



DUNS NO. 05106-0408 FOR SERVICE CALL TRANSPORTER

FED. ID NO. 39-6090019

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60120

STEVEN RUSSELL
919-865-5081 0-100 KG
3-031-02-0460
SUPPLY OFFICER NAVAL HOSP
BREWSTER BLVD
CAMP LEJEUNE NC 28542

SCHEDULED SERVICE	VEEK	SCHEDULED SERVICE TERRITORY	NUMBER
86+	41	00-01	789460
MANIFEST NUMBER		XXXXX	

GENERATOR

3-031-02-6081-1
CAMP LEJEUNE
NAVAL HOSPITAL
FACILITY BLDG NH118
CAMP LEJEUNE
NC 28542

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	WAF	PREVIOUS BALANCE	PORTION OVER 90 DAYS		
10/11/86	3976	XXXX	EXEMPT	Z	T	500	49.50			
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	9999	M6700186C0072	919-451-4392	NO	NO	006	001	.045	.045	.045

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS) (INITIAL)	REMARKS	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)		
303-98019	49.50	.00	49.50	04		PO EXP 06-30-87	GOOD	POOR	
							MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>
							LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
							DECALS IN PLACE AND LEGIBLE	<input type="checkbox"/>	<input type="checkbox"/>
							FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>
							EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>
							MACHINE PROPERLY GROUNDED	<input type="checkbox"/>	<input type="checkbox"/>
							LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL SERVICE SECTION			\$49.50	GENERATOR USA EPA ID NO.		GENERATOR STATE ID NO.		34-335-1232	

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

(12) CONTAINERS	(11) US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						
<table border="1"> <tr> <td>PAILS NO. DM</td> <td>16 GAL. NO. DM</td> <td>30 GAL. NO. DM</td> </tr> <tr> <td></td> <td></td> <td>1</td> </tr> </table>	PAILS NO. DM	16 GAL. NO. DM	30 GAL. NO. DM			1	Waste, Petroleum Naphtha, Combustible Liquid, UN 1255 Waste, Compound, Cleaning, Liquid, Corrosive Material, NA 1760
PAILS NO. DM	16 GAL. NO. DM	30 GAL. NO. DM					
		1					
(13) (14) Total Quantity - Number of Drums x Ave. Wt/Drum of: Pails 35, 16 Gal. 45, 30 Gal. 80							
(9) DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. HIGHWAY 301, NORTH ST PAUL NC 28384	USA EPA ID NO. NCD980846935 STATE ID NO.						

PRODUCT SALES SECTION

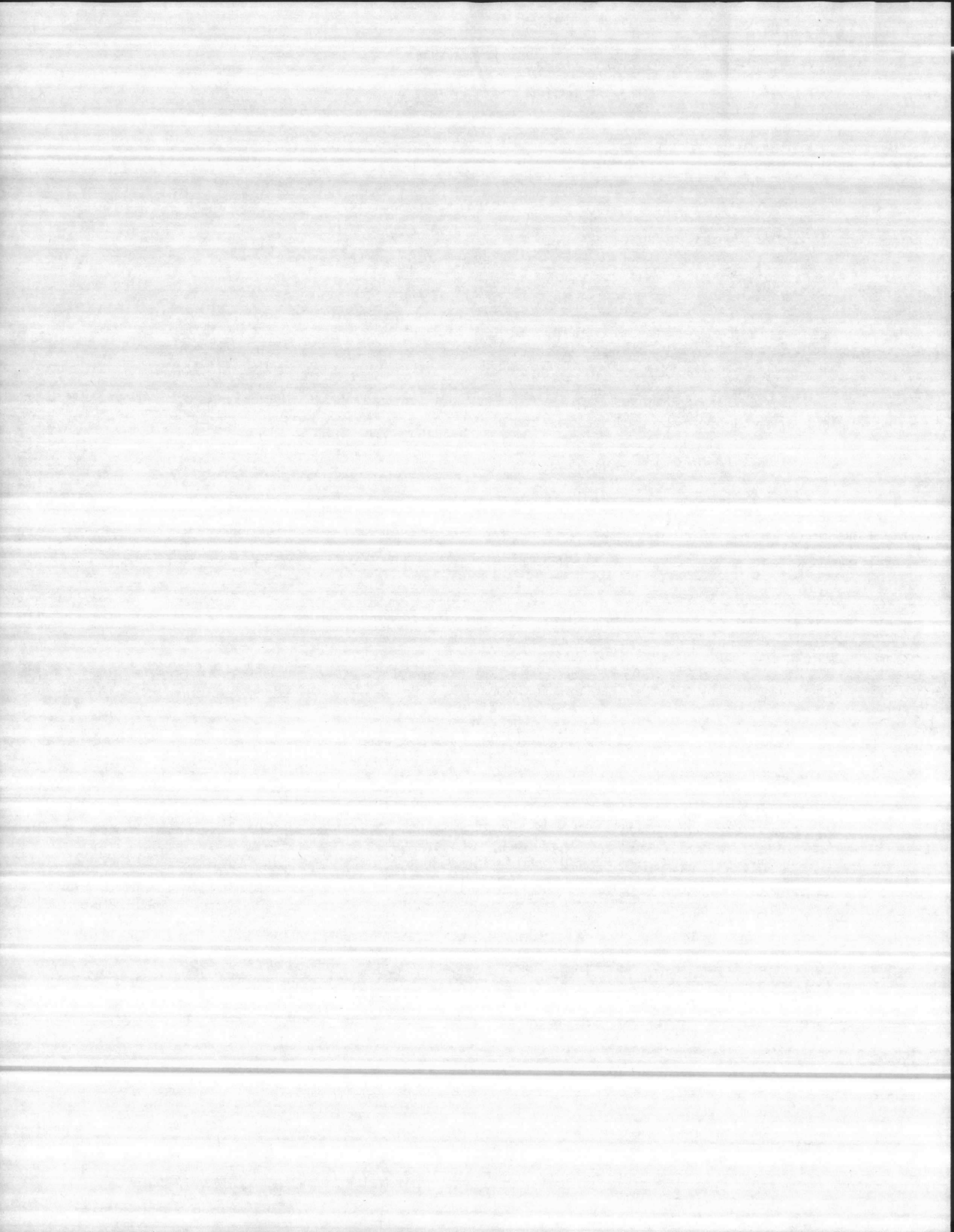
PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
101	43.50	CS				
104	49.00	CS				
105	47.50	CS				
106	49.00	CS				
107	43.50	CS				
108	49.00	CS				
602	7.75	EA				
604	15.50	EA				
610	2.78	EA				
611	2.78	EA				
619	3.77	EA				
666	28.80	BX				
10666	117.00	BX				
609	65.00	EA				
612	9.85	PR				
600	3.70	EA				
613	10.60	EA				
614	7.40	EA				
615	6.50	EA				

