTRUCTIONS:

1. See CSP No. 5 for instructions to complete this form.
2. Sign with full signature in ink in space provided.
3. Person approving payment must be the supervisor of the person authorizing payment, or have direct or general responsibility for the department charged, and must have an appropriate Grant of Operating Authority (invoice approval).
4. Not to be used for equipment, materials, or services covered by Purchasing and Receiving Procedure, CSP No. 19.

|  |              |                               |  |                         |
|--|--------------|-------------------------------|--|-------------------------|
| INVOICE RECEIVED FROM<br><b>SCA Disposal</b> |              | INVOICE DATE<br><b>082283</b> | INVOICE NO.<br><b>011401</b>   | AMOUNT<br><b>633.17</b> |
| CHARGE ACCOUNT NUMBER<br><b>966-465-239</b>  |              | DEPARTMENT                    | LOCATION<br><b>Wilmington</b>  |                         |
| FOR ACCOUNTING USE ONLY                      |              |                               | AUTHORIZATION FOR PAYMENT  |                         |
| ACCOUNTING CODE NUMBER                       | DEBIT AMOUNT | CREDIT AMOUNT                 | I certify the attached invoice represents a correct and proper charge to Olin. |                         |
|  |              |                               | SIGNATURE <b>[Signature]</b> DATE <b>9/15/83</b>                               |                         |
|  |              |                               | APPROVAL   |                         |
|  |              |                               | SIGNATURE <b>M. D. [Signature]</b> DATE <b>9/16/83</b>                         |                         |

SCA DISPOSAL SERVICES OF NEW ENGLAND, INC. PAGE 1

HHH

FROM

EASTERN DIVISION  
103 BOXFORD ROAD  
ROWLEY, MASS. 01969

INVOICE NO.

7-01-1390

DATE

7-22-83

ACCOUNT NO.

151400

BALANCE DUE

2,358.04



CHECK NUMBER

Empty box for check number with 'PAID' stamp.

TO

OLIN CHEMICAL CORP  
51 EAMES ST  
WILMINGTON MA 01887

REMIT TO

SCA DISPOSAL SER OF N.E.  
DEPT. 98007-E-113  
LOUISVILLE, KY 40298  
EASTERN DIVISION

88811301514005023560400000

~~DEFACED AND RETURN THIS PORTION WITH YOUR PAYMENT TERMS NET 30 DAYS~~

REFER ALL INQUIRIES TO:

800-892-0292 617-948-2495

ACCOUNT NO.:

113 SCA DISPOSAL SERVICES OF NEW ENGLAND, INC.

151400

FOR

EASTERN DIVISION

OLIN CHEMICAL CORP

103 BOXFORD ROAD

ROWLEY, MASS. 01969

| DATE | DESCRIPTION                      | AMOUNT    |
|------|----------------------------------|-----------|
|      | OPENING BALANCE                  | 2,577.67  |
|      | PAYMENTS THRU 7-21               | 806.53 CR |
|      | SERVICE LOCATION 51 EAMES STREET |           |
| 7/01 | 205336 1 42YD COMP P/U           | 75.00     |
| 7/01 | 205336 6.62 DUMP FEE PER TON     | 109.23    |
| 7/04 | WKLY SERV CHG                    | 4000      |
| 7/11 | WKLY SERV CHG                    | 4000      |
| 7/18 | WKLY SERV CHG                    | 4000      |
| 7/25 | WKLY SERV CHG                    | 4000      |
| 7/31 | MTHLY SERV CHG                   | 242.67    |
|      | LOCATION TOTAL                   | 586.90    |

TOTAL THIS INVOICE →

586.90

|                   |          |          |         |         |         |         |
|-------------------|----------|----------|---------|---------|---------|---------|
| PREVIOUS BALANCES | 150 DAYS | 120 DAYS | 90 DAYS | 60 DAYS | 30 DAYS |         |
|                   | .00      | .00      | 360.00  | 775.00  | 636.14  | 1771.14 |

A LATE CHARGE OF 1 1/4% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%) MAY BE IMPOSED ON ANY BALANCE NOT PAID WHEN DUE. TO AVOID THE IMPOSITION OF A LATE CHARGE, FULL PAYMENT OF THE AMOUNT DUE MUST BE RECEIVED BEFORE YOUR NEXT CLOSING DATE.

