



SAFETY-KLEEN SYSTEMS, INC.

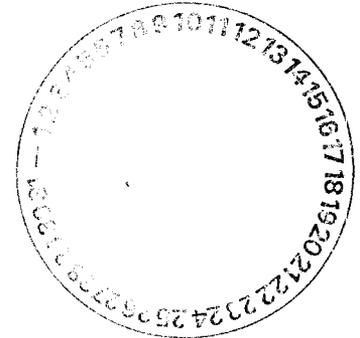
Corp. Compliance, 1502 Villa Street, 2nd Floor, Elgin, IL 60120

CERTIFIED - 7003 1680 0001 2692 4405

March 3, 2004

State Of New Mexico Environment Department
Hazardous Waste Bureau
2905 Rodeo Park Dr. East BLDG 1
Santa Fe, NM 87502

RE: 2003 Biennial Report



Dear Sir / Madam:

Please find enclosed the 2003 Annual Report for Safety-Kleen Systems, Inc. This report includes the following Safety-Kleen locations --

NMD980698849	Farmington, NM
NMD000804294	Albuquerque, NM

If there is any additional information required, or should you have any questions/comments, please contact Ben Smith at 800-669-5840 ext. 6725 or email ben.smith@safety-kleen.com

Sincerely,

Dan Appelt
Safety-Kleen Systems, Inc.

MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11) CHECK CORRECT BOX(ES)	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.		
2. Site EPA ID Number (see instructions on page 11)	EPA ID Number: NMD980698849		
3. Site Name (see instructions on page 11)	Legal Name: SAFETY-KLEEN SYSTEMS, INC.		
4. Site Location Information (see instructions on page 11)	Street Address: 4200 A HAWKINS RD		State: NM
	City, Town, or Village: FARMINGTON		Zip Code: 87401- -
	County Name: SAN JUAN		
5. Site Land Type (see instructions on page 11)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)	A. 562112		B. 532490
	C. 484220		D.
7. Site Mailing Address (see instructions on page 12)	Street or P.O. Box: 1502 E. VILLA ST 2ND FLOOR		
	City, Town, or Village: ELGIN		State: NM
	Country:		Zip Code: 60120- -
8. Site Contact Person (see instructions on page 12)	First Name: BEN		MI: W Last Name: SMITH
	Phone Number: (847) 468-6725 Extension:		Email: BEN.SMITH@SAFETY-KLEEN.COM
9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)	A. Name of Site's Operator: SAFETY-KLEEN SYSTEMS, INC.		Date Became Operator (mm/dd/yyyy): 12/29/1980
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: J. D. KINSEY		Date Became Owner (mm/dd/yyyy): 12/29/1980
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: P.O. BOX 2158		
	City, Town, or Village: FARMINGTON		
	State: NM Zip Code: 87499- - Country:		

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste (choose only one of the following three categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- d. United States Importer of Hazardous Waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- 2. Transporter of Hazardous Waste
- 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity
- 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace**
 - a. Small Quantity On-site Burner Exemption
 - b. Smelting, Melting, Refining Furnace Exemption
- 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 KG or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply)

	Generated	Accumulated
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste N

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- a. Transporter
- b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- a. Processor
- b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)

- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on page 16)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

F001	F002	F003	F005	D001	D006	D007
D008	D011	D018	D022	D027	D028	D035
D036	D038	D039	D040			



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2003 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
4200 A HAWKINS RD
FARMINGTON, NM 87401
EPA ID NO: NMD980698849

Sec. 1	A. Waste Description IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING - MINERAL SPIRITS SLUDGE		
B. EPA Hazardous Waste Code D001 D039		C. State Hazardous Waste Code	
D. Source Code G13 Management Method code for Source code G25	E. Form Code W603	F. Quantity Generated in 2003 2,522.00	G. UOM 1 Density 10.00 lb./gal.

Sec. 2	Was any of this waste managed on-site? No	
ON-SITE PROCESS SYSTEM 1 On-site process system type		ON-SITE PROCESS SYSTEM 2 On-site process system type
Quantity treated, disposed, or recycled on-site in 2003		Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H061	D. Total quantity shipped in 2003 2,522.00

Comments
NULL.



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2003 Hazardous Waste Report

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
A HAWKINS RD
FARMINGTON NM 87401
EPA ID NO: NMD980698849

<p>A. EPA ID No. of off-site installation or transporter MNR000022947</p>	<p>B. Name of off-site installation or transporter NIGHTHAWK TRANSPORT INC.</p>
<p>C. Handler Type</p> <p>N Generator Y Transporter N TSDR</p>	<p>D. Address of off-site installation</p> <p>Street City State Zip -</p>

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>C 0 D 0 0 0 1 2 7 7 6 1</u>	B. Name of off-site installation or transporter <u>STEVE KEETCH MTRS</u> 310881
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>127 N BROADWAY</u> City <u>CORTEZ</u> State <u>CO</u> Zip <u>8 1 3 2 1</u>

Site 2	A. EPA ID of off-site installation or transporter <u>C 0 D 0 0 0 7 7 6 5 2 6</u>	B. Name of off-site installation or transporter <u>WILLIAMS FIELD SVCS</u> 310485
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>IGNACIO PLANT</u> 3746 CNTY RD 307 City <u>DURANGO</u> State <u>CO</u> Zip <u>8 1 3 0 1</u>

Site 3	A. EPA ID of off-site installation or transporter <u>C 0 D 0 0 9 7 9 3 6 1 3</u>	B. Name of off-site installation or transporter <u>NIELSONS SKANSKA, INC.</u> 310606
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>22419 COUNTY RD. G.</u> PO BOX 1660 City <u>CORTEZ</u> State <u>CO</u> Zip <u>8 1 3 2 1</u>

Site 4	A. EPA ID of off-site installation or transporter <u>C 0 D 0 3 1 9 4 0 0 5 9</u>	B. Name of off-site installation or transporter <u>SOUTHWEST AUTO CENTER</u> 1839907
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>333 S. BROADWAY</u> City <u>CORTEZ</u> State <u>CO</u> Zip <u>8 1 3 2 1</u>

Site 5	A. EPA ID of off-site installation or transporter <u>C 0 D 0 5 4 9 3 6 2 2 4</u>	B. Name of off-site installation or transporter <u>KEESEE MOTORS</u> 310657
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>111 SOUTH BROADWAY</u> City <u>CORTEZ</u> State <u>CO</u> Zip <u>8 1 3 2 1</u>

Comments:

FORM OI

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N|M|D|9|8|0|6|9|8|8|4|9|

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>C O D 9 8 1 5 4 0 4 7 9 </u>	B. Name of off-site installation or transporter <u>WAGNER EQUIPMENT</u> 311164
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>112 TURNER DR</u> City <u>DURANGO</u> State <u>C O </u> Zip <u>8 1 3 0 1 </u>

Site 2	A. EPA ID of off-site installation or transporter <u>C O D 9 8 2 5 9 5 4 3 1 </u>	B. Name of off-site installation or transporter <u>MONTEZUMA COUNTY RD DEPT</u> 311169
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1680 N HWY 145</u> City <u>CORTEZ</u> State <u>C O </u> Zip <u>8 1 3 2 1 </u>

Site 3	A. EPA ID of off-site installation or transporter <u>C O D 9 8 3 7 6 7 1 4 6 </u>	B. Name of off-site installation or transporter <u>LAPLATA ELECTRIC</u> 2034919
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>45 STEWART RD</u> City <u>DURANGO</u> State <u>C O </u> Zip <u>8 1 3 0 1 </u>

Site 4	A. EPA ID of off-site installation or transporter <u>C O D 9 8 3 7 7 4 5 7 1 </u>	B. Name of off-site installation or transporter <u>TIFFANY COMPRESSOR STATION</u> 311267
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>PUBLIC SERVICE CO OF COLO 1213 COUNTY RD 330</u> City <u>IGNACIO</u> State <u>C O </u> Zip <u>8 1 1 3 7 </u>

Site 5	A. EPA ID of off-site installation or transporter <u>C O R 0 0 0 0 0 4 7 4 7 </u>	B. Name of off-site installation or transporter <u>PAT MURPHY MTRS</u> 310614
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>30 PARKER AVE</u> <u>PO BOX 3330</u> City <u>DURANGO</u> State <u>C O </u> Zip <u>8 1 3 0 2 </u>

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

EPA ID NO. N M D 9 8 0 6 9 8 8 4 9

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>C O R 0 0 0 0 0 9 1 2 6</u>	B. Name of off-site installation or transporter <u>NEW COUNTRY AUTO</u> 1819472
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1200 CARBON JUNCTION</u> City <u>DURANGO</u> State <u>CO</u> Zip <u>81301</u>

Site 2	A. EPA ID of off-site installation or transporter <u>C O R 0 0 0 0 0 9 1 3 4</u>	B. Name of off-site installation or transporter <u>MOREHART CHEVROLET</u> 1707811
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>31 PARKER AVE</u> City <u>DURANGO</u> State <u>CO</u> Zip <u>81301</u>

Site 3	A. EPA ID of off-site installation or transporter <u>C O R 0 0 0 0 1 2 9 5 5</u>	B. Name of off-site installation or transporter <u>COLORADO DEPT OF TRANSPORT</u> 311102
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>20581 HIGHWAY 160 WEST</u> City <u>DURANGO</u> State <u>CO</u> Zip <u>81301</u>

Site 4	A. EPA ID of off-site installation or transporter <u>C O 0 0 0 0 1 2 7 7 6 1</u>	B. Name of off-site installation or transporter <u>STEVE KEETCH MTRS</u> 310881
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>127 N BROADWAY</u> City <u>CORTEZ</u> State <u>CO</u> Zip <u>81321</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 0 0 2 2 9 9 6 3 4</u>	B. Name of off-site installation or transporter <u>AMIGO CHEVROLET</u> 310634
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1900 S 2ND</u> City <u>GALLUP</u> State <u>NM</u> Zip <u>87301</u>

Comments:

FORM OI

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 0 2 1 2 3 3 5 6 4</u>	B. Name of off-site installation or transporter <u>DAWN TRUCKING</u> 311332
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>16 C R 5860</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 1</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 7 3 7 1 7 0</u>	B. Name of off-site installation or transporter <u>PERFORMANCE BUICK GMC</u> 1894238
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1700 SAN JUAN BLVD</u> ATTN: JOHN REESE City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 1</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 7 4 0 9 5 0</u>	B. Name of off-site installation or transporter <u>SAN JUAN SPRING CO</u> 311172
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>409 EAST BROADWAY</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 1</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 7 4 3 4 6 7</u>	B. Name of off-site installation or transporter <u>GURLEY MTRS</u> 310723
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>701 W COAL</u> City <u>GALLUP</u> State <u>N M</u> Zip <u>8 7 3 0 1</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 7 4 6 5 1 0</u>	B. Name of off-site installation or transporter <u>NAVAJO SHOPPING CNTR</u> 2758619
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>CHINO LOOP 1/2M W OF HWY 6</u> City <u>GAMERCO</u> State <u>N M</u> Zip <u>8 7 3 1 7</u>

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. NM D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter NM D 0 6 9 4 2 2 2 1 0	B. Name of off-site installation or transporter NAVAJO AGRIC PROD IND 311906
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street PO BOX 1318 HWY 371 6M S OF CITY City FARMINGTON State NM Zip 8 7 4 9 9

Site 2	A. EPA ID of off-site installation or transporter NM D 1 0 2 7 9 4 0 0 5	B. Name of off-site installation or transporter SAN JUAN COLLEGE 1717443
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 4601 COLLEGE BLVD City FARMINGTON State NM Zip 8 7 4 0 2

Site 3	A. EPA ID of off-site installation or transporter NM D 1 0 6 6 0 6 4 7 8	B. Name of off-site installation or transporter GOODYEAR 9124 310560
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 307 W COAL AVE City GALLUP State NM Zip 8 7 3 0 1

Site 4	A. EPA ID of off-site installation or transporter NM D 9 8 1 5 9 1 9 2 8	B. Name of off-site installation or transporter Ziems FORD CORNERS 310710
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 5700 E MAIN ST City FARMINGTON State NM Zip 8 7 4 0 2

Site 5	A. EPA ID of off-site installation or transporter NM D 9 8 1 6 1 0 1 9 9	B. Name of off-site installation or transporter HI COUNTRY CHEVROLET 2019001
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 404 W CHACO SERVICE BAY 1 - ATTN: BOB City AZTEC State NM Zip 8 7 4 1 0

Comments:

FORM OI

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N|M|D|9|8|0|6|9|8|8|4|9|

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 1 0 3 5 5 </u>	B. Name of off-site installation or transporter <u>CUMMINS ROCKY MOUNTAIN</u> 310632
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>1101 N TROY KING RD</u> City <u>FARMINGTON</u> State <u>N M </u> Zip <u>8 7 4 0 1 </u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 1 0 4 0 5 </u>	B. Name of off-site installation or transporter <u>TRUCKSTOP OF AMERICA</u> 310604
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>I 40 & 66 INTERCHANGE</u> 3404 W 66 City <u>GALLUP</u> State <u>N M </u> Zip <u>8 7 3 0 1 </u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 5 5 9 5 1 0 </u>	B. Name of off-site installation or transporter <u>HC STARTER & ALTERNATOR</u> 310686
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>2407 E BOYD AE #5</u> City <u>GALLUP</u> State <u>N M </u> Zip <u>8 7 3 0 1 </u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 3 1 0 1 </u>	B. Name of off-site installation or transporter <u>TOM GROWNEY EQUIP INC</u> 310992
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>1100 TROY KING RD</u> City <u>FARMINGTON</u> State <u>N M </u> Zip <u>8 7 4 0 1 </u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 5 9 7 3 </u>	B. Name of off-site installation or transporter <u>RICO MOTOR COMPANY SERVICE</u> 311295
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>501 W COAL AVE</u> (220 SOUTH 5TH) City <u>GALLUP</u> State <u>N M </u> Zip <u>8 7 3 0 1 </u>

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. NM D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 7 6 2 2 9	B. Name of off-site installation or transporter NAVAJO ENG & CONST AUTH SH 311101
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street #1 URANIUM BLVD PO BOX 969 BLUE BUILD E OF HWY 666 City SHIPROCK State NM Zip 8 7 4 2 0 1	

Site 2	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 8 3 4 1 5	B. Name of off-site installation or transporter SEYLLER & SONS INC 310571
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street 3515 LAPLATA HWY PO BOX 3321 City FARMINGTON State NM Zip 8 7 4 0 1 1	

Site 3	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 8 3 5 8 9	B. Name of off-site installation or transporter MIDAS MUFFLER 1821154
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street 501 N HWY 666 City GALLUP State NM Zip 8 7 3 0 1 1	

Site 4	A. EPA ID of off-site installation or transporter NM P 3 6 0 0 8 2 0 5 2	B. Name of off-site installation or transporter F M C ENERGY SYSTEMS INC 2336194
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street 20 COUNTY RD 5777 City FARMINGTON State NM Zip 8 7 4 0 1 1	

Site 5	A. EPA ID of off-site installation or transporter NM R 0 0 0 0 0 1 2 0 6	B. Name of off-site installation or transporter SAN JUAN COUNTY PUBLIC WOR 311697
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street ROAD DEPT 305 S OLIVER City AZTEC State NM Zip 8 7 4 1 0 1	

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. NM D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1 A. EPA ID of off-site installation or transporter NM R 0 0 0 0 0 0 1 9 9 0	B. Name of off-site installation or transporter EQUIPMENT MAINTENANCE SVC 310667
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street 1025 TROY KING RD City FARMINGTON State NM Zip 87401

Site 2 A. EPA ID of off-site installation or transporter NM R 0 0 0 0 0 0 2 6 5 9	B. Name of off-site installation or transporter HANOVER COMPRESSION (LOMAS) 2408686
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street 1280 TROY KING RD ATTN: BRIAN RICHARDSON City FARMINGTON State NM Zip 87401

Site 3 A. EPA ID of off-site installation or transporter NM 0 0 0 0 0 0 4 5 6 4	B. Name of off-site installation or transporter AIR MIDWEST 2130850
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street 1140 W NAVAJO City FARMINGTON State NM Zip 87401

Site 4 A. EPA ID of off-site installation or transporter NM 0 0 0 0 0 1 0 8 2 4 1	B. Name of off-site installation or transporter FLINT ENERGY CONSTRUCTION 311995
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street # 2 CR 5569 City FARMINGTON State NM Zip 87401

Site 5 A. EPA ID of off-site installation or transporter NM 0 0 0 0 1 0 1 0 8 2 6	B. Name of off-site installation or transporter INDUSTRIAL REPAIR SERVICE 311978
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street 1113 CAMINA ENTRADA City FARMINGTON State NM Zip 87401

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM OI

OFF-SITE IDENTIFICATION

EPA ID NO. N M D 9 8 0 6 9 8 8 4 9

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N N D 1 0 4 1 5 0 0 2 4</u>	B. Name of off-site installation or transporter <u>PEABODY COAL CO</u> 311280
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>KAYENTA MINE OFF HWY 160 PO BOX 650</u> City <u>KAYENTA</u> State <u>AZ</u> Zip <u>8 6 1 0 3 3</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N N D 9 8 2 5 1 6 3 9 5</u>	B. Name of off-site installation or transporter <u>THE NAVAJO NATION (ATTN:</u> 310736
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>WINDOW ROCK MTR POOL PO BOX 608</u> City <u>WINDOW ROCK</u> State <u>AZ</u> Zip <u>8 6 5 1 5</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N N D 9 8 6 6 7 3 5 0 7</u>	B. Name of off-site installation or transporter <u>NAVAJO TRIBE FLEET MANGEME</u> 311319
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>CROWNPOINT FLEET MANAGEMEN PO BOX 1658</u> City <u>CROWNPOINT</u> State <u>NM</u> Zip <u>8 7 3 1 3</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N N 0 0 0 0 5 9 1 2 2 2</u>	B. Name of off-site installation or transporter <u>CHINLE UNIFIED SCHL DIST24</u> 311457
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>TRANSPORTATION DEPT PO BOX 587 191 & RT 7</u> City <u>CHINLE</u> State <u>AZ</u> Zip <u>8 6 5 0 3</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N N 0 0 0 0 9 7 8 3 9 5</u>	B. Name of off-site installation or transporter <u>THE NAVAJO NATION</u> 311398
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>FLEET MAINT FIRE DEPT RD PO BOX 1930</u> City <u>CHINLE</u> State <u>AZ</u> Zip <u>8 6 5 0 3</u>

Comments:

FORM OI

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

EPA ID NO. N M D 9 8 0 6 9 8 8 4 9

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N N 2 1 4 0 9 0 9 1 0 0</u>	B. Name of off-site installation or transporter <u>US DEPT INT BIA BRCH OF RD</u> 311543
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>PO BOX 1983</u> 9M S OF FARMINGTON 3 BIA C City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 9 9</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N N 7 1 4 0 9 9 0 0 3 0</u>	B. Name of off-site installation or transporter <u>NAVAJO TRIBAL UTILITY AUTH</u> 311116
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>HWY 12 7 MI N OF WINDOW RO PO BOX 1520</u> City <u>FT DEFIANCE</u> State <u>A Z</u> Zip <u>8 6 5 0 4</u>

Site 3	A. EPA ID of off-site installation or transporter <u>A Z C E S O G</u>	B. Name of off-site installation or transporter <u>BEN DAMON CONST</u> 311238
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>P.O. BOX 237</u> City <u>WINDOW ROCK</u> State <u>A Z</u> Zip <u>8 6 5 1 5</u>

Site 4	A. EPA ID of off-site installation or transporter <u>C O C E S O G</u>	B. Name of off-site installation or transporter <u>TIFFANY COMPRESSOR STATION</u> 311267
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>PUBLIC SERVICE CO OF COLO 1213 COUNTY RD 330</u> City <u>IGNACIO</u> State <u>C O</u> Zip <u>8 1 1 3 7</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M C E S O G</u>	B. Name of off-site installation or transporter <u>EL PASO FIELD SERVICES</u> 2121246
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>CHACO PLANT</u> 895 COUNTY ROAD 7100 City <u>BLOOMFIELD</u> State <u>N M</u> Zip <u>8 7 4 1 3</u>

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>U T C E S Q</u>	B. Name of off-site installation or transporter YOUNGS MACHINE CO	2455477
	C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street <u>1149 N MAIN</u> City <u>MONTICELLO</u> State <u>U T</u> Zip <u>8 1 4 5 1 3 1 5</u>	

Site 2	A. EPA ID of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____	

Site 3	A. EPA ID of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____	

Site 4	A. EPA ID of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____	

Site 5	A. EPA ID of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____	

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. NM D 9 8 0 6 9 8 8 4 9

FORM
WR

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310881 C O D 0 0 0 1 2 7 7 6 1		3 5 5		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310485 <input type="checkbox"/> Check if ID same as in Waste 1 or C O D 0 0 0 7 7 6 5 2 6		5 4 9		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310606 <input type="checkbox"/> Check if ID same as in Waste 2 or C O D 0 0 9 7 9 3 6 1 3		5 2 2 6		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Comments:

FORM WR

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. NM D 9 8 0 6 9 8 8 4 9

WR

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N / A N / A N / A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1839907						
C O D 0 3 1 9 4 0 0 5 9		7 3 0		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310657						
<input type="checkbox"/> Check if ID same as in Waste 1		1 8 0		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
C O D 0 5 4 9 3 6 2 2 4						
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N / A N / A N / A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310657						
<input type="checkbox"/> Check if ID same as in Waste 2		1 4 6 0		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
C O D 0 5 4 9 3 6 2 2 4						
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Comments:

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NMID980698849

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code D039 N/A N/A N/A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 311164 COD981540479		E. Quantity received in reporting year 1058		F. UOM 1	
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code W203			H. Management Method Code H141			

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code D039 N/A N/A N/A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 311169 <input type="checkbox"/> Check if ID same as in Waste 1 or COD982595431		E. Quantity received in reporting year 489		F. UOM 1	
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code W203			H. Management Method Code H141			

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code D039 N/A N/A N/A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 2034919 <input type="checkbox"/> Check if ID same as in Waste 2 or COD983767146		E. Quantity received in reporting year 609		F. UOM 1	
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code W203			H. Management Method Code H141			

Comments:

FORM WR

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. NM D 9 8 0 6 9 8 8 4 9

FORM
WR

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code D 0 3 9 N/A N/A N/A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 1707811 C O R 0 0 0 0 0 9 1 3 4		E. Quantity received in reporting year 3 3		F. UOM 1	
G. Form code W 2 0 3		H. Management Method Code H 1 4 1				
Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg						

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code D 0 3 9 N/A N/A N/A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 311102 <input type="checkbox"/> Check if ID same as in Waste 1 or C O R 0 0 0 0 1 2 9 5 5		E. Quantity received in reporting year 1 1 7 9		F. UOM 1	
G. Form code W 2 0 3		H. Management Method Code H 1 4 1				
Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg						

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code D 0 3 9 N/A N/A N/A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 310881 <input type="checkbox"/> Check if ID same as in Waste 2 or C O 0 0 0 0 1 2 7 7 6 1		E. Quantity received in reporting year 1 0 6 5		F. UOM 1	
G. Form code W 2 0 3		H. Management Method Code H 1 4 1				
Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg						