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

TOTAL PRODUCT AMOUNTS	
TOTAL SERVICE AMOUNT (FROM ABOVE)	49.50
TOTAL DUE	49.50
IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.	
GENERATOR/CUSTOMER SIGNATURE	

NOTE: (3) (9) (11) (12) (13) (14) (16)
CORRESPONDS TO RESPECTIVE ITEM INFORMATION REQUIRED ON UNIFORM HAZARDOUS WASTE MANIFEST

CUSTOMER SERVICE/SALES ACKNOWLEDGEMENT



777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60120

STEVEN RUSSELL
919-865-5081 0-100 PP

SCHEDULED VICE WEEK	SCHEDULED SERVICE TERRITORY	NUMBER
86-45	00-01	080921
MANIFEST NUMBER		XXXXX

3-031-02-6081-1
4P LEJEUNE
VAL HOSPITAL
ILITY BLDG NH118
4P LEJEUNE

NC 28542

SUPPLY OFFICER NAVAL HOSP
BREWSTER BLVD
CAMP LEJEUNE NC 28542

B I L L

CUSTOMER

SERVICE/SALES ACKNOWLEDGEMENT

DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	WAF	PREVIOUS BALANCE	PORTION OVER 60 DAYS	
7/86	3976	XXXX	EXEMPT	S	T	400	99.00	49.50	
CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
9999	M6700186C0072	919-451-4392	NO	NO	006	001	.05	.05	.05

MACHINE SERVICE SECTION

CHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS) (INITIAL)	REMARKS	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)		
18019	49.50	.00	49.50	04		PO EXP 06-30-87	GOOD	POOR	
							MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>
							LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
							DECALS IN PLACE AND LEGIBLE	<input type="checkbox"/>	<input type="checkbox"/>
							FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>
							EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>
							MACHINE PROPERLY GROUNDED	<input type="checkbox"/>	<input type="checkbox"/>
							LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL CHARGE				GENERATOR USA EPA ID NO.		GENERATOR STATE ID NO.			
\$49.50				NC6170022580		34-335-1232			

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

(12) CONTAINERS	(11) US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
18 GAL. NO. DM: 1	Waste, Petroleum Naphtha, Combustible Liquid, UN 1255
30 GAL. NO. DM: 1	Waste, Compound, Cleaning, Liquid, Corrosive Material, NA 1760
(13) (14) Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, 16 Gal. 45, 30 Gal. 80	
SIGNATURED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. ST PAUL NC 28384	
USA EPA ID NO. NCD980846935	
STATE ID NO.	

PRODUCT SALES SECTION

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
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666	28.80	BX				
666	117.00	BX				
609	65.00	EA				
612	9.85	PR				
600	3.70	EA				
613	10.60	EA				
614	7.40	EA				
615	6.50	EA				

PAYMENT RECEIVED SECTION

SH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
	AMOUNT \$	
	AMOUNT \$	
	AMOUNT \$	

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND GENERATOR'S CERTIFICATION INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 49.50

TOTAL DUE 49.50

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

X *[Signature]*
GENERATOR/CUSTOMER SIGNATURE

(3) (9) (11) (12) (13) (14) (16)

CORRESPONDS TO RESPECTIVE ITEM INFORMATION REQUIRED ON UNIFORM HAZARDOUS WASTE MANIFEST