2358.04

BALANCE DUE

SERVICE MAY STOP ON ACCTS PAST DUE

~~PAYMENTS OR CHARGES NOT SHOWN WILL APPEAR ON NEXT MONTH'S STATEMENT~~

0041-1271



NO 2590

SCA Disposal Services of N.E., Inc.  
Boxford Road • Rowley, MA 01969  
(617) 948-2495

Haverhill Landfill

IDENT 34  
WEIGH-IN 45420 LB  
TIME 11:22 DATE 07/01/93

IDENT 34  
GROSS 45420 LB  
TARE 30180 LB  
NET 15240 LB  
DATE 07/01/93

Customer Name EASTMAN

Customer Number 399113

Transaction Code \_\_\_\_\_ Truck No. 329

Compacted Truck Yards 40

Loose

Other Describe Rollins

Received By [Signature] By [Signature] Driver

Form 103



**INVOICE APPROVAL**

OC-217 REV 11/76

**INSTRUCTIONS:**

1. See CSP No. 5 for instructions to complete this form.
2. Sign with full signature in ink in space provided.
3. Person approving payment must be the supervisor of the person authorizing payment, or have direct or general responsibility for the department charged, and must have an appropriate Grant of Operating Authority (invoice approval).
4. Not to be used for equipment, materials, or services covered by Purchasing and Receiving Procedure, CSP No. 19.

|   |              |               |  |                               |                         |
|---|--------------|---------------|--|-------------------------------|-------------------------|
| INVOICE RECEIVED FROM<br><i>SCA Disposal Svcs</i> |              |               | INVOICE DATE<br><i>072283</i>  | INVOICE NO.<br><i>0113912</i> | AMOUNT<br><i>586.90</i> |
| CHARGE ACCOUNT NUMBER<br><i>9166-465-239</i>      |              | DEPARTMENT    |  | LOCATION<br><i>Wilmington</i> |                         |
| FOR ACCOUNTING USE ONLY                           |              |               | AUTHORIZATION FOR PAYMENT<br><i>I certify the attached invoice represents a correct and proper charge to Olin.</i> |                               |                         |
| ACCOUNTING CODE NUMBER                            | DEBIT AMOUNT | CREDIT AMOUNT |  |                               |                         |
|   |              |               | SIGNATURE <i>DKO S. KANE</i> DATE <i>9/15/83</i>   |                               |                         |
|   |              |               | APPROVAL<br>SIGNATURE <i>MT M. D. Gandy</i> DATE <i>9/16/83</i>  |                               |                         |

Receiving  
Record 44-201

Receiving Record

9135

Received from \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Order No. \_\_\_\_\_  
 Returned Goods

Freight Bill No. \_\_\_\_\_ Air  UPS  Parcel Post  Prepaid  Collect Charges \$ Paid

| Quantity | Stock No.               | Description |
|----------|-------------------------|-------------|
|          |                         | SCA SERV    |
|          | 02136DLB                |             |
|          | TRANSACTION 000025      | 02200DLB    |
|          | 01 11:00AM JUL 01 83 II | 04336DLB II |
|          | SCA SERV.               |             |
|          | 01 10:38AM JUL 01 83 II | 02200DLB II |

Number of Packages \_\_\_\_\_ Weight \_\_\_\_\_ Condition \_\_\_\_\_ Delivered to \_\_\_\_\_

Remarks \_\_\_\_\_

Checked with Purchase Order by \_\_\_\_\_ Credit Memo Issued by \_\_\_\_\_

Receiving  
Record 44-201

Receiving Record

9136

Received from \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Order No. \_\_\_\_\_  
 Returned Goods

Freight Bill No. \_\_\_\_\_ Air  UPS  Parcel Post  Prepaid  Collect Charges \$ Paid

| Quantity | Stock No. | Description                         |
|----------|-----------|-------------------------------------|
| 1        |           |                                     |
| 2        |           |                                     |
| 3        |           |                                     |
| 4        |           |                                     |
| 5        |           |                                     |
| 6        |           |                                     |
| 7        |           |                                     |
| 8        |           | SCA SERV                            |
| 9        |           |                                     |
| 10       |           | 03-12:41PM JUL 01 83 II 02192DLB II |
| 11       |           | SCA SERV.                           |
| 12       |           | 01 12:21PM JUL 01 83 II 02998DLB II |
| 13       |           |                                     |