Comments:

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NMID980698849

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		D039 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310634 NMID002299634		891		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W203		H141				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		D001 D018 D039 D040			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311332 <input type="checkbox"/> Check if ID same as in Waste 1 or NMID021233564		120		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W203		H141				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		D001 D018 D039 D040			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311332 <input type="checkbox"/> Check if ID same as in Waste 2 or NMID021233564		2512		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W203		H141				

Comments:

FORM WR

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 9 8 0 6 9 8 8 4 9

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code D 0 3 9 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number 1894238 NM D 0 3 5 7 3 7 1 7 0		E. Quantity received in reporting year 4 3 5	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 2 0 3		H. Management Method Code H 1 4 1			

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code D 0 3 9 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 311172 or- NM D 0 3 5 7 4 0 9 5 0		E. Quantity received in reporting year 1 9 0 2	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 2 0 3		H. Management Method Code H 1 4 1			

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code D 0 3 9 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 310723 or- NM D 0 3 5 7 4 3 4 6 7		E. Quantity received in reporting year 9 8 0 2	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 2 0 3		H. Management Method Code H 1 4 1			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 9 8 0 6 9 8 8 4 9

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2758619 NM D 0 3 5 7 4 6 5 1 0		2 4 1		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311906 <input type="checkbox"/> Check if ID same as in Waste 1 or NM D 0 6 9 4 2 2 2 1 0		1 2 4 6		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1717443 <input type="checkbox"/> Check if ID same as in Waste 2 or NM D 1 0 2 7 9 4 0 0 5		4 9 5		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. N|M|D|9|8|0|6|9|8|8|4|9

**FORM
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**WASTE RECEIVED
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INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _ _ _ _ _ _ _ _
	D. Off-site handler EPA ID Number <u>N M D 1 0 6 6 0 6 4 7 8</u> 310560		E. Quantity received in reporting year _ _ _ _ _ _ _ _ 469		F. UOM <u>1</u>
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			
Density _ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg					

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _ _ _ _ _ _ _ _
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 or- <u>N M D 9 8 1 5 9 1 9 2 8</u> 310710		E. Quantity received in reporting year _ _ _ _ _ _ _ _ 381		F. UOM <u>1</u>
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			
Density _ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg					

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _ _ _ _ _ _ _ _
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 or- <u>N M D 9 8 1 6 1 0 1 9 9</u> 2019001		E. Quantity received in reporting year _ _ _ _ _ _ _ _ 2405		F. UOM <u>1</u>
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			
Density _ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg					

Comments:

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7-008-01

2003 HAZARDOUS WASTE REPORT

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EPA ID NO. N M D 9 8 0 6 9 8 8 4 9

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 0 1</u> <u>D 0 1 8</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>310632</u> <u>N M D 9 8 1 6 1 0 3 5 5</u>		E. Quantity received in reporting year _____ <u>5 2 2</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 or <u>310604</u> <u>N M D 9 8 1 6 1 0 4 0 5</u>		E. Quantity received in reporting year _____ <u>1 6 0 1</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 or <u>310686</u> <u>N M D 9 8 2 5 5 9 5 1 0</u>		E. Quantity received in reporting year _____ <u>4 6 9</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments:

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2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 9 8 0 6 9 8 8 4 9

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INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _ _ _ _ _ _ _ _ _ _	
	D. Off-site handler EPA ID Number <u>310992</u> <u>N M D 9 8 6 6 7 3 1 0 1</u>		E. Quantity received in reporting year _ _ _ _ _ _ _ _ _ _ <u>4 1 5</u>		F. UOM <u>1</u>	
G. Form code <u>W 2 0 3</u>			H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _ _ _ _ _ _ _ _ _ _	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 or- <u>311295</u> <u>N M D 9 8 6 6 7 5 9 7 3</u>		E. Quantity received in reporting year _ _ _ _ _ _ _ _ _ _ <u>3 6 4 4</u>		F. UOM <u>1</u>	
G. Form code <u>W 2 0 3</u>			H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _ _ _ _ _ _ _ _ _ _	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 or- <u>311101</u> <u>N M D 9 8 6 6 7 6 2 2 9</u>		E. Quantity received in reporting year _ _ _ _ _ _ _ _ _ _ <u>1 5 0 7</u>		F. UOM <u>1</u>	
G. Form code <u>W 2 0 3</u>			H. Management Method Code <u>H 1 4 1</u>			

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2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. NMID980698849

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INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D039 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310571 NMID986683415		321		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W203		H141				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D039 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1821154 <input type="checkbox"/> Check if ID same as in Waste 1 or NMID986683589		871		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W203		H141				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D039 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2336194 <input type="checkbox"/> Check if ID same as in Waste 2 or NMP360082052		3490		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W203		H141				

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7-008-01

EPA ID NO. NM D 9 8 0 6 9 8 8 4 9

2003 HAZARDOUS WASTE REPORT

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INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311697 N M R 0 0 0 0 0 1 2 0 6		7 9 0		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W 2 0 3			H 1 4 1			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 1 310667 or- N M R 0 0 0 0 0 1 9 9 0		9 9 8		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W 2 0 3			H 1 4 1			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 2 2408686 or- N M R 0 0 0 0 0 2 6 5 9		2 9 4		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W 2 0 3			H 1 4 1			

Comments:

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2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. NMID980698849

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INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		D001 D018 D039 D040			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2130850 NM0000004564				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W203		H141				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D039 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311995 <input type="checkbox"/> Check if ID same as in Waste 1 or NM0000108241				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W203		H141				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D039 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311978 <input type="checkbox"/> Check if ID same as in Waste 2 or NM0001010826				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W203		H141				

Comments:

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2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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EPA ID NO. NM D 9 8 0 6 9 8 8 4 9

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311280				1		
or: NM D 1 0 4 1 5 0 0 2 4		2 0 6 3				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310736				1		
or: NM D 9 8 2 5 1 6 3 9 5		2 2 7 1				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311319				1		
or: NM D 9 8 6 6 7 3 5 0 7		1 4 6 0				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Comments:

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2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. NMID980698849

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INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code D039 N/A N/A N/A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 311457 NN0000591222		E. Quantity received in reporting year 1085		F. UOM 1	
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code W203			H. Management Method Code H141			

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code D039 N/A N/A N/A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 311398 or <input type="checkbox"/> Check if ID same as in Waste 1 NN0000978395		E. Quantity received in reporting year 924		F. UOM 1	
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code W203			H. Management Method Code H141			

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code D039 N/A N/A N/A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 311543 or <input type="checkbox"/> Check if ID same as in Waste 2 NN2140909100		E. Quantity received in reporting year 26		F. UOM 1	
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code W203			H. Management Method Code H141			

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2003 HAZARDOUS WASTE REPORT

7-008-01

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EPA ID NO. NM D 9 8 0 6 9 8 8 4 9

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1: SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS. EPA hazardous waste code: D039, N/A. State hazardous waste code: [blank]. Off-site handler EPA ID Number: 1994966. Quantity received: 1152. UOM: 1. Density: [blank]. Form code: W203. Management Method Code: H141.

Waste 2: IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS. EPA hazardous waste code: D001, D018, D039, D040. State hazardous waste code: [blank]. Off-site handler EPA ID Number: 9043314. Quantity received: 247. UOM: 1. Density: [blank]. Form code: W203. Management Method Code: H141.

Waste 3: SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS. EPA hazardous waste code: D039, N/A. State hazardous waste code: [blank]. Off-site handler EPA ID Number: 9043314. Quantity received: 6478. UOM: 1. Density: [blank]. Form code: W203. Management Method Code: H141.

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 9 8 0 6 9 8 8 4 9

**FORM
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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 0 1</u> <u>D 0 1 8</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>9043314</u> <u>A Z C E S Q G</u>		E. Quantity received in reporting year _____ <u>4 0 8</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 0 1</u> <u>D 0 1 8</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>1758715</u> or <u>C O C E S Q G</u>		E. Quantity received in reporting year _____ <u>1 3 1 3</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>1758715</u> or <u>C O C E S Q G</u>		E. Quantity received in reporting year _____ <u>2 8 1 6 0</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

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EPA ID NO. N M D 9 8 0 6 9 8 8 4 9

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INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		<u>D 0 0 1</u> <u>D 0 1 8</u>	<u>D 0 3 9</u> <u>D 0 4 0</u>	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<u>1758715</u>		<u>3 8 4 5</u>	<u>1</u>	<u> </u> <u> </u>	
G. Form code		H. Management Method Code			
<u>W 2 0 3</u>		<u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		<u>D 0 0 1</u> <u>D 0 1 8</u>	<u>D 0 3 9</u> <u>D 0 4 0</u>	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 1 <u>2240853</u>		<u>2 9 5 4</u>	<u>1</u>	<u> </u> <u> </u>	
G. Form code		H. Management Method Code			
<u>W 2 0 3</u>		<u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		<u>D 0 3 9</u> <u>N / A</u>	<u>N / A</u> <u>N / A</u>	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 2 <u>2240853</u>		<u>5 2 6 8 2</u>	<u>1</u>	<u> </u> <u> </u>	
G. Form code		H. Management Method Code			
<u>W 2 0 3</u>		<u>H 1 4 1</u>			

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2003 HAZARDOUS WASTE REPORT

7-008-01

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EPA ID NO. N M D 9 8 0 6 9 8 8 4 9

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		<u>D 0 0 1</u> <u>D 0 1 8</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<u>2240853</u> <u>N M C E S Q G</u>		<u>1 3 0 5 1</u>	<u>1</u>	<u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 0 3</u>		<u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		<u>D 0 0 1</u> <u>D 0 0 6</u> <u>D 0 1 8</u> <u>N / A</u>		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 1 <u>2240853</u> or <u>N M C E S Q G</u>		<u>7 0 3</u>	<u>1</u>	<u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 0 3</u>		<u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		<u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 2 <u>311664</u> or <u>U T C E S Q G</u>		<u>6 0 9</u>	<u>1</u>	<u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 0 3</u>		<u>H 1 4 1</u>			

Comments:

MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11) CHECK CORRECT BOX(ES)	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.		
2. Site EPA ID Number (see instructions on page 11)	EPA ID Number: NMD000804294		
3. Site Name (see instructions on page 11)	Legal Name: SAFETY-KLEEN SYSTEMS, INC.		
4. Site Location Information (see instructions on page 11)	Street Address: 2720 GIRARD NE		State: NM
	City, Town, or Village: ALBUQUERQUE		
	County Name: BERNALILLO		Zip Code: 87107- -
5. Site Land Type (see instructions on page 11)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)	A. 562112		B. 532490
	C. 484220		D.
7. Site Mailing Address (see instructions on page 12)	Street or P.O. Box: 1502 E. VILLA ST. 2ND FLOOR		
	City, Town, or Village: ALBUQUERQUE		State: NM
	Country:		Zip Code: 87107- -
8. Site Contact Person (see instructions on page 12)	First Name: BEN		MI: W Last Name: SMITH
	Phone Number: (847) 468-6725 Extension:		Email: BEN.SMITH@SAFETY-KLEEN.COM
9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)	A. Name of Site's Operator: SAFETY-KLEEN SYSTEMS INC.		Date Became Operator (mm/dd/yyyy): 12/21/1989
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: SAFETY-KLEEN SYSTEMS, INC.		Date Became Owner (mm/dd/yyyy): 03/02/2004
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: 5400 LEGACY DRIVE		
	City, Town, or Village: PLANO		
	State: TX Zip Code: 75024- - Country:		

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste

(choose only one of the following three categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- N d. United States Importer of Hazardous Waste
- N e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- Y **2. Transporter of Hazardous Waste**
- Y **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity
- N **4. Recycler of Hazardous Waste (at your site)** Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace**
 - N a. Small Quantity On-site Burner Exemption
 - N b. Smelting, Melting, Refining Furnace Exemption
- N **6. Underground Injection Control**

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 KG or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply)

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste N

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- Y a. Transporter
- Y b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- N a. Processor
- N b. Re-refiner

N **3. Off-Specification Used Oil Burner**

4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)

- N a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- N b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on page 16)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	F001	F002	F003	F005	D006	D007
D008	D011	D018	D022	D027	D028	D035
D036	D038	D039	D040			



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2003 Hazardous Waste Report

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

Sec. 1	A. Waste Description WASTE COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING - MONOETHANOLAMINE		
B. EPA Hazardous Waste Code D006 D008 D018 D027 D038 D039 D040		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W203	F. Quantity Generated in 2003 9,938.20	G. UOM 1 Density 7.90 lb./gal.

Sec. 2	Was any of this waste managed on-site? No	
ON-SITE PROCESS SYSTEM 1 On-site process system type		ON-SITE PROCESS SYSTEM 2 On-site process system type
Quantity treated, disposed, or recycled on-site in 2003		Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H020	D. Total quantity shipped in 2003 5,593.20

Comments .NULL.			
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U.S. ENVIRONMENTAL
PROTECTION AGENCY
2003 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME

SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

Sec. 1	A. Waste Description TOXIC AND IGNITABLE SPENT SOLVENT / PAINT WASTE - MIXTURE OF NON-HALOGENATED SOLVENTS		
B. EPA Hazardous Waste Code F003 F005 D001 D035		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W211	F. Quantity Generated in 2003 143.80	G. UOM 1 Density 7.20 lb./gal.

Sec. 2	Was any of this waste managed on-site? No			
ON-SITE PROCESS SYSTEM 1 On-site process system type		Quantity treated, disposed, or recycled on-site in 2003	ON-SITE PROCESS SYSTEM 2 On-site process system type	Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H020	D. Total quantity shipped in 2003 143.80

Comments NULL			
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U.S. ENVIRONMENTAL PROTECTION AGENCY
2003 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

Sec. 1	A. Waste Description SPENT AQUEOUS BRAKE CLEANING SOLUTION		
B. EPA Hazardous Waste Code D039		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W101	F. Quantity Generated in 2003 19,729.10	G. UOM 1 Density 8.30 lb./gal.

Sec. 2	Was any of this waste managed on-site? No	
ON-SITE PROCESS SYSTEM 1 On-site process system type		ON-SITE PROCESS SYSTEM 2 On-site process system type
Quantity treated, disposed, or recycled on-site in 2003		Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H141	D. Total quantity shipped in 2003 19,895.10

Comments

NULL



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2003 Hazardous Waste Report



**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

Sec. 1	A. Waste Description TOXIC SPENT SOLVENT USED IN DRY CLEANING - TETRACHLOROETHYLENE		
B. EPA Hazardous Waste Code F002 D039		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W310	F. Quantity Generated in 2003 14,800.00	G. UOM 1 Density 13.00 lb./gal.

Sec. 2	Was any of this waste managed on-site? NO	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site process system type	Quantity treated, disposed, or recycled on-site in 2003	On-site process system type Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site #	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2003
1	OHD980587364	H020	7,135.00
2	TXD077603371	H141	7,605.00

Comments
NULL.



U.S. ENVIRONMENTAL PROTECTION AGENCY
2003 Hazardous Waste Report

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294



WASTE GENERATION AND MANAGEMENT

Sec. 1	A. Waste Description WASTE COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING - MONOETHANOLAMINE		
B. EPA Hazardous Waste Code D006 D008 D018 D027 D039 D040		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W203	F. Quantity Generated in 2003 932.20	G. UOM 1 Density 7.90 lb./gal.

Sec. 2	Was any of this waste managed on-site? No		
ON-SITE PROCESS SYSTEM 1 On-site process system type		Quantity treated, disposed, or recycled on-site in 2003	ON-SITE PROCESS SYSTEM 2 On-site process system type
		Quantity treated, disposed, or recycled on-site in 2003	Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H020	D. Total quantity shipped in 2003 1,564.20

Comments
NULL.



**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME

SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

Sec. 1	A. Waste Description TOXIC AND IGNITABLE SPENT SOLVENT/PAINT WASTE - MIXTURE OF NON-HALOGENATED SOLVENTS		
B. EPA Hazardous Waste Code F005 F003 D001 D018 D035		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W211	F. Quantity Generated in 2003 72.00	G. UOM 1 Density 7.20 lb./gal.

Sec. 2	Was any of this waste managed on-site? No		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type	Quantity treated, disposed, or recycled on-site in 2003	On-site process system type	Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H020	D. Total quantity shipped in 2003 72.00

Comments NULL.			
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U.S. ENVIRONMENTAL
PROTECTION AGENCY
2003 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

Sec. 1	A. Waste Description TOXIC AND IGNITABLE SPENT SOLVENT/PAINT WASTE - MIXTURE OF NON-HALOGENATED SOLVENTS		
B. EPA Hazardous Waste Code F005 F003 D001 D018 D035 D039 D040		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W203	F. Quantity Generated in 2003 13,896.00	G. UOM 1 Density 7.20 lb./gal.

Sec. 2	Was any of this waste managed on-site? NO		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type	Quantity treated, disposed, or recycled on-site in 2003	On-site process system type	Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H020	D. Total quantity shipped in 2003 13,896.00

Comments

NULL.



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2003 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

Sec. 1	A. Waste Description IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING - MINERAL SPIRITS SLUDGE		
B. EPA Hazardous Waste Code D001 D039		C. State Hazardous Waste Code	
D. Source Code G13 Management Method code for Source code G25	E. Form Code W603	F. Quantity Generated in 2003 1,950.00	G. UOM 1 Density 10.00 lb./gal.

Sec. 2	Was any of this waste managed on-site? NO	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site process system type	Quantity treated, disposed, or recycled on-site in 2003	On-site process system type Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H061	D. Total quantity shipped in 2003 1,950.00

Comments

NULL.



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2003 Hazardous Waste Report



**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

Sec. 1	A. Waste Description IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING - MINERAL SPIRITS		
B. EPA Hazardous Waste Code D001 D018 D039 D040		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W203	F. Quantity Generated in 2003 215,994.30	G. UOM 1 Density 6.70 lb./gal.

Sec. 2	Was any of this waste managed on-site? NO		
ON-SITE PROCESS SYSTEM 1 On-site process system type		Quantity treated, disposed, or recycled on-site in 2003	ON-SITE PROCESS SYSTEM 2 On-site process system type
			Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H020	D. Total quantity shipped in 2003 260,757.30

Comments
NULL.



U.S. ENVIRONMENTAL PROTECTION AGENCY
2003 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME

SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

Sec. 1	A. Waste Description IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING - MINERAL SPIRITS		
B. EPA Hazardous Waste Code D001 D018 D039 D040		C. State Hazardous Waste Code	
D. Source Code G09 Management Method code for Source code G25	E. Form Code W203	F. Quantity Generated in 2003 148,351.40	G. UOM 1 Density 6.70 lb./gal.

Sec. 2	Was any of this waste managed on-site? No	
ON-SITE PROCESS SYSTEM 1 On-site process system type		ON-SITE PROCESS SYSTEM 2 On-site process system type
Quantity treated, disposed, or recycled on-site in 2003		Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H020	D. Total quantity shipped in 2003 148,351.40

Comments SOURCE CODE - BULKING OF HAZ AND NON-HAZ SOLVENTS NULL.



U.S. ENVIRONMENTAL PROTECTION AGENCY
2003 Hazardous Waste Report

SITE NAME

SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

Sec. 1	A. Waste Description TOXIC AND IGNITABLE SPENT SOLVENT / PAINT WASTE - MIXTURE OF NON-HALOGENATED SOLVENTS		
B. EPA Hazardous Waste Code F005 F003 D001 D018 D035 D039 D040		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W211	F. Quantity Generated in 2003 2,069.00	G. UOM 1 Density 7.20 lb./gal.

Sec. 2	Was any of this waste managed on-site? No	
ON-SITE PROCESS SYSTEM 1 On-site process system type Quantity treated, disposed, or recycled on-site in 2003		ON-SITE PROCESS SYSTEM 2 On-site process system type Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H020	D. Total quantity shipped in 2003 3,794.00

Comments .NULL.			
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U.S. ENVIRONMENTAL
PROTECTION AGENCY
2003 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME

SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

Sec. 1	A. Waste Description TOXIC SPENT SOLVENT USED IN DRY CLEANING - TETRACHLOROETHYLENE		
B. EPA Hazardous Waste Code		C. State Hazardous Waste Code	
F002 D007 D039 D040			
D. Source Code	E. Form Code	F. Quantity Generated in 2003	G. UOM 1
G61			
Management Method code for Source code G25			Density
W202		148,427.00	13.00
			lb./gal.

Sec. 2	Was any of this waste managed on-site? NO	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site process system type	Quantity treated, disposed, or recycled on-site in 2003	On-site process system type Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site #	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2003
1	OHD980587364	H020	80,137.00
2	TXD077603371	H141	65,442.00

Comments			
.NULL.			



U.S. ENVIRONMENTAL PROTECTION AGENCY
2003 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME

SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

Sec. 1	A. Waste Description TOXIC AND IGNITABLE SPENT SOLVENT/PAINT WASTE - MIXTURE OF NON-HALOGENATED SOLVENTS		
B. EPA Hazardous Waste Code F005 F003 D001 D018 D035 D036 D038 D039 D040		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W209	F. Quantity Generated in 2003 62,366.00	G. UOM 1 Density 7.20 lb./gal.

Sec. 2	Was any of this waste managed on-site? No			
ON-SITE PROCESS SYSTEM 1 On-site process system type		Quantity treated, disposed, or recycled on-site in 2003	ON-SITE PROCESS SYSTEM 2 On-site process system type	Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H020	D. Total quantity shipped in 2003 63,425.00

Comments .NULL.			
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U.S. ENVIRONMENTAL
PROTECTION AGENCY
2003 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

Sec. 1	A. Waste Description TOXIC AND IGNITABLE SPENT SOLVENT / PAINT WASTE - MIXTURE OF NON-HALOGENATED SOLVENTS		
B. EPA Hazardous Waste Code F005 F003 D001 D018 D035 D038 D039 D040		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W211	F. Quantity Generated in 2003 13,714.40	G. UOM 1 Density 7.20 lb./gal.

Sec. 2	Was any of this waste managed on-site? NO	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site process system type	Quantity treated, disposed, or recycled on-site in 2003	On-site process system type Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H020	D. Total quantity shipped in 2003 13,384.40

Comments

NULL.



U.S. ENVIRONMENTAL PROTECTION AGENCY
2003 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

Sec. 1	A. Waste Description HAZARDOUS WASTE LIQUID AND SOLID MIXTURE - CONTAMINATED DEBRIS		
B. EPA Hazardous Waste Code F001 F002 F003 F005 D001 D006 D007 D008 D011 D018 D022 D027 D028 D035 D039 D040		C. State Hazardous Waste Code	
D. Source Code G19 Management Method code for Source code G25	E. Form Code W002	F. Quantity Generated in 2003 3,404.00	G. UOM 1 Density 8.00 lb./gal.

Sec. 2	Was any of this waste managed on-site? NO	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site process system type	Quantity treated, disposed, or recycled on-site in 2003	On-site process system type Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H061	D. Total quantity shipped in 2003 3,700.00

Comments SOURCE CODE - DISCARDING OF SAMPLING MATERIAL

NULL.