Number of Packages \_\_\_\_\_ Weight \_\_\_\_\_ Condition \_\_\_\_\_ Delivered to \_\_\_\_\_

Remarks \_\_\_\_\_

Checked with Purchase Order by \_\_\_\_\_ Credit Memo Issued by \_\_\_\_\_

*8060 net*

0041-1275

OLIN CHEMICAL CORP  
 51 EAMES ST  
 WILMINGTON MA 01887

9-01-1983  
 9-18-83  
 151400  
 1,612.00

SCA DISPOSAL SER OF N.E.  
 DEPT. 98007-E-113  
 LOUISVILLE, KY 40298

88911301514005013120000000

113 SCA DISPOSAL SERVICES OF NEW ENGLAND, INC.  
 EASTERN DIVISION  
 103 BOXFORD ROAD  
 ROWLEY, MASS. 01969

151400

OLIN CHEMICAL CORP

OPENING BALANCE 1,220.07  
 PAYMENTS THRU 9-15

| DATE | SERVICE LOCATION | QUANTITY | DESCRIPTION      | AMOUNT |
|------|------------------|----------|------------------|--------|
| 9/01 | 205743           | 1        | 30YD P/U         | 7500   |
| 9/01 | 205743           | 4.20     | DUMP FEE PER TON | 7920   |
| 9/14 |                  |          | RENT 9/5-14      | 2000   |
| 9/14 | 205757           | 1        | 42YD COMP P/U    | 7500   |
| 9/14 | 205757           | 3.64     | DUMP FEE PER TON | 6006   |
| 9/15 |                  |          | RENT 9/4-15      | 4000   |
| 9/30 |                  | 2        | MONTHLY SERV-CHG | 24267  |
|      |                  |          | LOCATION TOTAL   | 591.93 |

OLIN CHEMICAL CORP  
 Chemicals Group  
 SEP 20 1983  
 51 EAMES ST  
 WILMINGTON MA 01887

TOTAL THIS INVOICE 591.93

| PREVIOUS BALANCES:   | 150 DAYS | 120 DAYS | 90 DAYS | 60 DAYS | 30 DAYS |        |
|--|----------|----------|---------|---------|---------|--------|
|  | .00      | .00      | .00     | 586.90  | 633.17  | 122007 |
| A LATE CHARGE OF 1% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 12%) MAY BE IMPOSED ON ANY BALANCE NOT PAID WHEN DUE. TO AVOID THE IMPOSITION OF A LATE CHARGE, FULL PAYMENT OF THE AMOUNT DUE MUST BE RECEIVED BEFORE YOUR NEXT CLOSING DATE. |          |          |         |         |         | 181200 |

SERVICE MAY STOP ON ACCOUNTS PAST DUE

PAYMENTS OF CHARGES NOT SHOWN HEREIN ARE THE PROPERTY OF THE COMPANY

OLIN CORPORATION  
 ACCOUNTS PAYABLE VOUCHER APRON

CO 165-1 REV 7/58

| SPECIAL INSTRUCTIONS       |                          |                     |                               |                 |                    |                              | VENDOR NO.<br>19006950           |                            |
|----------------------------|--------------------------|---------------------|-------------------------------|-----------------|--------------------|------------------------------|----------------------------------|----------------------------|
|                            |                          |                     |                               |                 |                    |                              | VOUCHER NO.<br>KO 436            |                            |
|                            |                          |                     |                               |                 |                    |                              | 15-20                            |                            |
| GROSS AMOUNT<br>(CR) 21-30 | DISCOUNT AMOUNT<br>31-36 | NET AMOUNT<br>37-44 | TRADE RELATIONS CODE<br>31-35 | ACCOUNTING CODE |                    |                              | MATERIAL APPO. EXP. NO.<br>46-52 | QUANTITY CUSTOMER<br>53-62 |
|                            |                          |                     |                               | GEN<br>36-39    | LOC<br>40-42       | DET<br>43-45                 |                                  |                            |
| 591.93                     |                          |                     |                               | 966             | 465                | 239                          |                                  |                            |
|                            |                          |                     |                               |                 |                    |                              |                                  |                            |
|                            |                          |                     |                               |                 |                    |                              |                                  |                            |
|                            |                          |                     |                               |                 |                    |                              |                                  |                            |
|                            |                          |                     |                               |                 |                    |                              |                                  |                            |
|                            |                          |                     |                               |                 |                    |                              |                                  |                            |
|                            |                          |                     |                               |                 |                    |                              |                                  |                            |
|                            |                          |                     | INVOICE NO. OR DATE<br>011395 |                 | DUE DATE<br>120183 |                              | KEY PUNCHED                      |                            |
| (CR) 21-30                 | 31-36                    | 37-44               | 45-50                         |                 | 51-54              |                              |                                  |                            |
| PROCESSING<br>PG           |                          | CODE AUDIT          |                               | EXTENSIONS<br>✓ |                    | VOUCHER APPROVAL<br>L. Stitt |                                  | VERIFIED                   |

RECEIVING RECORD

9257

Quantity \_\_\_\_\_ Date \_\_\_\_\_  
 Unit \_\_\_\_\_  
 Address \_\_\_\_\_  
 Via \_\_\_\_\_ Returned Goods

|                  |                                |                                      |                                      |                                  |                    |
|------------------|--------------------------------|--------------------------------------|--------------------------------------|----------------------------------|--------------------|
| Freight Bill No. | Air <input type="checkbox"/>   | UPS <input type="checkbox"/>         | Parcel Post <input type="checkbox"/> | Prepaid <input type="checkbox"/> | Collect Charges \$ |
| Quantity         | Stock No.                      | Description                          |                                      |                                  |                    |
| 1                |                                | 001880LB - NETC                      |                                      |                                  |                    |
| 2                |                                | TRANSACTION 000035 II 030820LB II TR |                                      |                                  |                    |
| 3                |                                | 00 05:15AM JAN 07 83 032700LB GR     |                                      |                                  |                    |
| 4                |                                | THE CURRENT WEIGHT IS II 032700LB II |                                      |                                  |                    |
| 5                |                                | THE CURRENT WEIGHT IS II 032700LB II |                                      |                                  |                    |
| 6                |                                | SCA-SERVICES                         |                                      |                                  |                    |
| 7                |                                | TRASH                                |                                      |                                  |                    |
| 8                |                                | NOTE. 25' GOOD WITHOUT BOX           |                                      |                                  |                    |
| 9                |                                | 00 04:31AM JAN 07 83 II 032700LB II  |                                      |                                  |                    |
| 10               | Number of Packages             | Weight                               | Condition                            | Delivered to                     |                    |
| 11               | Remarks                        |                                      |                                      |                                  |                    |
| 12               | Checked with Purchase Order by | Credit Memo Issued by                |                                      |                                  |                    |

Received by \_\_\_\_\_

Original

0041-1278

Wilson Jones  
 GENERAL CORP. 41 591 518 PART  
 MADE IN U.S.A.



SCA DISPOSAL SERVICES OF N.E., INC.  
 EASTERN DIVISION  
 103 BOXFORD ROAD  
 ROWLEY, MA 01969  
 1-800-892-0292

SERVICE TICKET

NO. 205751

CUST. NO. 151400 LOC. NO. 0000 SERVICE DATE \_\_\_\_\_  
 SERVICE ADDRESS: 51 EAMES STREET CITY: WILMINGTON  
 CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_

BILLING INFORMATION

CUSTOMER NAME OLIN CHEMICAL CORP PO # \_\_\_\_\_  
 ADDRESS 51 EAMES ST PHONE 617-933-4240  
WILMINGTON MA

RTE. NO. 259 TRUCK NO. \_\_\_\_\_ MILES \_\_\_\_\_  
 TIME \_\_\_\_\_ DISP. SITE \_\_\_\_\_ EMPLOY \_\_\_\_\_

| TRANS CODE | QUANTITY | AMOUNT | DESCRIPTION | GL | TAX |
|------------|----------|--------|-------------|----|-----|
| 1030       | 1        |        |             |    |     |
| 8050       | 1        |        |             |    |     |