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2003 Hazardous Waste Report

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294



**WASTE GENERATION
AND MANAGEMENT**

Sec. 1	A. Waste Description SPENT SOLVENT - MINERAL SPIRITS TANK BOTTOMS		
B. EPA Hazardous Waste Code D039 D040		C. State Hazardous Waste Code	
D. Source Code G14 Management Method code for Source code G25	E. Form Code W603	F. Quantity Generated in 2003 31,273.80	G. UOM 1 Density 9.40 lb./gal.

Sec. 2	Was any of this waste managed on-site? No	
ON-SITE PROCESS SYSTEM 1 On-site process system type		ON-SITE PROCESS SYSTEM 2 On-site process system type
Quantity treated, disposed, or recycled on-site in 2003		Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H061	D. Total quantity shipped in 2003 31,273.80

Comments
NULL.



U.S. ENVIRONMENTAL PROTECTION AGENCY
2003 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

Sec. 1	A. Waste Description SPENT AQUEOUS BRAKE CLEANING SOLUTION		
B. EPA Hazardous Waste Code D001		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W101	F. Quantity Generated in 2003 33.20	G. UOM 1 Density 8.30 lb./gal.

Sec. 2	Was any of this waste managed on-site? No	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site process system type	Quantity treated, disposed, or recycled on-site in 2003	On-site process system type Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H141	D. Total quantity shipped in 2003 33.20

Comments

NULL



**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107
EPA ID NO: NMD000804294

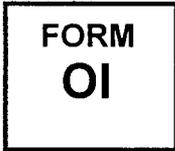
Sec. 1	A. Waste Description SPENT PHOTO FIXER SOLUTION		
B. EPA Hazardous Waste Code D011		C. State Hazardous Waste Code	
D. Source Code G19 Management Method code for Source code G25	E. Form Code W101	F. Quantity Generated in 2003 45.00	G. UOM 1 Density 9.00 lb./gal.

Sec. 2	Was any of this waste managed on-site? No	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site process system type	Quantity treated, disposed, or recycled on-site in 2003	On-site process system type Quantity treated, disposed, or recycled on-site in 2003

Sec. 3	A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H141	D. Total quantity shipped in 2003 45.00

Comments

NULL.



OFF-SITE IDENTIFICATION

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
GIRARD NE
ALBUQUERQUE NM 87107
EPA ID NO: NMD000804294

A. EPA ID No. of off-site installation or transporter OHD980587364	B. Name of off-site installation or transporter SAFETY-KLEEN SYSTEMS INC
C. Handler Type N Generator N Transporter Y TSDR	D. Address of off-site installation Street 581 MILLIKEN DR SE City HEBRON State OH Zip 43025-

A. EPA ID No. of off-site installation or transporter MNR000022947	B. Name of off-site installation or transporter NIGHTHAWK TRANSPORT INC.
C. Handler Type N Generator Y Transporter N TSDR	D. Address of off-site installation Street City State Zip -

A. EPA ID No. of off-site installation or transporter AZ0000001560	B. Name of off-site installation or transporter DIAMOND TRANSPORTATION
C. Handler Type N Generator Y Transporter N TSDR	D. Address of off-site installation Street City State Zip -

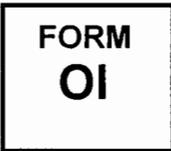
A. EPA ID No. of off-site installation or transporter ILD981195720	B. Name of off-site installation or transporter COAL CITY COB CO INC.
C. Handler Type N Generator Y Transporter N TSDR	D. Address of off-site installation Street City State Zip -

A. EPA ID No. of off-site installation or transporter NYD980769947	B. Name of off-site installation or transporter HAZMAT ENVIRONMENTAL GROUP INC.
C. Handler Type N Generator Y Transporter N TSDR	D. Address of off-site installation Street City State Zip -



U.S. ENVIRONMENTAL PROTECTION AGENCY
2003 Hazardous Waste Report

SITE NAME
SAFETY-KLEEN SYSTEMS, INC.
GIRARD NE
ALBUQUERQUE NM 87107
EPA ID NO: NMD000804294



OFF-SITE IDENTIFICATION

A. EPA ID No. of off-site installation or transporter UTD981552425	B. Name of off-site installation or transporter SLT EXPRESS
C. Handler Type N Generator Y Transporter N TSDR	D. Address of off-site installation Street City State Zip -

A. EPA ID No. of off-site installation or transporter TXD077603371	B. Name of off-site installation or transporter SAFETY KLEEN SYSTEMS INC
C. Handler Type N Generator Y Transporter Y TSDR	D. Address of off-site installation Street 1722 COOPER CREED ROAD City DENTON State TX Zip 76208-

A. EPA ID No. of off-site installation or transporter TXR000050930	B. Name of off-site installation or transporter SAFETY-KLEEN SYSTEMS, INC.
C. Handler Type N Generator Y Transporter N TSDR	D. Address of off-site installation Street City State Zip -

A. EPA ID No. of off-site installation or transporter NED986382133	B. Name of off-site installation or transporter SMITH SYSTEMS TRANSPORTATION INC.
C. Handler Type N Generator Y Transporter N TSDR	D. Address of off-site installation Street City State Zip -

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D O O O 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>C O D 0 0 9 7 9 3 6 1 3</u>	B. Name of off-site installation or transporter <u>NIELSONS INC</u> 310606
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>22419 COUNTY RD. G.</u> PO BOX 1660 City <u>CORTEZ</u> State <u>C O</u> Zip <u>8 1 3 2 1</u>

Site 2	A. EPA ID of off-site installation or transporter <u>C O D 0 4 5 7 2 1 9 4 1</u>	B. Name of off-site installation or transporter <u>CITY CLEANERS</u> 828499
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1514 MAIN AVE</u> City <u>DURANGO</u> State <u>C O</u> Zip <u>8 1 3 0 1</u>

Site 3	A. EPA ID of off-site installation or transporter <u>C O D 0 5 4 9 3 6 2 2 4</u>	B. Name of off-site installation or transporter <u>KEESEE MOTORS</u> 310657
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>111 SOUTH BROADWAY</u> City <u>CORTEZ</u> State <u>C O</u> Zip <u>8 1 3 2 1</u>

Site 4	A. EPA ID of off-site installation or transporter <u>C O D 9 8 3 7 9 6 9 7 0</u>	B. Name of off-site installation or transporter <u>DURANGO SILVERTON RAILROAD</u> 2408708
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>ROUNDHOUSE</u> 479 MAIN AVE City <u>DURANGO</u> State <u>C O</u> Zip <u>8 1 3 0 1</u>

Site 5	A. EPA ID of off-site installation or transporter <u>C O D 9 8 3 8 0 2 5 3 9</u>	B. Name of off-site installation or transporter <u>BODO QUALITY CLEANERS</u> 828511
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>303 SAWYER DR</u> City <u>DURANGO</u> State <u>C O</u> Zip <u>8 1 3 0 1</u>

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>C O R 0 0 0 0 0 4 7 4 7</u>	B. Name of off-site installation or transporter <u>PAT MURPHY MTRS</u> 310614
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>30 PARKER AVE</u> City <u>DURANGO</u> State <u>C O</u> Zip <u>8 1 3 0 2</u>

Site 2	A. EPA ID of off-site installation or transporter <u>C O R 0 0 0 0 0 9 1 3 4</u>	B. Name of off-site installation or transporter <u>MOREHART CHEVROLET</u> 1707811
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>31 PARKER AVE</u> City <u>DURANGO</u> State <u>C O</u> Zip <u>8 1 3 0 1</u>

Site 3	A. EPA ID of off-site installation or transporter <u>C O R 0 0 0 0 1 2 9 5 5</u>	B. Name of off-site installation or transporter <u>COLORADO DEPT OF TRANSPORT</u> 311102
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>20581 HIGHWAY 160 WEST</u> City <u>DURANGO</u> State <u>C O</u> Zip <u>8 1 3 0 1</u>

Site 4	A. EPA ID of off-site installation or transporter <u>C O R 0 0 0 2 0 0 6 3 4</u>	B. Name of off-site installation or transporter <u>STEVE KEETCH MTRS</u> 310881
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>127 N BROADWAY</u> City <u>CORTEZ</u> State <u>C O</u> Zip <u>8 1 3 2 1</u>

Site 5	A. EPA ID of off-site installation or transporter <u>C O 0 0 0 0 1 2 7 7 6 1</u>	B. Name of off-site installation or transporter <u>STEVE KEETCH MTRS</u> 310881
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>127 N BROADWAY</u> City <u>CORTEZ</u> State <u>C O</u> Zip <u>8 1 3 2 1</u>

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. NM D 0 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter NM D 0 0 0 0 4 0 5 1	B. Name of off-site installation or transporter DRY CLEANING PLUS 2824695
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 7120 WYOMING NE #2 DEL NORTE SHOPPING CENTER City ALBUQUERQUE State NM Zip 871109

Site 2	A. EPA ID of off-site installation or transporter NM D 0 0 2 2 9 9 6 3 4	B. Name of off-site installation or transporter AMIGO CHEVROLET 310634
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 1900 S 2ND City GALLUP State NM Zip 871301

Site 3	A. EPA ID of off-site installation or transporter NM D 0 0 2 8 7 4 3 7 8	B. Name of off-site installation or transporter CLEAR CHANNEL OUTDOOR 2538945
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 4115 EDITH AVE NE LEE BURLESON City ALBUQUERQUE State NM Zip 871107

Site 4	A. EPA ID of off-site installation or transporter NM D 0 0 5 8 7 0 9 2 8	B. Name of off-site installation or transporter GALLES CHEVROLET CO 776161
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street VENDOR #2167 1601 LOMAS NE City ALBUQUERQUE State NM Zip 871102

Site 5	A. EPA ID of off-site installation or transporter NM D 0 0 7 1 1 2 3 3 7	B. Name of off-site installation or transporter RICH FORD 311402
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street USED CAR DEPT 8601 LOMAS NE City ALBUQUERQUE State NM Zip 871112

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 0 0 7 4 3 4 8 5 5</u>	B. Name of off-site installation or transporter <u>HYDRO CONDUIT CORP</u> 9103723
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>DBA RINKER MATERIAL</u> 2800 SECOND ST SW City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 2</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 0 2 1 2 3 4 2 9 9</u>	B. Name of off-site installation or transporter <u>HOLIDAY PARK CLEANERS INC</u> 1905847
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>2917 JUAN TABO BLVD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1 1</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 6 7 3 5 4 0</u>	B. Name of off-site installation or transporter <u>AMERICAN LINEN SUPPLY CO</u> 310547
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>WELCHS OVERALL CLEANING CO 517 1ST ST NW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 2</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 6 7 8 9 2 9</u>	B. Name of off-site installation or transporter <u>CENTRAL MOTIVE POWER</u> 310615
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>3740 PRINCETON DR NE</u> ATTN: MARTIN City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 7</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 6 9 4 2 6 4</u>	B. Name of off-site installation or transporter <u>ZANGARA DODGE</u> 9501632
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>8528 LOMAS BLVD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1 0</u>

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 6 9 4 5 0 4</u>	B. Name of off-site installation or transporter <u>MELLOY NISSAN</u> 9005164
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>USED CAR DEPT</u> <u>7701 LOMAS NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 6 9 5 9 0 7</u>	B. Name of off-site installation or transporter <u>MUNOS PAINT & BODY</u> 958340
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>7315 CENTRAL NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 8</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 6 9 9 5 9 4</u>	B. Name of off-site installation or transporter <u>GALLES USED CAR-SERVICE</u> 2241174
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1300 LOMAS NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 2</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 7 3 4 9 5 3</u>	B. Name of off-site installation or transporter <u>RIO VALLEY MOTORS LLC</u> 1969520
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>531 ONATE ST</u> <u>PAINT & BODY SHOP</u> City <u>ESPANOLA</u> State <u>N M</u> Zip <u>8 7 1 5 1 2</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 7 3 7 1 7 0</u>	B. Name of off-site installation or transporter <u>PERFORMANCE BUICK GMC</u> 1894238
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1700 SAN JUAN BLVD</u> <u>ATTN: JOHN REESE</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 1 4 0 1</u>

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM OI

OFF-SITE IDENTIFICATION

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 7 4 0 7 9 4</u>	B. Name of off-site installation or transporter <u>WAGNER EQUIPMENT</u> 311093
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>1000 TROY KING RD</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 1</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 7 4 0 9 5 0</u>	B. Name of off-site installation or transporter <u>SAN JUAN SPRING CO</u> 311172
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>409 EAST BROADWAY</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 1</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 7 4 3 8 2 2</u>	B. Name of off-site installation or transporter <u>ELITE LAUNDRY CO INC</u> 82847E
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>208 E 66 AVE</u> City <u>GALLUP</u> State <u>N M</u> Zip <u>8 7 3 0 1</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 7 4 6 5 1 0</u>	B. Name of off-site installation or transporter <u>NAVAJO SHOPPING CNTR</u> 275861E
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>CHINO LOOP 1/2M W OF HWY 6</u> City <u>GAMERCO</u> State <u>N M</u> Zip <u>8 7 3 1 7</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 7 6 4 6 5 3</u>	B. Name of off-site installation or transporter <u>QUALITY CHEVROLET-CADILLAC</u> 310721
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>610 GRAND AVE</u> PO BOX 1268 City <u>LAS VEGAS</u> State <u>N M</u> Zip <u>8 7 7 0 1</u>

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 0 3 5 7 8 8 8 6 8</u>	B. Name of off-site installation or transporter <u>ALEX SAFETY LANE</u> 310855
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>1370 PACHECO ST</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 1</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 0 3 8 3 0 7 8 4 9</u>	B. Name of off-site installation or transporter <u>JAY WALTONS AUTOMOTIVE</u> 311012
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>9401 CENTRAL NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 2 3</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 0 3 8 3 1 0 8 5 0</u>	B. Name of off-site installation or transporter <u>J & E BODY SHOP</u> 958327
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>8610 COPPER NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 8</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 0 3 8 3 1 1 2 5 4</u>	B. Name of off-site installation or transporter <u>ADOBE ACRES LAUNDRY DRY CL</u> 2601250
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>3745 ISLETA BLVD SW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 5</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 0 4 1 3 5 8 9 0 4</u>	B. Name of off-site installation or transporter <u>NEW MEXICO TECH</u> 2426703
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>801 LEROY PL.</u> <u>PHYSICAL PLANT GARAGE</u> City <u>SOCORRO</u> State <u>N M</u> Zip <u>8 7 8 0 1</u>

Comments:

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter N M D 0 4 2 9 9 3 3 0 3	B. Name of off-site installation or transporter BOB TURNER FORD 310932
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 1101 MONTANO NE VENDOR #3205 City ALBUQUERQUE State N M Zip 8 7 1 0 2

Site 2	A. EPA ID of off-site installation or transporter N M D 0 4 7 1 3 0 1 5 8	B. Name of off-site installation or transporter LEE GALLES OLDSMOBILE - VE 310711
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 6401 SAN MATEO NE City ALBUQUERQUE State N M Zip 8 7 1 0 9

Site 3	A. EPA ID of off-site installation or transporter N M D 0 4 7 1 4 2 5 9 1	B. Name of off-site installation or transporter GOODWILL INDUSTRIES 1961334
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 5000 SAN MATEO NE SAN MATEO NORTH OF MCLEOD City ALBUQUERQUE State N M Zip 8 7 1 0 9

Site 4	A. EPA ID of off-site installation or transporter N M D 0 5 2 6 9 0 1 2 0	B. Name of off-site installation or transporter SHOLLENBARGER WOOD 1726350
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street NORTH HILL ROAD P O BOX 5580 City BERNALILLO State N M Zip 8 7 0 0 4

Site 5	A. EPA ID of off-site installation or transporter N M D 0 5 8 2 1 4 0 8 1	B. Name of off-site installation or transporter N M ST UNIVERSITY-GRANTS 311153
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 1500 3RD ST City GRANTS State N M Zip 8 7 0 2 0

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

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FORM OI

OFF-SITE IDENTIFICATION

EPA ID NO. N M D 0 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 0 6 1 2 6 9 0 5 6</u>	B. Name of off-site installation or transporter <u>J B ONE HOUR CLNRS</u> 828510
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>JACK BROWN</u> 1615 EUBANK NE City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 2</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 0 6 1 2 7 1 2 8 4</u>	B. Name of off-site installation or transporter <u>UNITED PARCEL SVC</u> 311097
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>UPS #0681</u> 2401 COMMANCHE NE City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 7</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 0 6 1 2 7 7 8 6 9</u>	B. Name of off-site installation or transporter <u>SCOTCH CLNRS</u> 828472
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1421 WYOMING BLVD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 2</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 0 6 4 9 0 9 5 7 5</u>	B. Name of off-site installation or transporter <u>AUGE BOYS</u> 958399
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>800 E RIVER RD</u> PO BOX 497 City <u>BELEN</u> State <u>N M</u> Zip <u>8 7 1 0 2</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 0 6 9 4 1 7 1 2 9</u>	B. Name of off-site installation or transporter <u>MCT INDUSTRIES INC</u> 712277
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>7451 PAN AMERICAN NE</u> City <u>ALBURQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 9</u>

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EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

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2003 HAZARDOUS WASTE REPORT

FORM

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OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 0 9 4 1 3 8 9 3 0</u>	B. Name of off-site installation or transporter <u>SUDS PARLOR</u> 2525814
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>4208 CARLISLE NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 7</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 0 9 9 3 7 2 4 5 0</u>	B. Name of off-site installation or transporter <u>CENTRAL PAINT & BODY</u> 9182955
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>DAVID MARTINEZ</u> <u>1710 CENTRAL AVE SW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 4</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 1 0 2 7 9 4 0 0 5</u>	B. Name of off-site installation or transporter <u>SAN JUAN COLLEGE</u> 1717443
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>4601 COLLEGE BLVD</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 2</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 1 0 6 6 0 6 4 7 8</u>	B. Name of off-site installation or transporter <u>GOODYEAR 9124</u> 310560
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>307 W COAL AVE</u> City <u>GALLUP</u> State <u>N M</u> Zip <u>8 7 3 0 1</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 1 0 6 6 1 1 2 0 5</u>	B. Name of off-site installation or transporter <u>JAPANESE CAR CARE</u> 310861
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>2517 VIRGINIA NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0</u>

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM OI

OFF-SITE IDENTIFICATION

EPA ID NO. NM D 1 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter NM D 1 0 6 6 1 4 4 4 9	B. Name of off-site installation or transporter AMERICAN PRIDE CLEANERS 2138828
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 1349 SAN MATEO BLVD SE City ALBUQUERQUE State NM Zip 8 7 1 1 0 8

Site 2	A. EPA ID of off-site installation or transporter NM D 1 1 6 2 4 7 9 8 2	B. Name of off-site installation or transporter HUTTON PLAZA DRY CLNRS 828489
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 2501 E 20TH City FARMINGTON State NM Zip 8 7 4 0 1

Site 3	A. EPA ID of off-site installation or transporter NM D 1 4 9 8 0 6 8 9 5	B. Name of off-site installation or transporter CREAMLAND DAIRY 708597
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 1910 2ND NW-MAINTENANCE PO BOX 25067 City ALBUQUERQUE State NM Zip 8 7 1 1 2 5

Site 4	A. EPA ID of off-site installation or transporter NM D 1 5 3 5 7 0 5 6 9	B. Name of off-site installation or transporter ARNIES CLNRS 2565953
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 8217 MENAUL BLVD NE City ALBUQUERQUE State NM Zip 8 7 1 1 1 0

Site 5	A. EPA ID of off-site installation or transporter NM D 1 6 5 0 7 4 6 2 6	B. Name of off-site installation or transporter ALBUQUERQUE FOREIGN AUTO 310642
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street ATTN BILL OR CASEY PROFFER 5028 BROADWAY SE City ALBUQUERQUE State NM Zip 8 7 1 1 0 5

Comments:

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2003 HAZARDOUS WASTE REPORT

7-008-01

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**OFF-SITE
IDENTIFICATION**

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 1 8 0 0 0 9 0 3</u>	B. Name of off-site installation or transporter <u>US POSTAL SVC</u> 31059C
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>VEH MAINT FAC/J TROWBRIDGE 1135 BROADWAY NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 1</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 3 6 0 0 1 0 2 9 2</u>	B. Name of off-site installation or transporter <u>PUBLIC SVC CO</u> 311054
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>FLEET OPERATIONS 4201 EDITH BLVD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 7</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 0 6 2 1 1 9 7</u>	B. Name of off-site installation or transporter <u>UNIV OF NEW MEXICO</u> 311111
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>1800 TUCKER NE AUTOM CTR - LOMAS & UNIVER</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 6</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 0 6 2 2 9 8 9</u>	B. Name of off-site installation or transporter <u>ETHICON ENDO-SURGERY</u> 2326623
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>3801 UNIVERSITY BLVD SE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 6</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 0 8 8 0 3 4 8</u>	B. Name of off-site installation or transporter <u>ALBUQUERQUE PUBLISHING</u> 2010114
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>7777 JEFFERSON NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 3</u>

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

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OI**

**OFF-SITE
IDENTIFICATION**

EPA ID NO. N M D 0 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 5 1 2 3 4 6</u>	B. Name of off-site installation or transporter <u>MELLOY DODGE</u> 310720
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1200 LOMAS NE</u> VENDOR #329 City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 2</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 5 1 2 6 4 3</u>	B. Name of off-site installation or transporter <u>ONE HOUR MARTINIZING</u> 828492
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>2801 RODEO RD</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 4</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 5 1 2 6 5 0</u>	B. Name of off-site installation or transporter <u>ONE HOUR MARTINIZING</u> 828495
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1091 ST FRANCIS DR</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 1</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 5 1 2 6 6 8</u>	B. Name of off-site installation or transporter <u>ONE HOUR MARTINIZING</u> 828493
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1710 LLANO ST</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 1</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 5 1 2 6 7 6</u>	B. Name of off-site installation or transporter <u>ONE HOUR MARTINIZING</u> 828474
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>400 N GUADALUPE</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 1</u>

Comments:

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7-008-01

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 5 1 2 6 9 2</u>	B. Name of off-site installation or transporter <u>A K CLEANERS</u> 2811766
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>9577 OSUNA NE #4</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 5 8 6 9 6 9</u>	B. Name of off-site installation or transporter <u>EARL SCHIEB</u> 2833395
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>8602 CENTRAL AVE SE</u> <u>ATTN:DICK DORAN</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 8</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 5 8 9 4 1 9</u>	B. Name of off-site installation or transporter <u>CITY OF ALBUQUERQUE</u> 310551
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>FLEET MANAGEMENT ANNEX</u> <u>6TH & ASPEN</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 2</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 5 9 1 8 5 2</u>	B. Name of off-site installation or transporter <u>PREMIER MOTORCARS OF SANTA</u> 1961222
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>4480 CERRILLOS ROAD</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 7</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 5 9 1 8 6 0</u>	B. Name of off-site installation or transporter <u>NAVARRO OLDS CADILLAC</u> 310497
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>800 ST MICHAELS DR</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 1</u>

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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**OFF-SITE
IDENTIFICATION**

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 5 9 1 8 8 6</u>	B. Name of off-site installation or transporter <u>SANTA FE MAZDA VOLVO</u> 9501497
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>2704 CERRILLOS RD</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 1 5 1 0 1 5</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 5 9 1 9 2 8</u>	B. Name of off-site installation or transporter <u>ZIEMS FORD CORNERS</u> 310710
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>5700 E MAIN ST</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 2</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 0 6 6 9 2</u>	B. Name of off-site installation or transporter <u>PENSKE TRK LEASING</u> 310636
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1400 CANDELARIA RD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 7</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 1 0 0 3 3</u>	B. Name of off-site installation or transporter <u>GRANBURY CLEANERS</u> 1955209
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>C/O SAM RAJAN</u> 4314 LOMAS BLVD NE City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1 0</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 1 0 1 1 6</u>	B. Name of off-site installation or transporter <u>CITY OF ALBUQUERQUE</u> 310630
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>LIQUID WASTE</u> 4201 2ND ST City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 1 5</u>

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

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Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 1 0 1 6 5</u>	B. Name of off-site installation or transporter <u>QUALITY JEEP EAGLE #582</u> 310617
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>8101 LOMAS BLVD NE</u> <u>WEST SVC DEPR OUTSIDE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 1 0 1 7 3</u>	B. Name of off-site installation or transporter <u>RED'S AUTO SVC, INC.</u> 2096279
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>312 DAKOTA SE</u> <u>ATTN: DAVE HOEFEL</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 8</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 1 0 1 9 9</u>	B. Name of off-site installation or transporter <u>HI COUNTRY CHEVROLET</u> 2019001
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>404 W CHACO</u> <u>SERVICE BAY 1 - ATTN: BOB</u> City <u>AZTEC</u> State <u>N M</u> Zip <u>8 7 4 1 0</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 1 0 3 1 4</u>	B. Name of off-site installation or transporter <u>COMET CLEANERS</u> 2296564
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>5505 OSUNA ROAD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 9</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 1 0 3 2 2</u>	B. Name of off-site installation or transporter <u>COMET CLEANERS</u> 2101310
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>3301 COORS ROAD NW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 2 0</u>

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM OI

OFF-SITE IDENTIFICATION

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter NM D 9 8 1 6 1 0 3 3 0	B. Name of off-site installation or transporter COMET CLEANERS 2101267
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 12500 MONTGOMERY BLVD NE City ALBUQUERQUE State NM Zip 8 7 1 1 1 1

Site 2	A. EPA ID of off-site installation or transporter NM D 9 8 1 6 1 0 3 4 8	B. Name of off-site installation or transporter COMET CLEANERS 2101276
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 5850 EUBANK NE City ALBUQUERQUE State NM Zip 8 7 1 1 1 1

Site 3	A. EPA ID of off-site installation or transporter NM D 9 8 1 6 1 0 3 6 3	B. Name of off-site installation or transporter QUIC TRANSMISSION 1814602
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 10300 MENAUL NE ATTN: DANIEL City ALBUQUERQUE State NM Zip 8 7 1 1 1 2

Site 4	A. EPA ID of off-site installation or transporter NM D 9 8 1 6 1 0 3 7 1	B. Name of off-site installation or transporter U HAUL 2448605
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 3101 PRINCETON NE City ALBUQUERQUE State NM Zip 8 7 1 1 0 7

Site 5	A. EPA ID of off-site installation or transporter NM D 9 8 1 6 1 0 3 8 9	B. Name of off-site installation or transporter NORTHWEST AUTO INC 310574
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 6897 4TH NW City ALBUQUERQUE State NM Zip 8 7 1 1 0 7

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D O O O 8 0 4 2 9 4

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2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 1 1 2 4 7</u>	B. Name of off-site installation or transporter PUBLIC SERVICE COMPANY OF 310781
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>PO BOX 1268</u> 4565 STATE RD 14 City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 5</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 1 1 8 9 0</u>	B. Name of off-site installation or transporter CITY OF ALBUQUERQUE - FLEE 310883
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>PO BOX 1293</u> 5501 PINO ST NE City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 9</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 8 9 9 1 3 1</u>	B. Name of off-site installation or transporter COMET CLEANERS 2101291
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>6601 4TH STREET NW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 7</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 8 9 9 1 5 6</u>	B. Name of off-site installation or transporter HOLIDAY LNDRY & CLNRS 828482
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>715 N FIRST ST</u> City <u>GRANTS</u> State <u>N M</u> Zip <u>8 7 0 2 0</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 9 0 5 4 3 3</u>	B. Name of off-site installation or transporter HOLIDAY CLNRS 828529
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>JOHN YAZZIE</u> 500 W 66 City <u>GALLUP</u> State <u>N M</u> Zip <u>8 7 3 0 1</u>

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 2 8 3 5 0 9</u>	B. Name of off-site installation or transporter <u>DAVIS CLNRS</u> 9188958
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>2906 JUAN TABO NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 2</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 2 8 5 4 6 2</u>	B. Name of off-site installation or transporter <u>ABQ CLEANERS INC</u> 828467
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>3002 MONTE VISTA BLVD</u> City <u>ALBQ</u> State <u>N M</u> Zip <u>8 7 1 1 0 6</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 2 9 3 0 4 5</u>	B. Name of off-site installation or transporter <u>COMET CLEANERS</u> 2101284
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>7301 SAN ANTONIO DR NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 9</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 3 0 6 6 1 5</u>	B. Name of off-site installation or transporter <u>COMET CLEANERS</u> 2101247
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1510 TRAMWAY BLVD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 2</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 3 0 6 6 3 1</u>	B. Name of off-site installation or transporter <u>T N T DISTRIBUTING</u> 311135
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>8325 CORONA LOOP NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1 3</u>

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 5 4 9 2 0 6</u>	B. Name of off-site installation or transporter <u>THE CLEANERS ON LOMAS</u> 2472421
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>6805 LOMAS NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1 0</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 5 4 9 2 5 5</u>	B. Name of off-site installation or transporter <u>DAVIS CLEANERS</u> 2079453
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>5300 MENAUL BLVD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1 0</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 5 5 1 1 4 5</u>	B. Name of off-site installation or transporter <u>R & C BODY</u> 1799095
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>11505 CENTRAL NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 2 3</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 5 5 2 2 0 0</u>	B. Name of off-site installation or transporter <u>PERFECTION AUTO CRAFT</u> 2629222
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>C/O PATRICK GARCIA 2505 MADISON NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1 0</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 5 5 2 2 1 8</u>	B. Name of off-site installation or transporter <u>HOFFMANTOWN BODY SHOP</u> 958482
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>8591 NORTHEASTERN NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1 2</u>

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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**OFF-SITE
IDENTIFICATION**

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 5 5 3 2 3 2</u>	B. Name of off-site installation or transporter <u>THE CLEANERY</u> 828491
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>5200 EUBANK NE SUITE NO 4E</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1 1</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 5 5 3 4 6 3</u>	B. Name of off-site installation or transporter <u>MASTER CLEANERS</u> 2529562
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>417 TRAMWAY NE #15</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1 2</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 5 5 3 5 3 9</u>	B. Name of off-site installation or transporter <u>CONLEY CLEANERS</u> 2537071
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>2003 SOUTHERN BLVD</u> City <u>RIO RANCHO</u> State <u>N M</u> Zip <u>8 7 1 2 4</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 5 5 5 6 2 5</u>	B. Name of off-site installation or transporter <u>LORETTA'S CLEANERS</u> 2538685
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>254 MILLS AVE</u> City <u>LAS VEGAS</u> State <u>N M</u> Zip <u>8 7 7 0 1 1</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 5 5 6 6 5 6</u>	B. Name of off-site installation or transporter <u>RELIABLE CHEVROLET</u> 958410
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>BODY SHOP:VENDOR # 50168 9901 COORS N.W.</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 4</u>

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 5 5 9 4 2 9</u>	B. Name of off-site installation or transporter <u>AMERICAN TOYOTA - VENDOR #</u> 310947
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>5995 ALAMEDA NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 3</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 5 6 2 1 1 8</u>	B. Name of off-site installation or transporter <u>ONE HOUR MARTINIZING</u> 828498
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>5809 JUAN TABO NE #M</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 2</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 7 5 8 3 3 6</u>	B. Name of off-site installation or transporter <u>CAR CRAFTERS</u> 958413
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>5101 MCLEOD RD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 9</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 7 6 0 1 4 2</u>	B. Name of off-site installation or transporter <u>BERNALILLO COUNTY</u> 311630
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>FLEET MANAGEMENT 2400 BROADWAY BLVD SE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 2</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 2 7 6 0 1 5 9</u>	B. Name of off-site installation or transporter <u>MASTER CLNRS</u> 2529576
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>2400 RIO GRANDE NW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 7</u>

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM OI

OFF-SITE IDENTIFICATION

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 6 8 3 7 4	B. Name of off-site installation or transporter CITY OF RIO RANCHO 310570
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street BEHIND FIRESTATION 1017 29TH STREET City RIO RANCHO State NM Zip 8 7 1 1 2 4

Site 2	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 6 8 6 0 6	B. Name of off-site installation or transporter COMET ONE HOUR CLNRS 828508
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 2810 E 20TH ST City FARMINGTON State NM Zip 8 7 4 0 1

Site 3	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 6 8 7 5 4	B. Name of off-site installation or transporter ALLENS COLLISION CTR & FLT 958314
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 4514 2ND ST NW PO BOX 26716 City ALBUQUERQUE State NM Zip 8 7 1 1 2 5

Site 4	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 6 9 3 9 8	B. Name of off-site installation or transporter UNIVERSITY VW/MAZDA/SAAB 310927
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 5150 ELLISON NE - VNDR #15 I-25 & SAN ANTONIO City ALBUQUERQUE State NM Zip 8 7 1 1 0 9

Site 5	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 6 9 6 7 9	B. Name of off-site installation or transporter JESS MUNOS AUTO BODY 958312
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 7115 JEFFERSON NE City ALBUQUERQUE State NM Zip 8 7 1 1 0 9

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 0 1 1 5</u>	B. Name of off-site installation or transporter <u>COMET CLEANERS</u> 2101302
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>6941 TAYLOR RANCH ROAD NW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 2 0</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 0 3 6 2</u>	B. Name of off-site installation or transporter <u>NAPA MACHINE SHOP</u> 2320804
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>1525 1ST ST NW</u> <u>ATTN: GLEN RUSSELL</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 2</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 3 1 7 6</u>	B. Name of off-site installation or transporter <u>LA UNICA CLNRS</u> 828524
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>647 CERRILLOS RD</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 1</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 3 1 8 4</u>	B. Name of off-site installation or transporter <u>LA UNICA CLNRS 2</u> 828527
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>GEORGE LOPEZ</u> <u>1932 CERILLIOS RD</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 1</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 3 2 6 7</u>	B. Name of off-site installation or transporter <u>HYATT REGENCY</u> 828504
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>330 TIJERAS NW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 2</u>

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 3 3 1 7</u>	B. Name of off-site installation or transporter <u>ALBUQUERQUES BEST</u> 2511490
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>7421 MENAUL BLVD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1 0</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 3 8 2 0</u>	B. Name of off-site installation or transporter <u>HIGHLAND AUTO PLAZA - VEND</u> 1753071
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>2200 N. 7TH ST.</u> City <u>LAS VEGAS</u> State <u>N M</u> Zip <u>8 7 1 7 1 1</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 3 9 4 5</u>	B. Name of off-site installation or transporter <u>SEARS P/S 8056</u> 310656
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>800 COMANCHE NE</u> <u>LAWN MOWER SHOP</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 7</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 5 3 5 3</u>	B. Name of off-site installation or transporter <u>PROCESS EQUIPMENT & SERVIC</u> 310775
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>5680 US HWY 64</u> <u>PO BOX 929</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 1 4 1 9</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 5 7 5 9</u>	B. Name of off-site installation or transporter <u>JEMEZ MOUNTAINS ELEC CO-OP</u> 311603
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>BOX 128</u> City <u>ESPANOLA</u> State <u>N M</u> Zip <u>8 7 1 5 1 2</u>

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 5 9 4 0</u>	B. Name of off-site installation or transporter ALBUQUERQUE AUTO AUCTION 1933099
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>3411 BROADWAY S.E. MAINTENANCE SHOP</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 1 5</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 5 9 5 7</u>	B. Name of off-site installation or transporter ONE HOUR MARTINIZING 828506
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>913 OLD PECOS TRAIL</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 1 5 0 1</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 6 2 0 3</u>	B. Name of off-site installation or transporter PEPSI COLA 9192260
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>2121 CLAREMONT</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 7</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 6 2 2 9</u>	B. Name of off-site installation or transporter NAVAJO ENG & CONST AUTH SH 311101
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>#1 URANIUM BLVD PO BOX 969 BLUE BUILD E OF HWY 666</u> City <u>SHIPROCK</u> State <u>N M</u> Zip <u>8 7 4 2 0</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 7 6 5 2 6</u>	B. Name of off-site installation or transporter SOLO CUP 311091
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1951 HWY 304</u> City <u>BELEN</u> State <u>N M</u> Zip <u>8 7 0 0 2</u>

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM OI

OFF-SITE IDENTIFICATION

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 7 7 0 5 2	B. Name of off-site installation or transporter PENSKE TRUCK LEASING CO LP 778779
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 701 COMMANCHE RD NE NM-003 City ALBUQUERQUE State NM Zip 8 7 1 0 7

Site 2	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 7 7 0 7 8	B. Name of off-site installation or transporter FRIDAY MTRS INC 310666
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street PO BOX 1008 1040 S SANTA FE HWY City TAOS State NM Zip 8 7 5 7 1

Site 3	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 7 9 4 7 0	B. Name of off-site installation or transporter HALLIBURTON ENERGY SVC 958471
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 4109 E MAIN City FARMINGTON State NM Zip 8 7 4 0 1

Site 4	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 8 2 1 2 8	B. Name of off-site installation or transporter CITY OF ALBUQUERQUE 310601
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street REFUSE DEPT MAINT 4600 EDITH NE City ALBUQUERQUE State NM Zip 8 7 1 0 7

Site 5	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 8 2 1 3 6	B. Name of off-site installation or transporter SUNSHINE BUICK GMC - VENDO 310567
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 5200 SAN MATEO NE USED CAR DEPT City ALBUQUERQUE State NM Zip 8 7 1 0 9

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 8 2 4 7 4</u>	B. Name of off-site installation or transporter <u>BLAKES LOTABURGER</u> 311373
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>3205 RICHMOND</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 7</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 8 3 0 1 9</u>	B. Name of off-site installation or transporter <u>PITRE BUICK GMC - VENDOR #</u> 311620
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>9737 EAGLE RANCH RD NW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 4</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 8 3 3 6 5</u>	B. Name of off-site installation or transporter <u>WIENMEISTERS IMPORTS & CLA</u> 311006
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>837 CAMINO DEL MONTERREY</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 1 5 0 1</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 8 3 5 7 1</u>	B. Name of off-site installation or transporter <u>INLAND KENWORTH</u> 991832
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>3120 PAN AMERICAN NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 7</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 8 4 1 3 2</u>	B. Name of off-site installation or transporter <u>CITY OF ALBUQUERQUE</u> 311424
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>LANDFILL SHOP</u> <u>1800 CERRIO COLRADO SW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 5</u>

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 8 4 3 6 3</u>	B. Name of off-site installation or transporter <u>TOMMYS AUTO BODY</u> 1961338
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>915 FIRST ST NW</u> <u>MENAU WEST -L ON 1ST</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 7</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 8 4 3 8 9</u>	B. Name of off-site installation or transporter <u>DUKE CITY AUTO BODY</u> 1804153
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>418 YALE SE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 6</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 8 4 3 9 7</u>	B. Name of off-site installation or transporter <u>ZIA GRAPHICS</u> 311952
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>ATTN: JIM EDGINGTON</u> <u>2730 CARLISLE NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1 0</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 8 4 4 5 4</u>	B. Name of off-site installation or transporter <u>RICO MOTORS-PAINT & BODY S</u> 958436
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>PAINT AND BODY</u> <u>220 S 5TH</u> City <u>GALLUP</u> State <u>N M</u> Zip <u>8 7 3 1 0 1</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 8 4 4 8 8</u>	B. Name of off-site installation or transporter <u>BOSQUE AUTO BODY</u> 958437
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>ROBERT GRANDIN</u> <u>11 ROBERTS CIRCLE</u> City <u>LOS LUNAS</u> State <u>N M</u> Zip <u>8 7 0 3 1</u>

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 8 4 4 9 6</u>	B. Name of off-site installation or transporter <u>MOUNTAIN AIR DRY CLNRS</u> 828512
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>DICK BEAUDOIN</u> <u>152 CENTRAL PK SQ</u> City <u>LOS ALAMOS</u> State <u>N M</u> Zip <u>8 7 5 4 4</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 8 4 6 9 4</u>	B. Name of off-site installation or transporter <u>INDEPENDENT MOBILITY SYS</u> 958468
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>4100 W PIEDRAS</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 1</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 0 2 2 4</u>	B. Name of off-site installation or transporter <u>PRISTINE CLEANERS</u> 2063060
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>12925-K CENTRAL NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 2 3</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 0 4 8 9</u>	B. Name of off-site installation or transporter <u>COTTAM-WALKER FORD-LINCOLN</u> 311787
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>6011 NDCBU</u> City <u>TAOS</u> State <u>N M</u> Zip <u>8 7 5 7 1</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 0 6 2 0</u>	B. Name of off-site installation or transporter <u>DON JUANS</u> 958491
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>CARLOS GARCIA</u> <u>2855 RUFINA ST</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 5</u>

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

EPA ID NO. N|M|D|0|0|0|8|0|4|2|9|4|

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 7 4 5 </u>	B. Name of off-site installation or transporter <u>CHICKS HARLEY DAVIDSON</u> 310672
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>5000 ALAMEDA NE</u> City <u>ALBUQUERQUE</u> State <u>N M </u> Zip <u>8 7 1 1 3 </u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 9 1 9 </u>	B. Name of off-site installation or transporter <u>CHALMERS FORD - VENDOR #24</u> 974298
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>2500 RIO RANCHO BLVD</u> <u>BODY SHOP</u> City <u>RIO RANCHO</u> State <u>N M </u> Zip <u>8 7 1 2 4 </u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 1 2 2 2 </u>	B. Name of off-site installation or transporter <u>GLEN REAM AUTO BODY</u> 958450
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>1328 W MURRAY DR</u> City <u>FARMINGTON</u> State <u>N M </u> Zip <u>8 7 4 0 1 </u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 1 3 0 5 </u>	B. Name of off-site installation or transporter <u>AUGE SALES & SVC-VENDOR 1</u> 310791
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>650 E RIVER RD</u> <u>PO BOX 497</u> City <u>BELEN</u> State <u>N M </u> Zip <u>8 7 0 0 2 </u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 1 8 4 2 </u>	B. Name of off-site installation or transporter <u>EMPIRE ENGINES</u> 311571
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>BRYAN R SEDILLO (OWNER)</u> <u>4932 JEFFERSON N.E.</u> City <u>ALBUQUERQUE</u> State <u>N M </u> Zip <u>8 7 1 0 9 </u>

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 1 9 2 5</u>	B. Name of off-site installation or transporter <u>GARCIA HONDA-VNDR #2813</u> 310540
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>8301 LOMAS NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 2 2 9 5</u>	B. Name of off-site installation or transporter <u>SAN JUAN COLLEGE</u> 259532
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>1820 EAST 20TH ST</u> <u>FARMINGTON HIGH SCHOOL</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 1 4 1 0</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 2 6 4 2</u>	B. Name of off-site installation or transporter <u>U S CLEANERS</u> 273008
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>3301 SOUTHERN BLVD</u> City <u>RIO RANCHO</u> State <u>N M</u> Zip <u>8 7 1 2 4</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 2 6 5 9</u>	B. Name of off-site installation or transporter <u>HANOVER COMPRESSION</u> 740927
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>1280 TROY KING ROAD</u> <u>ATTN: BRIAN RICHARDSON</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 1 4 1 0</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 2 7 2 5</u>	B. Name of off-site installation or transporter <u>COWBOY CLEANERS OF GALLUP</u> 2773540
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>1925 SOUTH SECOND</u> <u>ATTN: MARK</u> City <u>GALLUP</u> State <u>N M</u> Zip <u>8 7 1 3 1 0</u>

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM OI

OFF-SITE IDENTIFICATION

EPA ID NO. | N | M | D | 0 | 0 | 0 | 0 | 8 | 0 | 4 | 2 | 9 | 4 |

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter N M R 0 0 0 0 0 2 7 3 3	B. Name of off-site installation or transporter FABRIC RESTORATION 2856271
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>8915 ADAMS NE #8</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 3</u>

Site 2	A. EPA ID of off-site installation or transporter N M R 0 0 0 0 0 2 8 4 0	B. Name of off-site installation or transporter BEST WAY CLEANERS 2380052
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>7331 SAN ANTONIO NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 9</u>

Site 3	A. EPA ID of off-site installation or transporter N M R 0 0 0 0 0 2 9 2 3	B. Name of off-site installation or transporter QUALITY COLLISION REPAIR 2088165
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>815 TENNESSEE NE</u> VENDOR 725 City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0</u>

Site 4	A. EPA ID of off-site installation or transporter N M R 0 0 0 0 0 2 9 4 9	B. Name of off-site installation or transporter QUALITY PONTIAC 1935362
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>7901 LOMAS BLVD N.E.</u> VENDOR #725 City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0</u>

Site 5	A. EPA ID of off-site installation or transporter N M R 0 0 0 0 0 3 0 3 8	B. Name of off-site installation or transporter SANTA FE MINING CO QUARRY 1912127
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>ATTN: J RUIZ OR D BORREGO 528 AIRPORT RD #50</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 1</u>

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 3 3 0 1</u>	B. Name of off-site installation or transporter <u>WHITING CLEANERS</u> 2675912
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>4710 TRAMWAY BLVD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 3 3 1 9</u>	B. Name of off-site installation or transporter <u>US DOLLAR NINETY NINE CLNR</u> 2253929
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>8201 GOLF COURSE NW #C1</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 2 0</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 3 3 6 8</u>	B. Name of off-site installation or transporter <u>SIERRA CLEANERS</u> 2151962
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>325 SOUTH MAIN #C</u> City <u>BELEN</u> State <u>N M</u> Zip <u>8 7 0 0 2</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 3 4 6 7</u>	B. Name of off-site installation or transporter <u>EXECUTIVE CLEANERS</u> 2033026
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>2101 TRINITY DR</u> City <u>LOS ALAMOS</u> State <u>N M</u> Zip <u>8 7 5 4 4</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 4 1 3 5</u>	B. Name of off-site installation or transporter <u>A 1 AUTO BODY</u> 2490870
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>601 E MURRAY DRIVE R L HENLEY</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 1</u>

Comments:

FORM OI

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM OI

OFF-SITE IDENTIFICATION

EPA ID NO. N M D 0 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 4 5 4 9</u>	B. Name of off-site installation or transporter CAPITAL FORD COLLISION 2536301
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>27726 I 25 WEST FRONTAGE R</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 7</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 5 2 0 7</u>	B. Name of off-site installation or transporter COMET CLEANERS 2583352
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>7800 ENCHANTED HILLS BLVD #C</u> City <u>RIO RANCHO</u> State <u>N M</u> Zip <u>8 7 1 2 4</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 6 7 4 2</u>	B. Name of off-site installation or transporter WINKLER'S COLLISION 2397647
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>2850 RUFINA STREET SUITE H</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 1</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M R 0 6 0 6 3 5 1 1 7</u>	B. Name of off-site installation or transporter CHARM CLEANERS 2757789
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>5813 FOURTH STREET NW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 7</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 0 0 3 5 9 0</u>	B. Name of off-site installation or transporter TELCO ELECTRIC 311296
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>2906 4TH ST NW</u> ATTN: <u>AMBROSE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 7</u>