ARRIVE CUST.: \_\_\_\_\_ LEAVE CUST.: \_\_\_\_\_  
 DISPOSAL SITE: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ LEAVE: \_\_\_\_\_  
 ARRIVE CUST.: \_\_\_\_\_ LEAVE CUST.: \_\_\_\_\_  
 DOWN TIME: \_\_\_\_\_  
 REMARKS: \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 CUSTOMER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 CUST. SITE \_\_\_\_\_



SCA DISPOSAL SERVICES OF N.E., INC.  
 EASTERN DIVISION  
 103 BOXFORD ROAD  
 ROWLEY, MA 01969  
 1-800-892-0292

SERVICE  
 TICKET

NO. 205757

CUST. NO. 131400 LOC. NO. 0000 SERVICE DATE 11/17/93  
 SERVICE ADDRESS: 51 BAMES STREET CITY: WILMINGTON  
 CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**BILLING INFORMATION**

CUSTOMER NAME: OLIN CHEMICAL CORP PO #: \_\_\_\_\_  
 ADDRESS: 51 BAMES ST PHONE: 617-933-4240  
WILMINGTON MA

RTE. NO. 265 TRUCK NO. \_\_\_\_\_ MILES \_\_\_\_\_  
 TIME \_\_\_\_\_ DISP. SITE \_\_\_\_\_ EMPLOY \_\_\_\_\_

| TRANS CODE  | QUANTITY | AMOUNT | DESCRIPTION | GL | TAX |
|-------------|----------|--------|-------------|----|-----|
| <u>1142</u> | <u>1</u> |        |             |    |     |
| <u>6050</u> | <u>1</u> |        |             |    |     |
|             |          |        |             |    |     |
|             |          |        |             |    |     |

ARRIVE CUST: \_\_\_\_\_ LEAVE CUST: \_\_\_\_\_

DISPOSAL SITE: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ LEAVE: \_\_\_\_\_

ARRIVE CUST: \_\_\_\_\_ LEAVE CUST: \_\_\_\_\_

DOWN TIME: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 CUSTOMER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CUST. SITE

0041-1279





RICK GUILIANI

0041-1282

3/18

of to pay

3/2

20.00

3/7

20.00

3/11

20.00

3/21

20.00

3/28

20.00

150.00

Picking

75.00

Dump Fee

42.41

217.41

p.d. VO# F0309

966-465-239

417.41  
217.41  
200.00

SCA

~~ACTAFON R-3~~ Trash 005480LB NETC

TRANSACTION 000499 || 024620LB || TR

00 12:46PM MAR 16 83 030100LB GR

SCA

TRASH-IN

00 12:09PM MAR 16 83 || 030100LB ||

**EXHIBIT K**



**PURCHASE ORDER**

No. **09267**

(BUYERS)

REQUISITION NO.

DATE OF ORDER

**11/27/76**

**11/27/76**

TO: **Whitney Barrel Co.**  
**P.O. Box 255**  
**Windsor, N.C. 01801**

**IMPORTANT: READ ALL INSTRUCTIONS, TERMS AND CONDITIONS ON FACE AND REVERSE SIDES.**

**BUYER'S ORDER NUMBER MUST APPEAR ON ALL PACKAGES, SHIPPING DOCUMENTS, INVOICES AND CORRESPONDENCE. QUANTITY, UNITS AND BUYER'S CODE NUMBER AS SHOWN BELOW MUST APPEAR ON INVOICES AND PACKING LISTS.**

DELIVER TO: **51 E. Howard**  
**Olin Corporation Chemicals Group**  
**51 E. Howard Street**  
**Washington, N.C. 01807-3393**