Comments:

FORM OI

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 0 0 3 6 9 9</u>	B. Name of off-site installation or transporter SUD-CHEMIE PERFORMANCE PKG	311580
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator	
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>101 CHRISTINE RD</u> City <u>BELEN</u> State <u>N M</u> Zip <u>8 7 0 0 2</u>	

Site 2	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 0 0 4 3 1 8 2</u>	B. Name of off-site installation or transporter ORTIZ PAINT & BODY	2682671
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator	
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>705 ALARID</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 1</u>	

Site 3	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 0 0 5 0 4 0 1</u>	B. Name of off-site installation or transporter ZIEMS FORD CORNERS	958457
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator	
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>2000 SAN JUAN BLVD</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 9 9</u>	

Site 4	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 0 0 5 0 4 1 9</u>	B. Name of off-site installation or transporter QUANZ ADVANCED AUTO CARE	2123815
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator	
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>9111 EAGLE RANCH ROAD NW COLLISION REPAIR SHOP</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 2 0</u>	

Site 5	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 0 1 1 8 1 5 8</u>	B. Name of off-site installation or transporter PARK AVENUE CLNRS	828515
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator	
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>720K SAINT MICHAELS DR</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 5</u>	

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. NM00000804294

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter NM00000118208	B. Name of off-site installation or transporter GURLEY MOTOR CO 958435
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street PAINT & BODY SHOP 900 W AZTEC City GALLUP State NM Zip 871301-1111

Site 2	A. EPA ID of off-site installation or transporter NM00000136275	B. Name of off-site installation or transporter WEB SOUTHWEST 311845
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 7201 WASHINGTON NE City ALBUQUERQUE State NM Zip 871109-1111

Site 3	A. EPA ID of off-site installation or transporter NM00000138834	B. Name of off-site installation or transporter F.A.S.T. INC 311045
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 2786 AGUA FRIA City SANTA FE State NM Zip 8715101-1111

Site 4	A. EPA ID of off-site installation or transporter NM00000139154	B. Name of off-site installation or transporter COMPETITIVE AUTO 310503
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 1700 EUBANK City ALBUQUERQUE State NM Zip 871112-1111

Site 5	A. EPA ID of off-site installation or transporter NM00000139428	B. Name of off-site installation or transporter CITY CLEANERS 2781779
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street 5900 ZUNI SE City ALBUQUERQUE State NM Zip 871108-1111

Comments:

FORM OI

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D O O O 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 1 8 6 6 7 6</u>	B. Name of off-site installation or transporter <u>SUSAN'S SUPER WASH</u> 2816543
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>MARTINEZ AND BROADWAY</u> PO BOX 417 ATTN CARL City <u>MORIARTY</u> State <u>N M</u> Zip <u>8 7 0 3 5</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 1 9 6 5 9 2</u>	B. Name of off-site installation or transporter <u>PERFECTION AUTO CRAFT</u> 958428
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>OF SANTA FE/DON GARCIA</u> 2860 COOKS RD City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 1</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 2 6 5 2 0 7</u>	B. Name of off-site installation or transporter <u>PLAZA LADERA CLNRS</u> 828517
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>5300 SEQUOIA NW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 2 0</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 3 6 9 5 6 1</u>	B. Name of off-site installation or transporter <u>BELEN H S</u> 311122
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>AUTO SHOP</u> 1619 W DELGATO City <u>BELEN</u> State <u>N M</u> Zip <u>8 7 0 0 2</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 5 6 2 5 6 1</u>	B. Name of off-site installation or transporter <u>GEORGES DRY CLEANERS</u> 277773C
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>619 AMHERST DR N.E</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 6</u>

Comments:

FORM OI

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM OI

OFF-SITE IDENTIFICATION

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 8 0 3 2 4 7</u>	B. Name of off-site installation or transporter <u>LA UNICA SOUTH</u> 828531
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>MANNY LOPEZ</u> 4350 AIRPORT RD, #20 City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 5</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 9 1 2 5 1 9</u>	B. Name of off-site installation or transporter <u>SCIENTIFIC DIMENSIONS</u> 311954
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>2417 AZTEC RD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 7</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 0 9 5 2 1 9 2</u>	B. Name of off-site installation or transporter <u>WASTE MANAGEMENT</u> 310726
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>5 BACA LANE</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 7</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M 0 0 0 1 0 1 0 8 6 7</u>	B. Name of off-site installation or transporter <u>INDY'S WESTSIDE CLEANERS</u> 2202444
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>1690 RIO RANCHO BLVD</u> City <u>RIO RANCHO</u> State <u>N M</u> Zip <u>8 7 1 2 4</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M 0 8 9 0 0 1 0 5 1 5</u>	B. Name of off-site installation or transporter <u>PROTECTION TECH LOS ALAMOS</u> 785938
C. Handler type (CHECK ALL THAT APPLY)		D. Address of generator
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <u>TA-64 BLDG 1</u> KEN HUFF/KATHY SMITH City <u>LOS ALAMOS</u> State <u>N M</u> Zip <u>8 7 5 4 4</u>

Comments:

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1 A. EPA ID of off-site installation or transporter NM 2 7 5 0 2 1 1 2 3 5	B. Name of off-site installation or transporter JWK INTERNATIONAL CORPORAT 31129
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street PO BOX H City WHITE SANDS MISSIL State NM Zip 8 8 1 0 1 0 2

Site 2 A. EPA ID of off-site installation or transporter NM 4 8 9 0 0 1 5 5 3 6	B. Name of off-site installation or transporter ROSS AVIATION 310730
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street BLDG 481 City KIRTLAND AFB ALB State NM Zip 8 7 1 1 1 7

Site 3 A. EPA ID of off-site installation or transporter NM 9 5 7 0 0 2 4 4 2 3	B. Name of off-site installation or transporter 150 MS/MFA CORROSION CON 270659
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street BLDG 1069 BOX 1069 City KIRTLAND AIR FORCE State NM Zip 8 7 1 1 1 7

Site 4 A. EPA ID of off-site installation or transporter NN D 9 8 2 5 1 6 3 9 5	B. Name of off-site installation or transporter THE NAVAJO NATION (ATTN: 310736
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street WINDOW ROCK MTR POOL PO BOX 608 City WINDOW ROCK State AZ Zip 8 6 5 1 1 5

Site 5 A. EPA ID of off-site installation or transporter NN D 9 8 6 6 7 3 5 0 7	B. Name of off-site installation or transporter NAVAJO TRIBE FLEET MANGEME 311319
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street CROWNPOINT FLEET MANAGEMEN PO BOX 1658 City CROWNPOINT State NM Zip 8 7 3 1 1 3

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. N M D 0 0 0 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2003 HAZARDOUS WASTE REPORT

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID of off-site installation or transporter <u>N N R 0 0 0 0 0 0 4 3 0</u>	B. Name of off-site installation or transporter <u>NAVAJO NATION FLEET AUTO B</u> 1958275
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>P.O. BOX 608</u> BODYSHOP City <u>WINDOW ROCK</u> State <u>AZ</u> Zip <u>86515</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N N 0 0 0 0 5 9 1 2 2 2</u>	B. Name of off-site installation or transporter <u>CHINLE UNIFIED SCHL DIST 2</u> 311457
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>PO BOX 587 191 & RT 7</u> City <u>CHINLE</u> State <u>AZ</u> Zip <u>86503</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N N 0 0 0 0 9 7 8 3 9 5</u>	B. Name of off-site installation or transporter <u>THE NAVAJO NATION</u> 311398
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>FLEET MAINT</u> FIRE DEPT RD PO BOX 1930 City <u>CHINLE</u> State <u>AZ</u> Zip <u>86503</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N N 7 1 4 0 9 9 0 0 3 0</u>	B. Name of off-site installation or transporter <u>NAVAJO TRIBAL UTILITY AUTH</u> 311116
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>HWY 12 7 MI N OF WINDOW RO PO BOX 1520</u> City <u>FT DEFIANCE</u> State <u>AZ</u> Zip <u>86504</u>

Site 5	A. EPA ID of off-site installation or transporter <u>A Z C E S Q G</u>	B. Name of off-site installation or transporter <u>NAVAJO TRIBAL UTILITY AUTH</u> 311342
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>U S HWY 191</u> P O BOX 549 City <u>CHINLE</u> State <u>AZ</u> Zip <u>86503</u>

Comments:

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

WR

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>310606</u> <u>C O D 0 0 9 7 9 3 6 1 3</u>		E. Quantity received in reporting year _____ <u>2 1 6</u>		F. UOM <u>1</u>
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>			
Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg					

Waste 2	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>310606</u> or <u>C O D 0 0 9 7 9 3 6 1 3</u>		E. Quantity received in reporting year _____ <u>2 4</u>		F. UOM <u>1</u>
G. Form code <u>W 2 1 1</u>		H. Management Method Code <u>H 1 4 1</u>			
Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg					

Waste 3	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>310606</u> or <u>C O D 0 0 9 7 9 3 6 1 3</u>		E. Quantity received in reporting year _____ <u>8 6 4</u>		F. UOM <u>1</u>
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>			
Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg					

Comments: WASTE1B: D035 D039 D040
 WASTE2B: D035 D039 D040
 WASTE3B: D035 D036 D038 D039

FORM WR

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N|M|D|0|0|0|8|0|4|2|9|4|

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code <u>F 0 0 5 </u> <u>F 0 0 3 </u> <u>D 0 0 1 </u> <u>D 0 1 8 </u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>310606</u> <u>C O D 0 0 9 7 9 3 6 1 3 </u>		E. Quantity received in reporting year _____ <u>1 1 6 </u>	F. UOM <u>1 </u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 1 1 </u>		H. Management Method Code <u>H 1 4 1 </u>			

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTHYLENE		B. EPA hazardous waste code <u>F 0 0 2 </u> <u>D 0 3 9 </u> <u>N / A </u> <u>N / A </u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>828499</u> or- <u>C O D 0 4 5 7 2 1 9 4 1 </u>		E. Quantity received in reporting year _____ <u>6 0 5 </u>	F. UOM <u>1 </u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 3 1 0 </u>		H. Management Method Code <u>H 1 4 1 </u>			

Waste 3	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2 </u> <u>D 0 0 7 </u> <u>D 0 3 9 </u> <u>D 0 4 0 </u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>828499</u> or- <u>C O D 0 4 5 7 2 1 9 4 1 </u>		E. Quantity received in reporting year _____ <u>3 9 5 2 </u>	F. UOM <u>1 </u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 2 </u>		H. Management Method Code <u>H 1 4 1 </u>			

Comments: WASTE1B: D035 D038 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NMID000804294

WR

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	Density	
310657						
C O D 0 5 4 9 3 6 2 2 4		2 1 6		1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 1 310657						
or C O D 0 5 4 9 3 6 2 2 4		1 2 6 0		1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 2 2408708						
or C O D 9 8 3 7 9 6 9 7 0		1 1 5		1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Comments: WASTE1B: D035 D039 D040
 WASTE2B: D035 D036 D038 D039
 WASTE3B: D035 D036 D038 D039

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2408708		_ _ _ _ _ _ _ _ 1 1 5		1		_ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or <u>C O D 9 8 3 7 9 6 9 7 0</u>						
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
828511 <input type="checkbox"/> Check if ID same as in Waste 1		_ _ _ _ _ _ _ _ 2 6 9 1		1		_ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or <u>C O D 9 8 3 8 0 2 5 3 9</u>						
G. Form code		H. Management Method Code				
W 2 0 2		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310614 <input type="checkbox"/> Check if ID same as in Waste 2		_ _ _ _ _ _ _ _ 1 1 5		1		_ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or <u>C O R 0 0 0 0 0 4 7 4 7</u>						
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Comments: WASTE1B: D035 D036 D038 D039
WASTE3B: D035 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOL VENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1707811				1		
or C O R 0 0 0 0 0 9 1 3 4		1 1 2				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PAR TS CLEANING; MONOETHANOLAMINE		D 0 0 6 D 0 0 8 D 0 1 8 D 0 2 7			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311102				1		
or C O R 0 0 0 0 0 1 2 9 5 5		9 4				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		D 0 3 9 N / A N / A N / A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311102				1		
or C O R 0 0 0 0 0 1 2 9 5 5		1 2 4				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 1 0 1		H 1 4 1				

Comments: WASTE1B: D035 D038 D039 D040
WASTE2B: D038 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE	D 0 0 6 D 0 0 8 D 0 1 8 D 0 2 7	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density
311102			
C O R 0 0 0 0 1 2 9 5 5	4 7	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code	H. Management Method Code		
W 2 0 3	H 1 4 1		

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK	F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density
310881			
<input type="checkbox"/> Check if ID same as in Waste 1			
C O R 0 0 0 2 0 0 6 3 4	2 1 6	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code	H. Management Method Code		
W 2 0 9	H 1 4 1		

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT	F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density
310881			
<input type="checkbox"/> Check if ID same as in Waste 2			
C O R 0 0 0 2 0 0 6 3 4	3 6	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code	H. Management Method Code		
W 2 1 1	H 1 4 1		

Comments: WASTE1B: D039 D040
WASTE2B: D035 D036 D038 D039
WASTE3B: D035 D038 D039 D040

FORM WR

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
958453				1		
C 0 0 0 0 0 1 2 7 7 6 1		3 2				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
958453				1		
C 0 0 0 0 0 1 2 7 7 6 1		6 4 8				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
958453				1		
C 0 0 0 0 0 1 2 7 7 6 1		2 6 0				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Comments: WASTE1B: D035 D039 D040
 WASTE2B: D035 D036 D038 D039
 WASTE3B: D035 D038 D039 D040

FORM WR

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		F 0 0 2 D 0 3 9 N / A N / A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2824695				1		
NM D 0 0 0 0 0 4 0 5 1		1 2 0		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 3 1 0		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2824695				1		
<input type="checkbox"/> Check if ID same as in Waste 1		4 1 6		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
NM D 0 0 0 0 0 4 0 5 1		4 1 6		1		
G. Form code		H. Management Method Code				
W 2 0 2		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		D 0 0 6 D 0 0 8 D 0 1 8 D 0 2 7			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310634				1		
<input type="checkbox"/> Check if ID same as in Waste 2		8 6		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
NM D 0 0 2 2 9 9 6 3 4		8 6		1		
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Comments: WASTE3B: D038 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code D 0 3 9 N / A N / A N / A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 310634 NM D 0 0 2 2 9 9 6 3 4		E. Quantity received in reporting year 1 2 4		F. UOM 1	
G. Form code W 1 0 1		H. Management Method Code H 1 4 1				

Waste 2	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 310634 <input type="checkbox"/> Check if ID same as in Waste 1 or NM D 0 0 2 2 9 9 6 3 4		E. Quantity received in reporting year 4 3 2		F. UOM 1	
G. Form code W 2 0 9		H. Management Method Code H 1 4 1				

Waste 3	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 310634 <input type="checkbox"/> Check if ID same as in Waste 2 or NM D 0 0 2 2 9 9 6 3 4		E. Quantity received in reporting year 1 2 8		F. UOM 1	
G. Form code W 2 1 1		H. Management Method Code H 1 4 1				

Comments: WASTE2B: D035 D039 D040
WASTE3B: D035 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310634				1		
NM D 0 0 2 2 9 9 6 3 4		2 8 0 8				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310634				1		
<input type="checkbox"/> Check if ID same as in Waste 1 or NM D 0 0 2 2 9 9 6 3 4		6 5 2				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2538945				1		
<input type="checkbox"/> Check if ID same as in Waste 2 or NM D 0 0 2 8 7 4 3 7 8		5 2 2				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Comments: WASTE1B: D035 D036 D038 D039
 WASTE2B: D035 D038 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
776161 NM D 0 0 5 8 7 0 9 2 8			1		
G. Form code		H. Management Method Code			
W 2 0 9		H 1 4 1			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
776161 NM D 0 0 5 8 7 0 9 2 8			1		
G. Form code		H. Management Method Code			
W 2 1 1		H 1 4 1			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N / A	N / A N / A	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
311402 NM D 0 0 7 1 1 2 3 3 7			1		
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Comments: WASTE1B: D035 D036 D038 D039
WASTE2B: D035 D038 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS	D 0 0 1 D 0 3 9	D 0 1 8 D 0 4 0	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
311402 NM D 0 0 7 1 1 2 3 3 7		1		
G. Form code	H. Management Method Code			
W 2 0 3	H 1 4 1			

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS	D 0 0 1 D 0 3 9	D 0 1 8 D 0 4 0	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
9103723 <input type="checkbox"/> Check if ID same as in Waste 1 or NM D 0 0 7 4 3 4 8 5 5		1		
G. Form code	H. Management Method Code			
W 2 0 3	H 1 4 1			

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS	D 0 0 1 D 0 3 9	D 0 1 8 D 0 4 0	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
9103723 <input type="checkbox"/> Check if ID same as in Waste 2 or NM D 0 0 7 4 3 4 8 5 5		1		
G. Form code	H. Management Method Code			
W 2 0 3	H 1 4 1			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

WR

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0		C. State hazardous waste code
	D. Off-site handler EPA ID Number 1905847 NM D 0 2 1 2 3 4 2 9 9		E. Quantity received in reporting year 2 0 7 9		F. UOM 1
G. Form code W 2 0 2		H. Management Method Code H 1 4 1			

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code D 0 3 9 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number 310547 <input type="checkbox"/> Check if ID same as in Waste 1 or NM D 0 3 5 6 7 3 5 4 0		E. Quantity received in reporting year 3 0 8		F. UOM 1
G. Form code W 2 0 3		H. Management Method Code H 1 4 1			

Waste 3	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0		C. State hazardous waste code
	D. Off-site handler EPA ID Number 310615 <input type="checkbox"/> Check if ID same as in Waste 2 or NM D 0 3 5 6 7 8 9 2 9		E. Quantity received in reporting year 4 7 5		F. UOM 1
G. Form code W 2 0 3		H. Management Method Code H 1 4 1			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <u>9501632</u> <u>N M D 0 3 5 6 9 4 2 6 4</u>		E. Quantity received in reporting year _____ <u>2 8 2</u> _____		F. UOM <u>1</u>	
G. Form code <u>W 1 0 1</u>		H. Management Method Code <u>H 1 4 1</u>				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>9005164</u> or- <u>N M D 0 3 5 6 9 4 5 0 4</u>		E. Quantity received in reporting year _____ <u>1 8 0</u> _____		F. UOM <u>1</u>	
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

Waste 3	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 0 1</u> <u>D 0 1 8</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>9005164</u> or- <u>N M D 0 3 5 6 9 4 5 0 4</u>		E. Quantity received in reporting year _____ <u>1 2 4 6</u> _____		F. UOM <u>1</u>	
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

**FORM
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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____		
	D. Off-site handler EPA ID Number 9005164 <u>N M D 0 3 5 6 9 4 5 0 4</u>		E. Quantity received in reporting year _____ <u>2 0 7</u> _____ <u>1</u>		F. UOM <u>1</u>		
G. Form code <u>W 1 0 1</u>		H. Management Method Code <u>H 1 4 1</u>				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	

Waste 2	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____		
	D. Off-site handler EPA ID Number 9005164 <input type="checkbox"/> Check if ID same as in Waste 1 or- <u>N M D 0 3 5 6 9 4 5 0 4</u>		E. Quantity received in reporting year _____ <u>1 5 8 4</u> _____ <u>1</u>		F. UOM <u>1</u>		
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	

Waste 3	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 0 1</u> <u>D 0 1 8</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____		
	D. Off-site handler EPA ID Number 958340 <input type="checkbox"/> Check if ID same as in Waste 2 or- <u>N M D 0 3 5 6 9 5 9 0 7</u>		E. Quantity received in reporting year _____ <u>2 4 7</u> _____ <u>1</u>		F. UOM <u>1</u>		
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	

Comments: **WASTE2B: D035 D036 D038 D039**

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <u>958340</u> <u>N M D 0 3 5 6 9 5 9 0 7</u>		E. Quantity received in reporting year _____ <u>1 0 7</u>		F. UOM <u>1</u>	
G. Form code <u>W 1 0 1</u>		H. Management Method Code <u>H 1 4 1</u>				
Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg						

Waste 2	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; T OLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>958340</u> or <u>N M D 0 3 5 6 9 5 9 0 7</u>		E. Quantity received in reporting year _____ <u>2 1 6</u>		F. UOM <u>1</u>	
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>				
Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg						

Waste 3	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; T OLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>958340</u> or <u>N M D 0 3 5 6 9 5 9 0 7</u>		E. Quantity received in reporting year _____ <u>1 8 3 6</u>		F. UOM <u>1</u>	
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>				
Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg						

Comments: WASTE2B: D035 D039 D040
WASTE3B: D035 D036 D038 D039

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		<u>D 0 3 9</u> <u>N / A</u>		_____	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<u>2241174</u>		_____		<u>1</u>		_____
or <u>N M D 0 3 5 6 9 9 5 9 4</u>		_____ <u>2 3 2</u>		_____		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 1 0 1</u>		<u>H 1 4 1</u>				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		<u>F 0 0 5</u> <u>F 0 0 3</u>		_____	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 1		_____		<u>1</u>		_____
or <u>N M D 0 3 5 7 3 4 9 5 3</u>		_____ <u>1 5</u>		_____		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 2 1 1</u>		<u>H 1 4 1</u>				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		<u>F 0 0 5</u> <u>F 0 0 3</u>		_____	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 2		_____		<u>1</u>		_____
or <u>N M D 0 3 5 7 3 4 9 5 3</u>		_____ <u>4 5 3</u>		_____		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 2 0 9</u>		<u>H 1 4 1</u>				

Comments: WASTE2B: D035 D039 D040
WASTE3B: D035 D036 D038 D039

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

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EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1969520 NM D 0 3 5 7 3 4 9 5 3				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 1 1969520 or NM D 0 3 5 7 3 4 9 5 3				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 2 1969520 or NM D 0 3 5 7 3 4 9 5 3				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Comments: WASTE1B: D035 D038 D039 D040
 WASTE2B: D035 D038 D039 D040
 WASTE3B: D035 D036 D038 D039

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2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1894238				1		
or <u>N M D 0 3 5 7 3 7 1 7 0</u>		<u>4 1</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 1 0 1</u>		<u>H 1 4 1</u>				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		D 0 0 6 D 0 0 8 D 0 1 8 D 0 2 7			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1894238				1		
or <u>N M D 0 3 5 7 3 7 1 7 0</u>		<u>4 7</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 2 0 3</u>		<u>H 1 4 1</u>				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		D 0 0 6 D 0 0 8 D 0 1 8 D 0 2 7			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311093				1		
or <u>N M D 0 3 5 7 4 0 7 9 4</u>		<u>1 8 9</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 2 0 3</u>		<u>H 1 4 1</u>				

Comments: WASTE2B: D039 D040
WASTE3B: D038 D039 D040

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE	D 0 0 6 D 0 1 8	D 0 0 8 D 0 2 7		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	
311172				Density	
N M D 0 3 5 7 4 0 9 5 0		1 1 8		1	
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTHYLENE	F 0 0 2 N / A	D 0 3 9 N / A		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	
828478				Density	
<input type="checkbox"/> Check if ID same as in Waste 1 or N M D 0 3 5 7 4 3 8 2 2		1 2 3 0		1	
G. Form code		H. Management Method Code			
W 3 1 0		H 1 4 1			

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE	F 0 0 2 D 0 3 9	D 0 0 7 D 0 4 0		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	
828478				Density	
<input type="checkbox"/> Check if ID same as in Waste 2 or N M D 0 3 5 7 4 3 8 2 2		5 1 8 0		1	
G. Form code		H. Management Method Code			
W 2 0 2		H 1 4 1			

Comments: WASTE1B: D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <u>2758619</u> <u>N M D 0 3 5 7 4 6 5 1 0</u>		E. Quantity received in reporting year _____ <u>4 4 2</u>		F. UOM <u>1</u>	
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>				
Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg						

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <u>310721</u> <input type="checkbox"/> Check if ID same as in Waste 1 or- <u>N M D 0 3 5 7 6 4 6 5 3</u>		E. Quantity received in reporting year _____ <u>1 8 0</u>		F. UOM <u>1</u>	
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>				
Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg						

Waste 3	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <u>310721</u> <input type="checkbox"/> Check if ID same as in Waste 2 or- <u>N M D 0 3 5 7 6 4 6 5 3</u>		E. Quantity received in reporting year _____ <u>9 9</u>		F. UOM <u>1</u>	
G. Form code <u>W 1 0 1</u>		H. Management Method Code <u>H 1 4 1</u>				
Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg						

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		<u>D 0 0 1</u> <u>D 0 1 8</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<u>310855</u>		_____	<u>1</u>	_____	
or- <u>N M D 0 3 5 7 8 8 8 6 8</u>		<u>1 2 5 9</u>		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 0 3</u>		<u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		<u>D 0 0 6</u> <u>D 0 0 8</u> <u>D 0 1 8</u> <u>D 0 2 7</u>		_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 1 <u>311012</u>		_____	<u>1</u>	_____	
or- <u>N M D 0 3 8 3 0 7 8 4 9</u>		<u>1 4 2</u>		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 0 3</u>		<u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		<u>D 0 0 6</u> <u>D 0 0 8</u> <u>D 0 1 8</u> <u>D 0 2 7</u>		_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 2 <u>311012</u>		_____	<u>1</u>	_____	
or- <u>N M D 0 3 8 3 0 7 8 4 9</u>		<u>3 9</u>		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 0 3</u>		<u>H 1 4 1</u>			

Comments: WASTE2B: D038 D039 D040
WASTE3B: D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
958327					
or <u>N M D 0 3 8 3 1 0 8 5 0</u>		<u>2 1 6</u>	<u>1</u>	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 0 9</u>		<u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
958327					
or <u>N M D 0 3 8 3 1 0 8 5 0</u>		<u>3 6</u>	<u>1</u>	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 1 1</u>		<u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
958327					
or <u>N M D 0 3 8 3 1 0 8 5 0</u>		<u>1 2 9 6</u>	<u>1</u>	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 0 9</u>		<u>H 1 4 1</u>			

Comments: WASTE1B: D035 D039 D040
 WASTE2B: D035 D039 D040
 WASTE3B: D035 D036 D038 D039

FORM WR

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

EPA ID NO. NMID000804294

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS	D 0 0 1	D 0 1 8	
		D 0 3 9	D 0 4 0	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
2426703				
N M D 0 4 1 3 5 8 9 0 4	2 1 0 3	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code	H. Management Method Code			
W 2 0 3	H 1 4 1			

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	SPENT AQUEOUS BRAKE CLEANING SOLUTION	D 0 3 9	N / A	
		N / A	N / A	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 1 310932				
N M D 0 4 2 9 9 3 3 0 3	1 3 2	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code	H. Management Method Code			
W 1 0 1	H 1 4 1			

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE	D 0 0 6	D 0 0 8	
		D 0 1 8	D 0 2 7	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 2 310711				
N M D 0 4 7 1 3 0 1 5 8	1 9 7	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code	H. Management Method Code			
W 2 0 3	H 1 4 1			

Comments: WASTE3B: D038 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		D 0 3 9 N/A N/A N/A		_ _ _ _ _ _ _ _	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310711		_ _ _ _ _ _ _ _ 1 0 0		1		_ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or NM D 0 4 7 1 3 0 1 5 8		_ _ _ _ _ _ _ _		_		
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		D 0 0 6 D 0 0 8 D 0 1 8 D 0 2 7		_ _ _ _ _ _ _ _	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310711		_ _ _ _ _ _ _ _ 3 9		1		_ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or NM D 0 4 7 1 3 0 1 5 8		_ _ _ _ _ _ _ _		_		
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		_ _ _ _ _ _ _ _	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1961334		_ _ _ _ _ _ _ _ 1 1 5		1		_ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or NM D 0 4 7 1 4 2 5 9 1		_ _ _ _ _ _ _ _		_		
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Comments: WASTE2B: D039 D040
WASTE3B: D035 D036 D038 D039

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS	D 0 0 1	D 0 1 8	
		D 0 3 9	D 0 4 0	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
1726350				
N M D 0 5 2 6 9 0 1 2 0	3 0 1	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code	H. Management Method Code			
W 2 0 3	H 1 4 1			

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS	D 0 3 9	N / A	
		N / A	N / A	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 1 311153				
N M D 0 5 8 2 1 4 0 8 1	3 7 5	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code	H. Management Method Code			
W 2 0 3	H 1 4 1			

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE	F 0 0 2	D 0 0 7	
		D 0 3 9	D 0 4 0	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 2 828510				
N M D 0 6 1 2 6 9 0 5 6	8 3 2	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code	H. Management Method Code			
W 2 0 2	H 1 4 1			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. NMID000804294

WR

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		D039 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311097 NMID061271284				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W203			H141			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F002 D007 D039 D040			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
828472 <input type="checkbox"/> Check if ID same as in Waste 1 or NMID061277869				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W202			H141			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F005 F003 D001 D018			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
958399 <input type="checkbox"/> Check if ID same as in Waste 2 or NMID064909575				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W211			H141			

Comments: WASTE3B: D035 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
958399 NM D 0 6 4 9 0 9 5 7 5			1		
G. Form code		H. Management Method Code			
W 2 0 9		H 1 4 1			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
958399 or NM D 0 6 4 9 0 9 5 7 5			1		
G. Form code		H. Management Method Code			
W 2 1 1		H 1 4 1			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		D 0 3 9 N / A	N / A N / A	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
712277 or NM D 0 6 9 4 1 7 1 2 9			1		
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Comments: WASTE1B: D035 D036 D038 D039
WASTE2B: D035 D038 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		B. EPA hazardous waste code F 0 0 2 D 0 3 9 N / A N / A		C. State hazardous waste code
	D. Off-site handler EPA ID Number 2525814 NM D 0 9 4 1 3 8 9 3 0		E. Quantity received in reporting year 6 0	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 3 1 0		H. Management Method Code H 1 4 1			

Waste 2	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 9182955 or- NM D 0 9 9 3 7 2 4 5 0		E. Quantity received in reporting year 3 6	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 2 1 1		H. Management Method Code H 1 4 1			

Waste 3	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 9182955 or- NM D 0 9 9 3 7 2 4 5 0		E. Quantity received in reporting year 1 0 0 8	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 2 0 9		H. Management Method Code H 1 4 1			

Comments: WASTE2B: D035 D039 D040
WASTE3B: D035 D036 D038 D039

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
9182955				1		
NM D 0 9 9 3 7 2 4 5 0		1 8 0		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		D 0 0 6 D 0 0 8 D 0 1 8 D 0 2 7			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1717443				1		
<input type="checkbox"/> Check if ID same as in Waste 1		2 8 4		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
NM D 1 0 2 7 9 4 0 0 5		2 8 4		1		
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		D 0 3 9 N / A N / A N / A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1717443				1		
<input type="checkbox"/> Check if ID same as in Waste 2		3 3 2		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
NM D 1 0 2 7 9 4 0 0 5		3 3 2		1		
G. Form code		H. Management Method Code				
W 1 0 1		H 1 4 1				

Comments: WASTE1B: D035 D038 D039 D040
WASTE2B: D038 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		D 0 0 6 D 0 1 8	D 0 0 8 D 0 2 7		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1717443				1		
or NM D 1 0 2 7 9 4 0 0 5		9 4				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1717443				1		
or NM D 1 0 2 7 9 4 0 0 5		7 2				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1717443				1		
or NM D 1 0 2 7 9 4 0 0 5		9 0 6				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Comments: WASTE1B: D039 D040
WASTE2B: D035 D039 D040
WASTE3B: D035 D036 D038 D039

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1717443				1		
NM D 1 0 2 7 9 4 0 0 5		1 4 0				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310560				1		
<input type="checkbox"/> Check if ID same as in Waste 1		2 4 9				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
NM D 1 0 6 6 0 6 4 7 8		1 3 2				
G. Form code		H. Management Method Code				
W 1 0 1		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310861				1		
<input type="checkbox"/> Check if ID same as in Waste 2		1 3 2				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
NM D 1 0 6 6 1 1 2 0 5		1 3 2				
G. Form code		H. Management Method Code				
W 1 0 1		H 1 4 1				

Comments: WASTE1B: D035 D038 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <u>2138828</u> <u>N M D 1 0 6 6 1 4 4 4 9</u>		E. Quantity received in reporting year _____ <u>6 0</u>		F. UOM <u>1</u>	
				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code <u>W 3 1 0</u>			H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>2138828</u> or <u>N M D 1 0 6 6 1 4 4 4 9</u>		E. Quantity received in reporting year _____ <u>2 5 0 3</u>		F. UOM <u>1</u>	
				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code <u>W 2 0 2</u>			H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>828489</u> or <u>N M D 1 1 6 2 4 7 9 8 2</u>		E. Quantity received in reporting year _____ <u>1 2 3 5</u>		F. UOM <u>1</u>	
				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code <u>W 2 0 2</u>			H. Management Method Code <u>H 1 4 1</u>			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		B. EPA hazardous waste code D 0 3 9 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number 708597 NM D 1 4 9 8 0 6 8 9 5	E. Quantity received in reporting year 6 2 3	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code W 2 0 3		H. Management Method Code H 1 4 1			

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0		C. State hazardous waste code
	D. Off-site handler EPA ID Number 2565953 <input type="checkbox"/> Check if ID same as in Waste 1 or NM D 1 5 3 5 7 0 5 6 9	E. Quantity received in reporting year 2 2 9 6	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code W 2 0 2		H. Management Method Code H 1 4 1			

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		B. EPA hazardous waste code D 0 3 9 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number 310642 <input type="checkbox"/> Check if ID same as in Waste 2 or NM D 1 6 5 0 7 4 6 2 6	E. Quantity received in reporting year 1 7 4	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code W 2 0 3		H. Management Method Code H 1 4 1			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code D 0 3 9 N / A N / A N / A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 310590 NM D 1 8 0 0 0 0 9 0 3		E. Quantity received in reporting year 1 6 6		F. UOM 1	
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code W 1 0 1			H. Management Method Code H 1 4 1			

Waste 2	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		B. EPA hazardous waste code D 0 0 6 D 0 0 8 D 0 1 8 D 0 2 7		C. State hazardous waste code	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 311054 or NM D 3 6 0 0 1 0 2 9 2		E. Quantity received in reporting year 1 1 8		F. UOM 1	
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code W 2 0 3			H. Management Method Code H 1 4 1			

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		B. EPA hazardous waste code D 0 3 9 N / A N / A N / A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 311111 or NM D 9 8 0 6 2 1 1 9 7		E. Quantity received in reporting year 6 4 3		F. UOM 1	
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code W 2 0 3			H. Management Method Code H 1 4 1			

Comments: WASTE2B: D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		D 0 3 9 N / A N / A N / A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310720				1		
NM D 9 8 1 5 1 2 3 4 6		1 6 6				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 1 0 1		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
828492				1		
<input type="checkbox"/> Check if ID same as in Waste 1		3 3 2 7				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- NM D 9 8 1 5 1 2 6 4 3		1 6 6				
G. Form code		H. Management Method Code				
W 2 0 2		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
828495				1		
<input type="checkbox"/> Check if ID same as in Waste 2		5 6 2 5				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- NM D 9 8 1 5 1 2 6 5 0		1 6 6				
G. Form code		H. Management Method Code				
W 2 0 2		H 1 4 1				

Comments:

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2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0		C. State hazardous waste code
	D. Off-site handler EPA ID Number 828493 NM D 9 8 1 5 1 2 6 6 8		E. Quantity received in reporting year 4 7 8 2		F. UOM 1
G. Form code W 2 0 2		H. Management Method Code H 1 4 1			

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0		C. State hazardous waste code
	D. Off-site handler EPA ID Number 828474 or <input type="checkbox"/> Check if ID same as in Waste 1 NM D 9 8 1 5 1 2 6 7 6		E. Quantity received in reporting year 6 6 5 5		F. UOM 1
G. Form code W 2 0 2		H. Management Method Code H 1 4 1			

Waste 3	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTHYLENE		B. EPA hazardous waste code F 0 0 2 D 0 3 9 N / A N / A		C. State hazardous waste code
	D. Off-site handler EPA ID Number 2811766 <input type="checkbox"/> Check if ID same as in Waste 2 or NM D 9 8 1 5 1 2 6 9 2		E. Quantity received in reporting year 1 8 0		F. UOM 1
G. Form code W 3 1 0		H. Management Method Code H 1 4 1			

Comments:

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2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		<u>F 0 0 5</u> <u>D 0 0 1</u>	<u>F 0 0 3</u> <u>D 0 1 8</u>		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	Density	
2833395 <u>N M D 9 8 1 5 8 6 9 6 9</u>		<u>2 1 6</u>		<u>1</u>	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code			H. Management Method Code			
<u>W 2 0 9</u>			<u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		<u>D 0 3 9</u> <u>N / A</u>	<u>N / A</u> <u>N / A</u>		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	Density	
310551 <input type="checkbox"/> Check if ID same as in Waste 1 or <u>N M D 9 8 1 5 8 9 4 1 9</u>		<u>1 7 8 8</u>		<u>1</u>	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code			H. Management Method Code			
<u>W 2 0 3</u>			<u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		<u>D 0 3 9</u> <u>N / A</u>	<u>N / A</u> <u>N / A</u>		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	Density	
310551 <input type="checkbox"/> Check if ID same as in Waste 2 or <u>N M D 9 8 1 5 8 9 4 1 9</u>		<u>4 1 5</u>		<u>1</u>	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code			H. Management Method Code			
<u>W 1 0 1</u>			<u>H 1 4 1</u>			

Comments: WASTE1B: D035 D036 D038 D039

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2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code D 0 3 9 N / A N / A N / A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 310497 NM D 9 8 1 5 9 1 8 6 0		E. Quantity received in reporting year 6 6		F. UOM 1	
G. Form code W 1 0 1		H. Management Method Code H 1 4 1				
Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg						

Waste 2	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code D 0 3 9 N / A N / A N / A		C. State hazardous waste code	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 9501497 or NM D 9 8 1 5 9 1 8 8 6		E. Quantity received in reporting year 3 3		F. UOM 1	
G. Form code W 1 0 1		H. Management Method Code H 1 4 1				
Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg						

Waste 3	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		B. EPA hazardous waste code D 0 0 6 D 0 0 8 D 0 1 8 D 0 2 7		C. State hazardous waste code	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 310710 or NM D 9 8 1 5 9 1 9 2 8		E. Quantity received in reporting year 1 4 2		F. UOM 1	
G. Form code W 2 0 3		H. Management Method Code H 1 4 1				
Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg						

Comments: WASTE3B: D038 D039 D040

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS	D 0 0 1	D 0 1 8		
		D 0 3 9	D 0 4 0		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	
310630				Density	
NM D 9 8 1 6 1 0 1 1 6		1 1 1 2		1	
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION	D 0 3 9	N / A		
		N / A	N / A		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	
310617				Density	
<input type="checkbox"/> Check if ID same as in Waste 1 or NM D 9 8 1 6 1 0 1 6 5		6 6		1	
G. Form code		H. Management Method Code			
W 1 0 1		H 1 4 1			

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS	D 0 3 9	N / A		
		N / A	N / A		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	
2096279				Density	
<input type="checkbox"/> Check if ID same as in Waste 2 or NM D 9 8 1 6 1 0 1 7 3		1 6 0		1	
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code D 0 3 9 N / A N / A N / A		C. State hazardous waste code		
	D. Off-site handler EPA ID Number 2019001 NM D 9 8 1 6 1 0 1 9 9		E. Quantity received in reporting year 2 4 0		F. UOM 1		
G. Form code W 1 0 1		H. Management Method Code H 1 4 1				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		B. EPA hazardous waste code F 0 0 2 D 0 3 9 N / A N / A		C. State hazardous waste code		
	D. Off-site handler EPA ID Number 2296564 <input type="checkbox"/> Check if ID same as in Waste 1 or- NM D 9 8 1 6 1 0 3 1 4		E. Quantity received in reporting year 3 0 0		F. UOM 1		
G. Form code W 3 1 0		H. Management Method Code H 1 4 1				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	

Waste 3	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0		C. State hazardous waste code		
	D. Off-site handler EPA ID Number 2296564 <input type="checkbox"/> Check if ID same as in Waste 2 or- NM D 9 8 1 6 1 0 3 1 4		E. Quantity received in reporting year 4 6 4 5		F. UOM 1		
G. Form code W 2 0 2		H. Management Method Code H 1 4 1				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS	D 0 0 1	D 0 1 8	
		D 0 3 9	D 0 4 0	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
1814602				
N M D 9 8 1 6 1 0 3 6 3	1 8 0	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code	H. Management Method Code			
W 2 0 3	H 1 4 1			

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	SPENT AQUEOUS BRAKE CLEANING SOLUTION	D 0 3 9	N / A	
		N / A	N / A	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 1 311254				
N M D 9 8 1 6 1 0 3 7 1	1 3 2	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code	H. Management Method Code			
W 1 0 1	H 1 4 1			

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT	F 0 0 5	F 0 0 3	
		D 0 0 1	D 0 1 8	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 2 311254				
N M D 9 8 1 6 1 0 3 7 1	7 2	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code	H. Management Method Code			
W 2 1 1	H 1 4 1			

Comments: WASTE3B: D035 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311254				1		
NM D 9 8 1 6 1 0 3 7 1		2 1 6				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311254				1		
<input type="checkbox"/> Check if ID same as in Waste 1		3 8 5				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or NM D 9 8 1 6 1 0 3 7 1		1 5 8				
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		D 0 0 6 D 0 1 8	D 0 0 8 D 0 2 7		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310574				1		
<input type="checkbox"/> Check if ID same as in Waste 2		1 5 8				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or NM D 9 8 1 6 1 0 3 8 9		1 5 8				
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Comments: WASTE1B: D035 D036 D038 D039
 WASTE2B: D035 D038 D039 D040
 WASTE3B: D038 D039 D040

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _ _ _ _ _ _ _ _
	D. Off-site handler EPA ID Number <u>310574</u> <u>N M D 9 8 1 6 1 0 3 8 9</u>		E. Quantity received in reporting year _ _ _ _ _ _ _ _ <u>8 5 0</u>	F. UOM <u>1</u>	Density _ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _ _ _ _ _ _ _ _
	D. Off-site handler EPA ID Number <u>310781</u> <input type="checkbox"/> Check if ID same as in Waste 1 or <u>N M D 9 8 1 6 1 1 2 4 7</u>		E. Quantity received in reporting year _ _ _ _ _ _ _ _ <u>9 9</u>	F. UOM <u>1</u>	Density _ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 1 0 1</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _ _ _ _ _ _ _ _
	D. Off-site handler EPA ID Number <u>310923</u> <input type="checkbox"/> Check if ID same as in Waste 2 or <u>N M D 9 8 1 6 1 1 8 9 0</u>		E. Quantity received in reporting year _ _ _ _ _ _ _ _ <u>4 4 4 2</u>	F. UOM <u>1</u>	Density _ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments:

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2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <u>828529</u> <u>N M D 9 8 1 9 0 5 4 3 3</u>		E. Quantity received in reporting year _____ <u>1 0 0</u>		F. UOM <u>1</u>	
				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code <u>W 3 1 0</u>			H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>828529</u> or- <u>N M D 9 8 1 9 0 5 4 3 3</u>		E. Quantity received in reporting year _____ <u>1 2 4 8</u>		F. UOM <u>1</u>	
				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code <u>W 2 0 2</u>			H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>9188958</u> or- <u>N M D 9 8 2 2 8 3 5 0 9</u>		E. Quantity received in reporting year _____ <u>6 2 4</u>		F. UOM <u>1</u>	
				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code <u>W 2 0 2</u>			H. Management Method Code <u>H 1 4 1</u>			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>828467</u> <u>N M D 9 8 2 2 8 5 4 6 2</u>		E. Quantity received in reporting year _____ <u>1 0 4 0</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 2</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>2101284</u> or- <u>N M D 9 8 2 2 9 3 0 4 5</u>		E. Quantity received in reporting year _____ <u>6 5 5 3</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 2</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>2101247</u> or- <u>N M D 9 8 2 3 0 6 6 1 5</u>		E. Quantity received in reporting year _____ <u>3 1 0 1</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 2</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments:

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2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311135				1		
or <u>N M D 9 8 2 3 0 6 6 3 1</u>		<u>9 9 8</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 2 0 3</u>		<u>H 1 4 1</u>				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		F 0 0 2 D 0 3 9 N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2472421				1		
<input type="checkbox"/> Check if ID same as in Waste 1		<u>2 4 0</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or <u>N M D 9 8 2 5 4 9 2 0 6</u>						
G. Form code		H. Management Method Code				
<u>W 3 1 0</u>		<u>H 1 4 1</u>				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2472421				1		
<input type="checkbox"/> Check if ID same as in Waste 2		<u>1 0 4 6</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or <u>N M D 9 8 2 5 4 9 2 0 6</u>						
G. Form code		H. Management Method Code				
<u>W 2 0 2</u>		<u>H 1 4 1</u>				

Comments:

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2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. NMID000804294

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INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0		C. State hazardous waste code
	D. Off-site handler EPA ID Number 2079453 NMID982549255		E. Quantity received in reporting year 3334		F. UOM 1
G. Form code W 2 0 2		H. Management Method Code H 1 4 1			

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		B. EPA hazardous waste code D 0 3 9 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number 1799095 <input type="checkbox"/> Check if ID same as in Waste 1 or NMID982551145		E. Quantity received in reporting year 67		F. UOM 1
G. Form code W 2 0 3		H. Management Method Code H 1 4 1			

Waste 3	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		C. State hazardous waste code
	D. Off-site handler EPA ID Number 1799095 <input type="checkbox"/> Check if ID same as in Waste 2 or NMID982551145		E. Quantity received in reporting year 432		F. UOM 1
G. Form code W 2 0 9		H. Management Method Code H 1 4 1			