**MAIL INVOICES IN TRIPPLICATE AND PROOF OF SHIPMENT TO ACCOUNTING DEPARTMENT AT:**

**51 E. Howard Street Washington, N.C. 01807-3393**

|                          |   |                                 |
|--------------------------|---|---------------------------------|
| SHIP VIA<br><b>truck</b> | SELLER'S QUOTE NO. OR DATE<br><b>11/27/76</b> | DELIVERY DATE<br><b>12/2/76</b> |
|--------------------------|---|---------------------------------|

|                            |                             |   |
|----------------------------|-----------------------------|---|
| F.O.B.<br><b>delivered</b> | TERMS<br><b>net 30 days</b> | FOR RESALE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------------------------|-----------------------------|---|

| ITEM     | QUANTITY | UNIT      | BUYER'S CODE NO. | DESCRIPTION  | PRICE              | ACCOUNTING CHARGE NO.            |
|----------|----------|-----------|------------------|--|--------------------|----------------------------------|
|          |          |           |                  | <b>Confirming order placed by the undersigned and accepted by your fax in telcom dated 12/21/76. Do not duplicate.</b> |                    | <b>962-412-012</b><br><b>311</b> |
| <b>1</b> | <b>2</b> | <b>ea</b> |                  | <b>35 gal. 316 stainless steel drums open head</b>   | <b>\$124.00/ea</b> |                                  |
|          |          |           |                  | <b>total net</b>   | <b>248.00</b>      |                                  |

**INSTRUCTIONS TO SELLER:**

This Purchase Order is issued subject to and expressly conditional on your acceptance of all terms and conditions on the face and on the reverse side hereof and any supplemental conditions attached hereto.

*Donald F. Curt*

BY **Donald F. Curt (Buyer)**  
**OLIN CORPORATION**

ACCOUNTS PAYABLE



No. 09267

|         |                         |          |     |
|---------|-------------------------|----------|-----|
| PARTIAL | <b>RECEIVING REPORT</b> | COMPLETE | NO. |
|         |                         |          |     |

REQUISITION NO. **18232**

DATE OF ORDER **12/27/62**

TO • **Midway Naval Co.**  
 • **P.O. Box 288**  
 • **Woburn, MA. 01891**

|                       |              |         |
|-----------------------|--------------|---------|
| TRANSPORTATION CO.    | PREPAID      | COLLECT |
| CAR INITIALS AND NO.  | NO. PACKAGES |         |
| ACCOUNTING DEPARTMENT |              |         |

DELIVER TO • **Jim Martucci**  
 • **Olin Corporation-Chemicals Group**  
 • **51 James Street**  
 • **Wilmington MA. 01897-3393**

**51 James Street Wilmington MA. 01897-3393**

|                       |  |                               |
|-----------------------|--|-------------------------------|
| SHIP VIA <b>truck</b> | SELLER'S QUOTE NO. OR DATE <b>12/27/62</b> | DELIVERY DATE <b>12/29/62</b> |
|-----------------------|--|-------------------------------|

|                         |                          |   |
|-------------------------|--------------------------|---|
| F.O.B. <b>delivered</b> | TERMS <b>net 30 days</b> | FOR RESALE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|-------------------------|--------------------------|---|

| RECEIVED | ITEM     | QUANTITY | UNIT      | BUYER'S CODE NO. | DESCRIPTION  | PRICE              | ACCOUNTING CHARGE NO. |
|----------|----------|----------|-----------|------------------|--|--------------------|-----------------------|
|          |          |          |           |                  | <p><b>Confirming order placed by the undersigned and accepted by your Jack in telegram dated 12/27/62. Do not duplicate.</b></p> |                    | <b>944-463-612</b>    |
|          | <b>1</b> | <b>2</b> | <b>ea</b> |                  | <b>55 gal. 316 stainless steel draw open head</b>  | <b>\$150.00/ea</b> |                       |
|          |          |          |           |                  | <b>total net</b>   | <b>300.00</b>      |                       |

|       |  |  |
|-------|--|--|
| GROSS | RECEIVED BY <b>Jim Martucci</b>                            | DATE   |
| TARE  | REJECTED ITEMS (SHOW ITEM NO. AND EXPLAIN ON REVERSE SIDE) | INSPECTED BY <b>Donald E. Covert (checked)</b> |
| NET   |  | DATE   |

RECEIVING - ACCOUNTING

OPER. 1. STRIP OFF THESE COPIES WITH CARBON AND FORWARD INTACT TO RECEIVING DEPT.

0041-1285