Comments: WASTE3B: D035 D039 D040

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2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. NMID000804294

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INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F005 F003 D001 D018			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2629222 NMID982552200				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W209		H141				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F005 F003 D001 D018			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 1 958482 or NMID982552218				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W209		H141				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F005 F003 D001 D018			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 2 958482 or NMID982552218		40		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W211		H141				

Comments: WASTE1B: D035 D036 D038 D039
 WASTE2B: D035 D039 D040
 WASTE3B: D035 D039 D040

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2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number 958482 <u>N M D 9 8 2 5 5 2 2 1 8</u>		E. Quantity received in reporting year _____ <u>2 3 7 6</u>		F. UOM <u>1</u>
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>			
Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg					

Waste 2	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number 958482 <input type="checkbox"/> Check if ID same as in Waste 1 or- <u>N M D 9 8 2 5 5 2 2 1 8</u>		E. Quantity received in reporting year _____ <u>3 3 8</u>		F. UOM <u>1</u>
G. Form code <u>W 2 1 1</u>		H. Management Method Code <u>H 1 4 1</u>			
Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg					

Waste 3	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number 828491 <input type="checkbox"/> Check if ID same as in Waste 2 or- <u>N M D 9 8 2 5 5 3 2 3 2</u>		E. Quantity received in reporting year _____ <u>5 6 3 0</u>		F. UOM <u>1</u>
G. Form code <u>W 2 0 2</u>		H. Management Method Code <u>H 1 4 1</u>			
Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg					

Comments: WASTE1B: D035 D036 D038 D039
WASTE2B: D035 D038 D039 D040

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2003 HAZARDOUS WASTE REPORT

7-008-01

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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0		_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
2529562		_____ 6 2 4	1	_____	
or- <u>N M D 9 8 2 5 5 3 4 6 3</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 0 2</u>		<u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0		_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
2537071		_____ 6 2 4	1	_____	
or- <u>N M D 9 8 2 5 5 3 5 3 9</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 0 2</u>		<u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0		_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
2538685		_____ 4 1 6	1	_____	
or- <u>N M D 9 8 2 5 5 5 6 2 5</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 0 2</u>		<u>H 1 4 1</u>			

Comments:

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2003 HAZARDOUS WASTE REPORT

7-008-01

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EPA ID NO. NMID000804294

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		D039 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310738				1		
or NMID982556656		99				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W101		H141				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F005 F003 D001 D018			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310738				1		
or NMID982556656		36				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W211		H141				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F005 F003 D001 D018			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310738				1		
or NMID982556656		432				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W209		H141				

Comments: WASTE2B: D035 D039 D040
WASTE3B: D035 D036 D038 D039

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

**FORM
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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8	_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
310738 N M D 9 8 2 5 5 6 6 5 6		_____ 4 3 2	1	_____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W 2 1 1		H 1 4 1			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		D 0 0 6 D 0 1 8	D 0 0 8 D 0 2 7	_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
310947 <input type="checkbox"/> Check if ID same as in Waste 1 or N M D 9 8 2 5 5 9 4 2 9		_____ 2 4 4	1	_____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		D 0 0 1 D 0 3 9	D 0 1 8 D 0 4 0	_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
310947 <input type="checkbox"/> Check if ID same as in Waste 2 or N M D 9 8 2 5 5 9 4 2 9		_____ 1 2 4 6	1	_____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Comments: WASTE1B: D035 D038 D039 D040
WASTE2B: D038 D039 D040

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2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

WR

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
958413 N M D 9 8 2 7 5 8 3 3 6			1		
G. Form code		H. Management Method Code			
W 2 1 1		H 1 4 1			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 1 958413 or N M D 9 8 2 7 5 8 3 3 6			1		
G. Form code		H. Management Method Code			
W 2 1 1		H 1 4 1			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		D 0 0 6 D 0 1 8	D 0 0 8 D 0 2 7	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 2 311630 or N M D 9 8 2 7 6 0 1 4 2			1		
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Comments: WASTE1B: D035 D039 D040
 WASTE2B: D035 D038 D039 D040
 WASTE3B: D038 D039 D040

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		D 0 3 9 N/A N/A N/A		_ _ _ _ _ _ _ _	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311630		_ _ _ _ _ _ _ _		1		_ _ _ _ _
or- N M D 9 8 2 7 6 0 1 4 2		_ _ _ _ _ _ _ _		_		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		D 0 3 9 N/A N/A N/A		_ _ _ _ _ _ _ _	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311630		_ _ _ _ _ _ _ _		1		_ _ _ _ _
or- N M D 9 8 2 7 6 0 1 4 2		_ _ _ _ _ _ _ _		_		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 1 0 1		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		D 0 0 6 D 0 0 8 D 0 1 8 D 0 2 7		_ _ _ _ _ _ _ _	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311630		_ _ _ _ _ _ _ _		1		_ _ _ _ _
or- N M D 9 8 2 7 6 0 1 4 2		_ _ _ _ _ _ _ _		_		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Comments: WASTE3B: D039 D040

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NMID000804294

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code F002 D007 D039 D040		C. State hazardous waste code
	D. Off-site handler EPA ID Number 2529576 NMID982760159		E. Quantity received in reporting year 1248	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W202		H. Management Method Code H141			

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		B. EPA hazardous waste code D039 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 310570 or NMID986668374		E. Quantity received in reporting year 1239	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W203		H. Management Method Code H141			

Waste 3	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code D039 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 310570 or NMID986668374		E. Quantity received in reporting year 232	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W101		H. Management Method Code H141			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0		C. State hazardous waste code
	D. Off-site handler EPA ID Number 828508 NM D 9 8 6 6 6 8 6 0 6		E. Quantity received in reporting year 1 6 6 4		F. UOM 1
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code W 2 0 2		H. Management Method Code H 1 4 1			

Waste 2	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		C. State hazardous waste code
	D. Off-site handler EPA ID Number 958314 <input type="checkbox"/> Check if ID same as in Waste 1 or NM D 9 8 6 6 6 8 7 5 4		E. Quantity received in reporting year 8 2 8		F. UOM 1
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code W 2 0 9		H. Management Method Code H 1 4 1			

Waste 3	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code D 0 3 9 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number 310927 <input type="checkbox"/> Check if ID same as in Waste 2 or NM D 9 8 6 6 6 9 3 9 8		E. Quantity received in reporting year 9 9		F. UOM 1
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code W 1 0 1		H. Management Method Code H 1 4 1			

Comments: WASTE2B: D035 D036 D038 D039

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		 	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
958312		2 1 6		1		 <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- <u>N M D 9 8 6 6 6 9 6 7 9</u>						
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		F 0 0 2 D 0 3 9 N / A N / A		 	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2101302 <input type="checkbox"/> Check if ID same as in Waste 1		1 5 1 5		1		 <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- <u>N M D 9 8 6 6 7 0 1 1 5</u>						
G. Form code		H. Management Method Code				
W 3 1 0		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0		 	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2320804 <input type="checkbox"/> Check if ID same as in Waste 2		2 1 4		1		 <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- <u>N M D 9 8 6 6 7 0 3 6 2</u>						
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Comments: WASTE1B: D035 D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
2320804 NM D 9 8 6 6 7 0 3 6 2			1		
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		F 0 0 2 D 0 3 9 N/A N/A		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
828524 <input type="checkbox"/> Check if ID same as in Waste 1 or NM D 9 8 6 6 7 3 1 7 6			1		
G. Form code		H. Management Method Code			
W 3 1 0		H 1 4 1			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
828524 <input type="checkbox"/> Check if ID same as in Waste 2 or NM D 9 8 6 6 7 3 1 7 6			1		
G. Form code		H. Management Method Code			
W 2 0 2		H 1 4 1			

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>828527</u> <u>N M D 9 8 6 6 7 3 1 8 4</u>		E. Quantity received in reporting year _____ <u>3 3 0</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 3 1 0</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>828504</u> or- <u>N M D 9 8 6 6 7 3 2 6 7</u>		E. Quantity received in reporting year _____ <u>2 2 0</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 3 1 0</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>828504</u> or- <u>N M D 9 8 6 6 7 3 2 6 7</u>		E. Quantity received in reporting year _____ <u>9 1 2</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 2</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310656				1		
or <u>N M D 9 8 6 6 7 3 9 4 5</u>		<u>4 8 9</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 2 0 3</u>		<u>H 1 4 1</u>				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING;MONOETHANOLAMINE		D 0 0 6 D 0 0 8 D 0 1 8 D 0 2 7			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310775				1		
or <u>N M D 9 8 6 6 7 5 3 5 3</u>		<u>1 4 2</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 2 0 3</u>		<u>H 1 4 1</u>				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311603				1		
or <u>N M D 9 8 6 6 7 5 7 5 9</u>		<u>1 2 7</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 2 0 3</u>		<u>H 1 4 1</u>				

Comments: WASTE2B: D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS	D 0 3 9	N / A		
		N / A	N / A		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	
1933099				Density	
NM D 9 8 6 6 7 5 9 4 0		1 9 4		1	
				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE	F 0 0 2	D 0 0 7		
		D 0 3 9	D 0 4 0		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	
828506				Density	
<input type="checkbox"/> Check if ID same as in Waste 1		7 4 8 5		1	
or- NM D 9 8 6 6 7 5 9 5 7				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W 2 0 2		H 1 4 1			

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS	D 0 0 1	D 0 1 8		
		D 0 3 9	D 0 4 0		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	
9192260				Density	
<input type="checkbox"/> Check if ID same as in Waste 2		5 3 6		1	
or- NM D 9 8 6 6 7 6 2 0 3				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		<u>D 0 0 6</u> <u>D 0 0 8</u>	<u>D 0 1 8</u> <u>D 0 2 7</u>	_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<u>311101</u>		_____ <u>1 4 2</u>	<u>1</u>	_____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
or- <u>N M D 9 8 6 6 7 6 2 2 9</u>					
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		<u>D 0 0 6</u> <u>D 0 0 8</u>	<u>D 0 1 8</u> <u>D 0 2 7</u>	_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 1 <u>311101</u>		_____ <u>4 7</u>	<u>1</u>	_____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
or- <u>N M D 9 8 6 6 7 6 2 2 9</u>					
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		<u>F 0 0 5</u> <u>F 0 0 3</u>	<u>D 0 0 1</u> <u>D 0 1 8</u>	_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<input type="checkbox"/> Check if ID same as in Waste 2 <u>311101</u>		_____ <u>8 0 5</u>	<u>1</u>	_____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
or- <u>N M D 9 8 6 6 7 6 2 2 9</u>					
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments: WASTE1B: D038 D039 D040
WASTE2B: D039 D040
WASTE3B: D035 D036 D038 D039

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <u>311091</u> <u>N M D 9 8 6 6 7 6 5 2 6</u>		E. Quantity received in reporting year _____ <u>1 0 7</u>		F. UOM <u>1</u>	
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 or <u>778779</u> <u>N M D 9 8 6 6 7 7 0 5 2</u>		E. Quantity received in reporting year _____ <u>2 1 4</u>		F. UOM <u>1</u>	
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

Waste 3	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 0 1</u> <u>D 0 1 8</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 or <u>310666</u> <u>N M D 9 8 6 6 7 7 0 7 8</u>		E. Quantity received in reporting year _____ <u>2 5 4</u>		F. UOM <u>1</u>	
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

**FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 0 1</u> <u>D 0 1 8</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>310666</u> <u>N M D 9 8 6 6 7 7 0 7 8</u>		E. Quantity received in reporting year _____ <u>6 4 3</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>310666</u> or- <u>N M D 9 8 6 6 7 7 0 7 8</u>		E. Quantity received in reporting year _____ <u>1 3 2</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 1 0 1</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>310666</u> or- <u>N M D 9 8 6 6 7 7 0 7 8</u>		E. Quantity received in reporting year _____ <u>6 4 8</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments: WASTE3B: D035 D036 D038 D039

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		D 0 0 1	D 0 1 8	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
310601					
NM D 9 8 6 6 8 2 1 2 8		2 1 8 4	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		D 0 0 6	D 0 0 8	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
310567					
<input type="checkbox"/> Check if ID same as in Waste 1 or NM D 9 8 6 6 8 2 1 3 6		7 9	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		D 0 3 9	N / A	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
310567					
<input type="checkbox"/> Check if ID same as in Waste 2 or NM D 9 8 6 6 8 2 1 3 6		9 9	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W 1 0 1		H 1 4 1			

Comments: WASTE2B: D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		D 0 0 6	D 0 0 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310567				1		
or- NM D 9 8 6 6 8 2 1 3 6		3 9				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		D 0 0 6	D 0 0 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311373				1		
or- NM D 9 8 6 6 8 2 4 7 4		1 5 8				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		D 0 3 9	N / A		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311373				1		
or- NM D 9 8 6 6 8 2 4 7 4		4 1 5				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Comments: WASTE1B: D039 D040
WASTE2B: D038 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>311373</u> <u>N M D 9 8 6 6 8 2 4 7 4</u>		E. Quantity received in reporting year _____ <u>1 9 9</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 1 0 1</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>311373</u> or <u>N M D 9 8 6 6 8 2 4 7 4</u>		E. Quantity received in reporting year _____ <u>1 4 4</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 1 1</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 0 1</u> <u>D 0 1 8</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>311620</u> or <u>N M D 9 8 6 6 8 3 0 1 9</u>		E. Quantity received in reporting year _____ <u>5 6 9</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments: WASTE2B: D035 D038 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

**FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>311620</u> <u>N M D 9 8 6 6 8 3 0 1 9</u>		E. Quantity received in reporting year _____ <u>1 9 9</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 1 0 1</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		B. EPA hazardous waste code <u>D 0 0 6</u> <u>D 0 0 8</u> <u>D 0 1 8</u> <u>D 0 2 7</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 or- <u>311006</u> <u>N M D 9 8 6 6 8 3 3 6 5</u>		E. Quantity received in reporting year _____ <u>1 5 8</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 or- <u>311006</u> <u>N M D 9 8 6 6 8 3 3 6 5</u>		E. Quantity received in reporting year _____ <u>1 4 4 0</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments: **WASTE2B: D038 D039 D040**

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		D 0 3 9 N/A N/A N/A		_ _ _ _ _ _ _	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
991832		_ _ _ _ _ _ _ 1 7 8 8		1		_ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- NM D 9 8 6 6 8 3 5 7 1						
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0		_ _ _ _ _ _ _	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311424 <input type="checkbox"/> Check if ID same as in Waste 1		_ _ _ _ _ _ _ 7 8 3		1		_ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- NM D 9 8 6 6 8 4 1 3 2						
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		_ _ _ _ _ _ _	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
1961338 <input type="checkbox"/> Check if ID same as in Waste 2		_ _ _ _ _ _ _ 4 3 2		1		_ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- NM D 9 8 6 6 8 4 3 6 3						
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Comments: WASTE3B: D035 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 1961338 NM D 9 8 6 6 8 4 3 6 3		E. Quantity received in reporting year 7 2		F. UOM 1	
				Density 1 lbs/gal 2 sg		
G. Form code W 2 1 1			H. Management Method Code H 1 4 1			

Waste 2	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 1961338 or- NM D 9 8 6 6 8 4 3 6 3		E. Quantity received in reporting year 3 0 2 4		F. UOM 1	
				Density 1 lbs/gal 2 sg		
G. Form code W 2 0 9			H. Management Method Code H 1 4 1			

Waste 3	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		C. State hazardous waste code	
	D. Off-site handler EPA ID Number 1961338 or- NM D 9 8 6 6 8 4 3 6 3		E. Quantity received in reporting year 3 9 8		F. UOM 1	
				Density 1 lbs/gal 2 sg		
G. Form code W 2 1 1			H. Management Method Code H 1 4 1			

Comments: WASTE1B: D035 D039 D040
WASTE2B: D035 D036 D038 D039
WASTE3B: D035 D038 D039 D040

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number <u>1804153</u> <u>N M D 9 8 6 6 8 4 3 8 9</u>		E. Quantity received in reporting year <u>2 1 6</u>		F. UOM <u>1</u>
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING:MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 or <u>311952</u> <u>N M D 9 8 6 6 8 4 3 9 7</u>		E. Quantity received in reporting year <u>2 7 4</u>		F. UOM <u>1</u>
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 or <u>958436</u> <u>N M D 9 8 6 6 8 4 4 5 4</u>		E. Quantity received in reporting year <u>4 3 2</u>		F. UOM <u>1</u>
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments: WASTE1B: D035 D036 D038 D039
WASTE3B: D035 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

WR

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
958436				1		
or- <u>N M D 9 8 6 6 8 4 4 5 4</u>		<u>6 1</u>		<u>1</u>		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 2 1 1</u>		<u>H 1 4 1</u>				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
958436				1		
or- <u>N M D 9 8 6 6 8 4 4 5 4</u>		<u>2 5 9 2</u>		<u>1</u>		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 2 0 9</u>		<u>H 1 4 1</u>				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
958436				1		
or- <u>N M D 9 8 6 6 8 4 4 5 4</u>		<u>3 2 3</u>		<u>1</u>		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 2 1 1</u>		<u>H 1 4 1</u>				

Comments: WASTE1B: D035 D039 D040
 WASTE2B: D035 D036 D038 D039
 WASTE3B: D035 D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code		
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density	
958437		_ _ _ _ _ _ _ _ 3 6		1		_ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
or- <u>N M D 9 8 6 6 8 4 4 8 8</u>		_ _ _ _ _ _ _ _ 3 6		1		_ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code					
W 2 1 1		H 1 4 1					

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code		
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density	
958437		_ _ _ _ _ _ _ _ 2 1 6		1		_ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
or- <u>N M D 9 8 6 6 8 4 4 8 8</u>		_ _ _ _ _ _ _ _ 2 1 6		1		_ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code					
W 2 0 9		H 1 4 1					

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code		
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density	
958437		_ _ _ _ _ _ _ _ 1 4 4		1		_ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
or- <u>N M D 9 8 6 6 8 4 4 8 8</u>		_ _ _ _ _ _ _ _ 1 4 4		1		_ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code					
W 2 1 1		H 1 4 1					

Comments: WASTE1B: D035 D039 D040
WASTE2B: D035 D036 D038 D039
WASTE3B: D035 D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NMID000804294

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK	F005 D001	F003 D018		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
958491					
NMRR0000000620		1296	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W209		H141			

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT	F005 D001	F003 D018		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
958491					
<input type="checkbox"/> Check if ID same as in Waste 1					
or NMRR0000000620		270	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W211		H141			

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS	D039 N/A	N/A N/A		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
310672					
<input type="checkbox"/> Check if ID same as in Waste 2					
or NMRR0000000745		817	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W203		H141			

Comments: WASTE1B: D035 D036 D038 D039
WASTE2B: D035 D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0		C. State hazardous waste code
	D. Off-site handler EPA ID Number 974298 NM R 0 0 0 0 0 0 9 1 9		E. Quantity received in reporting year 1 8 7		F. UOM 1
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code W 2 0 3			H. Management Method Code H 1 4 1		

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code D 0 3 9 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number 974298 <input type="checkbox"/> Check if ID same as in Waste 1 or NM R 0 0 0 0 0 0 9 1 9		E. Quantity received in reporting year 6 2 3		F. UOM 1
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code W 2 0 3			H. Management Method Code H 1 4 1		

Waste 3	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0		C. State hazardous waste code
	D. Off-site handler EPA ID Number 974298 <input type="checkbox"/> Check if ID same as in Waste 2 or NM R 0 0 0 0 0 0 9 1 9		E. Quantity received in reporting year 1 8 6 2		F. UOM 1
				Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code W 2 0 3			H. Management Method Code H 1 4 1		

Comments:

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number 974298 <u>N M R 0 0 0 0 0 9 1 9</u>		E. Quantity received in reporting year _____ <u>9 9</u>		F. UOM <u>1</u>	
				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code <u>W 1 0 1</u>			H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 974298 or- <u>N M R 0 0 0 0 0 9 1 9</u>		E. Quantity received in reporting year _____ <u>2 1 6</u>		F. UOM <u>1</u>	
				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code <u>W 2 0 9</u>			H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 974298 or- <u>N M R 0 0 0 0 0 9 1 9</u>		E. Quantity received in reporting year _____ <u>1 0 8</u>		F. UOM <u>1</u>	
				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code <u>W 2 1 1</u>			H. Management Method Code <u>H 1 4 1</u>			

Comments: WASTE2B: D035 D039 D040
WASTE3B: D035 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number <u>2730083</u> <u>N M R 0 0 0 0 0 2 6 4 2</u>		E. Quantity received in reporting year <u>1 2 0</u>	F. UOM <u>1</u>	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 3 1 0</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>2730083</u> or- <u>N M R 0 0 0 0 0 2 6 4 2</u>		E. Quantity received in reporting year <u>6 2 4</u>	F. UOM <u>1</u>	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 2</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>740927</u> or- <u>N M R 0 0 0 0 0 2 6 5 9</u>		E. Quantity received in reporting year <u>1 2 9 6</u>	F. UOM <u>1</u>	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments: WASTE3B: D035 D036 D038 D039

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2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTHYLENE		B. EPA hazardous waste code F 0 0 2 D 0 3 9 N / A N / A		C. State hazardous waste code
	D. Off-site handler EPA ID Number 2773540 NM R 0 0 0 0 0 2 7 2 5		E. Quantity received in reporting year 25	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 3 1 0		H. Management Method Code H 1 4 1			

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0		C. State hazardous waste code
	D. Off-site handler EPA ID Number 2773540 <input type="checkbox"/> Check if ID same as in Waste 1 or NM R 0 0 0 0 0 2 7 2 5		E. Quantity received in reporting year 416	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 2 0 2		H. Management Method Code H 1 4 1			

Waste 3	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTHYLENE		B. EPA hazardous waste code F 0 0 2 D 0 3 9 N / A N / A		C. State hazardous waste code
	D. Off-site handler EPA ID Number 2856271 <input type="checkbox"/> Check if ID same as in Waste 2 or NM R 0 0 0 0 0 2 7 3 3		E. Quantity received in reporting year 900	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 3 1 0		H. Management Method Code H 1 4 1			

Comments:

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2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

WR

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>2856271</u> <u>N M R 0 0 0 0 0 2 7 3 3</u>		E. Quantity received in reporting year _____ <u>2 0 8</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 2</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>2380052</u> <input type="checkbox"/> Check if ID same as in Waste 1 or- <u>N M R 0 0 0 0 0 2 8 4 0</u>		E. Quantity received in reporting year _____ <u>7 1 5 2</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 2</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>2088165</u> <input type="checkbox"/> Check if ID same as in Waste 2 or- <u>N M R 0 0 0 0 0 2 9 2 3</u>		E. Quantity received in reporting year _____ <u>3 2 6</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments: WASTE3B: D035 D036 D038 D039

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

**FORM
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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	SPENT AQUEOUS BRAKE CLEANING SOLUTION	<u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>	_____
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density
<u>1935362</u> <u>N M R 0 0 0 0 0 2 9 4 9</u>	_____ <u>2 6 5</u>	<u>1</u>	_____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code	H. Management Method Code		
<u>W 1 0 1</u>	<u>H 1 4 1</u>		

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS	<u>D 0 0 1</u> <u>D 0 1 8</u> <u>D 0 3 9</u> <u>D 0 4 0</u>	_____
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density
<input type="checkbox"/> Check if ID same as in Waste 1 or <u>1912127</u> <u>N M R 0 0 0 0 0 3 0 3 8</u>	_____ <u>4 7 5</u>	<u>1</u>	_____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code	H. Management Method Code		
<u>W 2 0 3</u>	<u>H 1 4 1</u>		

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTHYLENE	<u>F 0 0 2</u> <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u>	_____
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density
<input type="checkbox"/> Check if ID same as in Waste 2 or <u>2675912</u> <u>N M R 0 0 0 0 0 3 3 0 1</u>	_____ <u>1 7 1 0</u>	<u>1</u>	_____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code	H. Management Method Code		
<u>W 3 1 0</u>	<u>H 1 4 1</u>		

Comments:

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2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number 2675912 <u>N M R 0 0 0 0 0 3 3 0 1</u>		E. Quantity received in reporting year <u>2 0 8</u>	F. UOM <u>1</u>	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 2</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number 2253929 <input type="checkbox"/> Check if ID same as in Waste 1 or- <u>N M R 0 0 0 0 0 3 3 1 9</u>		E. Quantity received in reporting year <u>3 6 0</u>	F. UOM <u>1</u>	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 3 1 0</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number 2253929 <input type="checkbox"/> Check if ID same as in Waste 2 or- <u>N M R 0 0 0 0 0 3 3 1 9</u>		E. Quantity received in reporting year <u>2 9 1 2</u>	F. UOM <u>1</u>	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 2</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments:

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2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

FORM
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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number <u>2033026</u> <u>N M R 0 0 0 0 0 3 4 6 7</u>		E. Quantity received in reporting year <u>1 6 6 4</u>	F. UOM <u>1</u>	Density <u> </u> <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 2</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>2490870</u> or <u>N M R 0 0 0 0 0 4 1 3 5</u>		E. Quantity received in reporting year <u>2 1 6</u>	F. UOM <u>1</u>	Density <u> </u> <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>2490870</u> or <u>N M R 0 0 0 0 0 4 1 3 5</u>		E. Quantity received in reporting year <u>5 7</u>	F. UOM <u>1</u>	Density <u> </u> <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 1 1</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments: WASTE2B: D035 D039 D040
WASTE3B: D035 D039 D040

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2003 HAZARDOUS WASTE REPORT

7-008-01

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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2490870				1		
or: NM R 0 0 0 0 0 4 1 3 5		1 2 9 6				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2490870				1		
<input type="checkbox"/> Check if ID same as in Waste 1		1 8 7				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or: NM R 0 0 0 0 0 4 1 3 5						
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2536301				1		
<input type="checkbox"/> Check if ID same as in Waste 2		2 1 6				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or: NM R 0 0 0 0 0 4 5 4 9						
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Comments: WASTE1B: D035 D036 D038 D039
 WASTE2B: D035 D038 D039 D040
 WASTE3B: D035 D039 D040

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2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

**FORM
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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>2536301</u> <u>N M R 0 0 0 0 0 4 5 4 9</u>		E. Quantity received in reporting year _____ <u>3 6</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 1 1</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 <u>2536301</u> or <u>N M R 0 0 0 0 0 4 5 4 9</u>		E. Quantity received in reporting year _____ <u>1 9 3 6</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 <u>2536301</u> or <u>N M R 0 0 0 0 0 4 5 4 9</u>		E. Quantity received in reporting year _____ <u>2 5 0</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 1 1</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments: WASTE1B: D035 D039 D040
WASTE2B: D035 D036 D038 D039
WASTE3B: D035 D038 D039 D040

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7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

FORM
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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		F 0 0 2 D 0 3 9 N / A N / A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2583352 N M R 0 0 0 0 0 5 2 0 7				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 3 1 0		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2583352 <input type="checkbox"/> Check if ID same as in Waste 1 or N M R 0 0 0 0 0 5 2 0 7		3 5 7 3		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 2		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2397647 <input type="checkbox"/> Check if ID same as in Waste 2 or N M R 0 0 0 0 0 6 7 4 2		2 5		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Comments: WASTE3B: D035 D039 D040

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NMID000804294

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK	F005 F003 D001 D018	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM
2397647			
NMRR000006742		216	1
Density		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code	
W209		H141	

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT	F005 F003 D001 D018	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM
2397647			
<input type="checkbox"/> Check if ID same as in Waste 1 or NMRR000006742		24	1
Density		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code	
W211		H141	

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE	F002 D007 D039 D040	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM
2757789			
<input type="checkbox"/> Check if ID same as in Waste 2 or NMRR060635117		624	1
Density		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code	
W202		H141	

Comments: WASTE1B: D035 D036 D038 D039
 WASTE2B: D035 D038 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM0000804294

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		B. EPA hazardous waste code D001 D018 D039 D040		C. State hazardous waste code
	D. Off-site handler EPA ID Number 311296 NM00000003590		E. Quantity received in reporting year 80	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W203		H. Management Method Code H141			

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		B. EPA hazardous waste code D039 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number 311296 <input type="checkbox"/> Check if ID same as in Waste 1 or NM00000003590		E. Quantity received in reporting year 80	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W203		H. Management Method Code H141			

Waste 3	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		B. EPA hazardous waste code D001 D018 D039 D040		C. State hazardous waste code
	D. Off-site handler EPA ID Number 311296 <input type="checkbox"/> Check if ID same as in Waste 2 or NM00000003590		E. Quantity received in reporting year 790	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W203		H. Management Method Code H141			

Comments:

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

FORM
WR

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311580 N M 0 0 0 0 0 3 6 9 9		2 1 7 7		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2682671 <input type="checkbox"/> Check if ID same as in Waste 1 or N M 0 0 0 0 0 4 3 1 8 2		2 1 6		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2682671 <input type="checkbox"/> Check if ID same as in Waste 2 or N M 0 0 0 0 0 4 3 1 8 2		2 0		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Comments: WASTE2B: D035 D039 D040
WASTE3B: D035 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. NM00000804294

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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F005 F003 D001 D018		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
958457					
NM00000050401		137	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W211		H141			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F005 F003 D001 D018		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
958457					
<input type="checkbox"/> Check if ID same as in Waste 1 or NM00000050401		1080	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W209		H141			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F005 F003 D001 D018		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
958457					
<input type="checkbox"/> Check if ID same as in Waste 2 or NM00000050401		444	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W211		H141			

Comments: WASTE1B: D035 D039 D040
 WASTE2B: D035 D036 D038 D039
 WASTE3B: D035 D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM0000804294

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		D006 D008 D018 D027			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2123815 NM0000050419		39		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W203			H141			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F005 F003 D001 D018			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2123815 <input type="checkbox"/> Check if ID same as in Waste 1 or- NM0000050419		396		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W209			H141			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F005 F003 D001 D018			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2123815 <input type="checkbox"/> Check if ID same as in Waste 2 or- NM0000050419		108		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W211			H141			

Comments: WASTE1B: D038 D039 D040
WASTE2B: D035 D039 D040
WASTE3B: D035 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM

EPA ID NO. NMID000804294

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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F005 F003 D001 D018			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2123815 NM0000050419				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W209		H141				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F005 F003 D001 D018			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2123815 <input type="checkbox"/> Check if ID same as in Waste 1 or NM0000050419				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W211		H141				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		F002 D039 N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
828515 <input type="checkbox"/> Check if ID same as in Waste 2 or NM00000118158				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W310		H141				

Comments: WASTE1B: D035 D036 D038 D039
WASTE2B: D035 D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM0000804294

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F002 D007 D039 D040			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
828515 NM0000118158				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W202			H141			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F002 D007 D039 D040			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
828515 or <input type="checkbox"/> Check if ID same as in Waste 1 NM0000118158		60		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W310			H141			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F005 F003 D001 D018			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
958435 <input type="checkbox"/> Check if ID same as in Waste 2 or NM0000118208		216		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W209			H141			

Comments: WASTE3B: D035 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

**FORM
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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number <u>958435</u> <u>N M 0 0 0 0 1 1 8 2 0 8</u>		E. Quantity received in reporting year <u>9 2</u>	F. UOM <u>1</u>	Density <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 1 1</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number <u>958435</u> <input type="checkbox"/> Check if ID same as in Waste 1 or <u>N M 0 0 0 0 1 1 8 2 0 8</u>		E. Quantity received in reporting year <u>1 7 2 8</u>	F. UOM <u>1</u>	Density <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 9</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code <u>F 0 0 5</u> <u>F 0 0 3</u> <u>D 0 0 1</u> <u>D 0 1 8</u>		C. State hazardous waste code
	D. Off-site handler EPA ID Number <u>958435</u> <input type="checkbox"/> Check if ID same as in Waste 2 or <u>N M 0 0 0 0 1 1 8 2 0 8</u>		E. Quantity received in reporting year <u>8 1 0</u>	F. UOM <u>1</u>	Density <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 1 1</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments: WASTE1B: D035 D039 D040
WASTE2B: D035 D036 D038 D039
WASTE3B: D035 D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. NM0000804294

FORM
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INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code D001 D018 D039 D040		C. State hazardous waste code
	D. Off-site handler EPA ID Number 311845 NM0000136275		E. Quantity received in reporting year 207	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W203		H. Management Method Code H141			

Waste 2	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code D039 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 311045 or NM0000138834		E. Quantity received in reporting year 99	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W101		H. Management Method Code H141			

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code D039 N/A N/A N/A		C. State hazardous waste code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 310503 or NM0000139154		E. Quantity received in reporting year 549	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W203		H. Management Method Code H141			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NMID000804294

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE	F 0 0 2 D 0 3 9	D 0 0 7 D 0 4 0	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density
2781779 NM00000139428			1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code		
W 2 0 2		H 1 4 1		

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTHYLENE	F 0 0 2 N/A	D 0 3 9 N/A	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density
2816543 <input type="checkbox"/> Check if ID same as in Waste 1 or NM00000186676			1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code		
W 3 1 0		H 1 4 1		

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK	F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density
958428 <input type="checkbox"/> Check if ID same as in Waste 2 or NM00000196592			1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code		
W 2 0 9		H 1 4 1		

Comments: WASTE3B: D035 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM0000804294

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F005 F003 D001 D018		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
958428 NM0000196592			1		
G. Form code		H. Management Method Code			
W209		H141			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		F002 D039 N/A N/A		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
828517 or NM0000265207			1		
G. Form code		H. Management Method Code			
W310		H141			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		D006 D008 D018 D027		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
311122 or NM0000369561			1		
G. Form code		H. Management Method Code			
W203		H141			

Comments: WASTE1B: D035 D036 D038 D039
WASTE3B: D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM0000804294

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		F 0 0 2 D 0 3 9 N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2777730 NM0000562561				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W 3 1 0			H 1 4 1			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2777730 <input type="checkbox"/> Check if ID same as in Waste 1 or NM0000562561				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W 2 0 2			H 1 4 1			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		F 0 0 2 D 0 3 9 N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
828531 <input type="checkbox"/> Check if ID same as in Waste 2 or NM0000803247				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W 3 1 0			H 1 4 1			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM0000804294

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F002, D007 D039, D040			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
828531 NM0000803247		1040		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W202			H141			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		D001, D018 D039, D040			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311954 <input type="checkbox"/> Check if ID same as in Waste 1 or NM0000912519		127		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W203			H141			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		D039, N/A N/A, N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310726 <input type="checkbox"/> Check if ID same as in Waste 2 or NM0000952192		998		1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W203			H141			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		B. EPA hazardous waste code <u>F 0 0 2</u> <u>D 0 0 7</u> <u>D 0 3 9</u> <u>D 0 4 0</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>N M 0 0 0 1 0 1 0 8 6 7</u> 2202444		E. Quantity received in reporting year _____ <u>1 6 6 4</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 2</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 or <u>N M 0 8 9 0 0 1 0 5 1 5</u> 785938		E. Quantity received in reporting year _____ <u>9 8 4</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 or <u>N M 2 7 5 0 2 1 1 2 3 5</u> 311297		E. Quantity received in reporting year _____ <u>4 3 5</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		D 0 3 9 N / A N / A N / A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2706957 N M 9 5 7 0 0 2 4 4 2 3				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W 1 0 1			H 1 4 1			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT PAINT WASTE		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2706957 <input type="checkbox"/> Check if ID same as in Waste 1 or N M 9 5 7 0 0 2 4 4 2 3				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W 2 1 1			H 1 4 1			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2706957 <input type="checkbox"/> Check if ID same as in Waste 2 or N M 9 5 7 0 0 2 4 4 2 3				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code			H. Management Method Code			
W 2 1 1			H 1 4 1			

Comments: WASTE2B: D035
WASTE3B: D035 D039 D040

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2706957 NM 9 5 7 0 0 2 4 4 2 3				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		D 0 0 1 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
2706957 <input type="checkbox"/> Check if ID same as in Waste 1 or NM 9 5 7 0 0 2 4 4 2 3				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		D 0 3 9 N/A N/A N/A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
310736 <input type="checkbox"/> Check if ID same as in Waste 2 or NN D 9 8 2 5 1 6 3 9 5				1		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 1 0 1		H 1 4 1				

Comments: WASTE1B: D035 D038 D039 D040

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2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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**WASTE RECEIVED
FROM OFF SITE**

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE		<u>D 0 0 6</u>	<u>D 0 0 8</u>	_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
311319		_____	_____	_____	
<u>N N D 9 8 6 6 7 3 5 0 7</u>		_____	<u>1</u>	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 0 3</u>		<u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		<u>D 0 3 9</u>	<u>N / A</u>	_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
311319		_____	_____	_____	
<input type="checkbox"/> Check if ID same as in Waste 1		_____	<u>1</u>	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
<u>N N D 9 8 6 6 7 3 5 0 7</u>		_____	<u>1</u>	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 1 0 1</u>		<u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		<u>D 0 0 6</u>	<u>D 0 0 8</u>	_____
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
311319		_____	_____	_____	
<input type="checkbox"/> Check if ID same as in Waste 2		_____	<u>1</u>	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
<u>N N D 9 8 6 6 7 3 5 0 7</u>		_____	<u>1</u>	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
<u>W 2 0 3</u>		<u>H 1 4 1</u>			

Comments: WASTE1B: D038 D039 D040
WASTE3B: D039 D040

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2003 HAZARDOUS WASTE REPORT

7-008-01

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EPA ID NO. NMID000804294

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code		
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F005 F003 D001 D018				
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density	
1958275 NNR000000430				1			
G. Form code		H. Management Method Code					
W209		H141					

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code		
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F005 F003 D001 D018				
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density	
1958275 Check if ID same as in Waste 1 or NNR000000430				1			
G. Form code		H. Management Method Code					
W211		H141					

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code		
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F005 F003 D001 D018				
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density	
1958275 Check if ID same as in Waste 2 or NNR000000430		648		1			
G. Form code		H. Management Method Code					
W209		H141					

Comments: WASTE1B: D035 D039 D040
WASTE2B: D035 D039 D040
WASTE3B: D035 D036 D038 D039

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. N|M|D|0|0|0|8|0|4|2|9|4|

**FORM
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**WASTE RECEIVED
FROM OFF SITE**

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT	<u>F 0 0 5 </u> <u>F 0 0 3 </u> <u>D 0 0 1 </u> <u>D 0 1 8 </u>	_____
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density
1958275 <u>N N R 0 0 0 0 0 4 3 0 </u>	_____ <u>1 0 4 </u>	<u>1 </u>	_____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code	H. Management Method Code		
<u>W 2 1 1 </u>	<u>H 1 4 1 </u>		

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE	<u>D 0 0 6 </u> <u>D 0 0 8 </u> <u>D 0 1 8 </u> <u>D 0 2 7 </u>	_____
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density
<input type="checkbox"/> Check if ID same as in Waste 1 or 311457 <u>N N 0 0 0 0 5 9 1 2 2 2 </u>	_____ <u>1 4 2 </u>	<u>1 </u>	_____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code	H. Management Method Code		
<u>W 2 0 3 </u>	<u>H 1 4 1 </u>		

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	SPENT AQUEOUS BRAKE CLEANING SOLUTION	<u>D 0 3 9 </u> <u>N / A </u> <u>N / A </u> <u>N / A </u>	_____
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density
<input type="checkbox"/> Check if ID same as in Waste 2 or 311398 <u>N N 0 0 0 0 9 7 8 3 9 5 </u>	_____ <u>1 2 4 </u>	<u>1 </u>	_____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code	H. Management Method Code		
<u>W 1 0 1 </u>	<u>H 1 4 1 </u>		

Comments: WASTE1B: D035 D038 D039 D040
WASTE2B: D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <u>311116</u> <u>N N 7 1 4 0 9 9 0 0 3 0</u>		E. Quantity received in reporting year _____ <u>2 4 9</u>		F. UOM <u>1</u>	
G. Form code <u>W 1 0 1</u>		H. Management Method Code <u>H 1 4 1</u>				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 1 or- <u>A Z C E S Q G</u>		E. Quantity received in reporting year _____ <u>1 1 3</u>		F. UOM <u>1</u>	
G. Form code <u>W 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

Waste 3	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if ID same as in Waste 2 or- <u>A Z C E S Q G</u>		E. Quantity received in reporting year _____ <u>3 3 2</u>		F. UOM <u>1</u>	
G. Form code <u>W 1 0 1</u>		H. Management Method Code <u>H 1 4 1</u>				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		B. EPA hazardous waste code D 0 3 9 N / A N / A N / A		C. State hazardous waste code
	D. Off-site handler EPA ID Number 311806 C O C E S Q G		E. Quantity received in reporting year 4 4 8	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 1 0 1		H. Management Method Code H 1 4 1			

Waste 2	A. Description of hazardous waste TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		B. EPA hazardous waste code F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		C. State hazardous waste code
	D. Off-site handler EPA ID Number 311806 <input type="checkbox"/> Check if ID same as in Waste 1 or C O C E S Q G		E. Quantity received in reporting year 5 4 8	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 2 0 9		H. Management Method Code H 1 4 1			

Waste 3	A. Description of hazardous waste TOXIC AND IGNITABLE SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		B. EPA hazardous waste code F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8		C. State hazardous waste code
	D. Off-site handler EPA ID Number 311806 <input type="checkbox"/> Check if ID same as in Waste 2 or C O C E S Q G		E. Quantity received in reporting year 1 4	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 2 1 1		H. Management Method Code H 1 4 1			

Comments: WASTE2B: D035 D039 D040
WASTE3B: D035 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2003 HAZARDOUS WASTE REPORT

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

**FORM
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WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK	F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
311806 C O C E S Q G		3 2 1 8	1	1 lbs/gal 2 sg	
G. Form code		H. Management Method Code			
W 2 0 9		H 1 4 1			

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT	F 0 0 5 D 0 0 1	F 0 0 3 D 0 1 8		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
311806 C O C E S Q G		4 9	1	1 lbs/gal 2 sg	
G. Form code		H. Management Method Code			
W 2 1 1		H 1 4 1			

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANING; MONOETHANOLAMINE	D 0 0 6 D 0 1 8	D 0 0 8 D 0 2 7		
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
727664 N M C E S Q G		2 7 6 5	1	1 lbs/gal 2 sg	
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Comments: WASTE1B: D035 D036 D038 D039
WASTE2B: D035 D038 D039 D040
WASTE3B: D038 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM|D|0|0|0|8|0|4|2|9|4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		D 0 0 1	D 0 1 8	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
727664					
or NM C E S Q G		1 3 5 6 0	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		D 0 3 9	N / A	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
727664					
<input type="checkbox"/> Check if ID same as in Waste 1		8 0 3 9 2	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
or NM C E S Q G					
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING;MINERAL SPIRITS		D 0 0 1	D 0 1 8	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
727664					
<input type="checkbox"/> Check if ID same as in Waste 2		7 2 3 1 3	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
or NM C E S Q G					
G. Form code		H. Management Method Code			
W 2 0 3		H 1 4 1			

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
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WASTE RECEIVED FROM OFF SITE

EPA ID NO. N M D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS		<u>D 0 1 8</u> <u>D 0 3 9</u> <u>D 0 4 0</u> <u>N / A</u>			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<u>727664</u>		<u>1 4 7 4</u>		<u>1</u>		<u> </u> <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 2 0 3</u>		<u>H 1 4 1</u>				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	SPENT AQUEOUS BRAKE CLEANING SOLUTION		<u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 1 <u>727664</u>		<u>9 6 0 3</u>		<u>1</u>		<u> </u> <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 1 0 1</u>		<u>H 1 4 1</u>				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; PERCHLOROTYLENE		<u>F 0 0 2</u> <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u>			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 2 <u>727664</u>		<u>2 6 7 5</u>		<u>1</u>		<u> </u> <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 3 1 0</u>		<u>H 1 4 1</u>				

Comments:

FORM WR

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

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WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		D 0 0 6 D 0 0 8 D 0 1 8 D 0 2 7			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
727664				1		
or- NM C E S Q G		3 7 9				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		D 0 0 1 D 0 0 6 D 0 1 8 N / A			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
727664				1		
<input type="checkbox"/> Check if ID same as in Waste 1		6 7 6				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- NM C E S Q G						
G. Form code		H. Management Method Code				
W 2 0 3		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
727664				1		
<input type="checkbox"/> Check if ID same as in Waste 2		2 4 8 4				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- NM C E S Q G						
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Comments: WASTE1B: D039 D040
WASTE3B: D035 D039 D040

FORM WR

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

FORM
WR

WASTE RECEIVED FROM OFF SITE

EPA ID NO. NM D 0 0 0 8 0 4 2 9 4

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
727664				1		
N M C E S Q G		6 2 4				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
727664				1		
<input type="checkbox"/> Check if ID same as in Waste 1		1 0 7 1 7				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
N M C E S Q G						
G. Form code		H. Management Method Code				
W 2 0 2		H 1 4 1				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC & IGNITABLE SPENT PAINT WASTE; TOLUENE AND MEK		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
727664				1		
<input type="checkbox"/> Check if ID same as in Waste 2		1 0 2 3 0				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
N M C E S Q G						
G. Form code		H. Management Method Code				
W 2 0 9		H 1 4 1				

Comments: WASTE1B: D035 D039 D040
WASTE3B: D035 D036 D038 D039

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2003 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

**WASTE RECEIVED
FROM OFF SITE**

EPA ID NO. N|M|D|0|0|0|8|0|4|2|9|4|

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENT		F 0 0 5 F 0 0 3 D 0 0 1 D 0 1 8			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
727664				1		
G. Form code		H. Management Method Code				
W 2 1 1		H 1 4 1				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 1						
G. Form code		H. Management Method Code				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 2						
G. Form code		H. Management Method Code				

Comments: WASTE1B: D035 D038 D039 D040

FORM WR

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME _____

EPA ID NO. _____

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE REPORT

**FORM
WR**

WASTE RECEIVED FROM OFF SITE

INSTRUCTIONS: Please see the detailed instructions before completing this form.

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
G. Form code		H. Management Method Code				

Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 1 or _____						
G. Form code		H. Management Method Code				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
<input type="checkbox"/> Check if ID same as in Waste 2 or _____						
G. Form code		H. Management Method Code				

Comments: