



FEB 21 2008

SAFETY-KLEEN SYSTEMS, INC.

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

CERTIFIED: 7003 1680 0001 2691 7599

February 18, 2008

New Mexico Environment Dept.
2905 Rodeo Park Drive East,
Building I
Santa Fe, New Mexico 87505

RE: 2007 Biennial Report

Dear Sir or Madam,

Please find attached the 2007 Biennial Report for the following Safety-Kleen Systems, Inc. locations

NMD980698849 Farmington
NMD000804294 Albuquerque

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

Sincerely,

Ben Smith
Safety-Kleen Systems, Inc.
847-468-6725 – phone
847-468-6729 – fax
ben.smith@safety-kleen.com

Cc: file, CWC

<p>MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal and Status of Information Supplied (see instructions on page 9)</p> <p>MARX ALL BOX(ES) THAT APPLY</p>	<p>A. Reason for Submittal:</p> <p><input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information).</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).</p> <p><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.</p>		
<p>2. Site EPA ID Number (see instructions on page 10)</p>	<p>EPA ID Number: NMD000804294</p>		
<p>3. Site Name (see instructions on page 10)</p>	<p>Name: SAFETY-KLEEN SYSTEMS, INC.</p>		
<p>4. Site Location Information (see instructions on page 10)</p>	<p>Street Address: 2720 GIRARD NE</p>		
	<p>City, Town, or Village: ALBUQUERQUE</p>	<p>State: NM</p>	
	<p>County Name: BERNALILLO</p>	<p>Zip Code: 87107-</p>	
<p>5. Site Land Type (see instructions on page 10)</p>	<p>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</p>		
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)</p>	<p>A. 562112</p>	<p>B.</p>	
	<p>C.</p>	<p>D.</p>	
<p>7. Site Mailing Address (see instructions on page 11)</p>	<p>Street or P.O. Box: 2720 GIRARD NE</p>		
	<p>City, Town, or Village: ALBUQUERQUE</p>		<p>State: NM</p>
	<p>Country:</p>		<p>Zip Code: 87107-</p>
<p>8. Site Contact Person (see instructions on page 11)</p>	<p>First Name: MELODIE</p>	<p>MI:</p>	<p>Last Name: CARR</p>
	<p>Phone Number: (480)940-7202 Extension:</p>		<p>Email: MELODIE.CARR@SAFETY-KLEEN.COM</p>
<p>9. Legal Owner and Operator of the Site (see instructions on pages 11 and 12)</p>	<p>A. Name of Site's Operator: SAFETY-KLEEN SYSTEMS, INC.</p>		<p>Date Became Operator (mm/dd/yyyy): 12/21/1989</p>
	<p>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</p>		
	<p>B. Name of Site's Legal Owner: SAFETY-KLEEN SYSTEMS INC.</p>		<p>Date Became Owner (mm/dd/yyyy): 12/21/1989</p>
	<p>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</p>		

9. Legal Owner (Continued) Address	Street or P.O. Box: 5400 LEGACY DRIVE, CLUSTER II, BLDG 3
	City, Town, or Village: PLANO
	State: TX Zip Code: 75024- Country:

10. Type of Regulated Waste Activity
 Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice. (See instructions on pages 13 to 16)

A. Hazardous Waste Activities
 Complete all parts for Items 1 through 6.

For Items 2 through 6, check all that apply:

- Y N **1. Generator of Hazardous Waste**
 If "Yes" choose only one of the following - a,b, or c.
- 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

- Y N **2. Transporter of Hazardous Waste**
- Y N **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** **Note:**
 A hazardous waste permit is required for this activity
- Y N **4. Recycler of Hazardous Waste (at your site)**
 Note: A hazardous waste permit may be required for this activity.

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

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

5. Exempt Boiler and/or Industrial Furnace

- Y N a. Small Quantity On-site Burner Exemption
- Y N b. Smelting, Melting, Refining Furnace Exemption

- Y 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 (Managed) at your site. (check all boxes that apply)

- | | |
|--------------------------------|--------------------------|
| | <u>Managed</u> |
| a. Batteries | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> |
| c. Thermostats | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> |
| e. Other Pharmaceuticals _____ | <input type="checkbox"/> |
| f. Other _____ | <input type="checkbox"/> |
| g. Other _____ | <input type="checkbox"/> |

- Y N **2. Destination Facility for Universal Waste**
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities - Mark all boxes that apply

- Y N **1. Used Oil Transporter**
 If "Yes", mark each that applies.
- a. Transporter
 - b. Transfer Facility
- Y N **2. Used Oil Processor and/or Re-refiner -**
 If "Yes", mark each that applies.
- a. Processor
 - b. Re-refiner
- Y N **3. Off-Specification Used Oil Burner**
- Y N **4. Used Oil Fuel Marketer**
 If "Yes", mark each that applies.
- 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 17)

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.

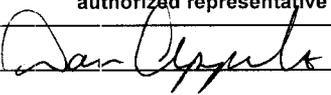
D001	D004	D005	D006	D007	D008	D009
D010	D011	D018	D019	D021	D022	D023
D024	D025	D026	D027	D028	D029	D030
D032	D033	D034	D035	D036	D037	D038
D039	D040	D041	D042	D043	F002	F003
F005						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (see instructions on page 17)

MELODIE.CARR@SAFETY-KLEEN.COM

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
	DAN APPELT DIRECTOR	02/04/2008

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



U.S. ENVIRONMENTAL
 PROTECTION AGENCY
 2007 Hazardous Waste Report



**WASTE GENERATION
 AND MANAGEMENT**

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 W113	F. Quantity Generated in 2007 10,773.90	G. UOM 1 Density 8.34 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 2007	On-site process system type	Quantity treated, disposed, or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off site in 2007 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 2007
1	TXD077603371	H141	10,997.50

Comments

SITE NAME

SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107

EPA ID NO: NMD000804294



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GM

WASTE GENERATION
AND MANAGEMENT

Sec. 1	A. Waste Description COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER - 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 2007 0.00	G. UOM 1 Density 0.00 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 2007	On-site process system type	Quantity treated, disposed, or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off site in 2007 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 2007
1	TXD077603371	H020	328.90

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



U.S. ENVIRONMENTAL
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 2007 Hazardous Waste Report



**WASTE GENERATION
 AND MANAGEMENT**

Sec. 1	A. Waste Description COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER - MONOETHANOLAMINE		
B. EPA Hazardous Waste Code D006 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 2007 3,554.80	G. UOM 1 Density 0.00 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 2007		ON-SITE PROCESS SYSTEM 2 On-site process system type Quantity treated, disposed, or recycled on-site in 2007	

Sec. 3	A. Was any of this waste shipped off site in 2007 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 2007 3,223.00

Comments

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



U.S. ENVIRONMENTAL
 PROTECTION AGENCY
 2007 Hazardous Waste Report



**WASTE GENERATION
 AND MANAGEMENT**

Sec. 1	A. Waste Description WASTE PAINT RELATED MATERIAL - SOLID		
B. EPA Hazardous Waste Code F003 F005 D001 D005 D006 D018 D035 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 2007 4,411.00	G. UOM 1 Density 0.00 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 2007	On-site process system type Quantity treated, disposed, or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off site in 2007 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 2007
1	TXD077603371	H061	4,411.00

Comments

SITE NAME

SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107

EPA ID NO: NMD000804294



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WASTE GENERATION
AND MANAGEMENT

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 2007 238,427.10	G. UOM 1 Density 0.00 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 2007	On-site process system type Quantity treated, disposed, or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off site in 2007 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 2007
1	TXD077603371	H020	210,246.60

Comments

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



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**WASTE GENERATION
 AND MANAGEMENT**

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 2007 47,107.10	G. UOM 1 Density 0.00 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 2007	On-site process system type Quantity treated, disposed, or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off site in 2007 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 2007
1	TXD077603371	H020	47,107.10

Comments	G09 - BULKING HAZ AND NON-HAZ MATERIAL
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SITE NAME

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



U.S. ENVIRONMENTAL
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WASTE GENERATION
AND MANAGEMENT

Sec. 1	A. Waste Description TOXIC SPENT SOLVENT USED IN DRY CLEANING: TETRACHLOROETHYLENE		
B. EPA Hazardous Waste Code F002 D007 D039 D040		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W202	F. Quantity Generated in 2007 46,867.00	G. UOM 1 Density 0.00 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 2007	On-site process system type	Quantity treated, disposed, or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off site in 2007 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 2007
1	TXD077603371	H141	46,828.00

Comments

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 2720 GIRARD NE
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U.S. ENVIRONMENTAL
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**WASTE GENERATION
 AND MANAGEMENT**

Sec. 1	A. Waste Description TOXIC SPENT SOLVENT USED IN DRY CLEANING: TETRACHLOROETHYLENE FILTERS		
B. EPA Hazardous Waste Code F002 D007 D039 D040		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W310	F. Quantity Generated in 2007 5,035.00	G. UOM 1 Density 0.00 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 2007	ON-SITE PROCESS SYSTEM 2 On-site process system type
		Quantity treated, disposed, or recycled on-site in 2007	Quantity treated, disposed, or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off site in 2007 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 2007 5,057.00

Comments			
(Empty space for comments)			

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



U.S. ENVIRONMENTAL PROTECTION AGENCY
 2007 Hazardous Waste Report



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 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 2007 0.00	G. UOM 1 Density 0.00 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 2007		ON-SITE PROCESS SYSTEM 2 On-site process system type Quantity treated, disposed, or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? Yes		
Site #	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 2007 249.00

Comments

SITE NAME

SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107

EPA ID NO: NMD000804294



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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 D036		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W211	F. Quantity Generated in 2007 7,022.20	G. UOM 1 Density 0.00 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 2007	On-site process system type	Quantity treated, disposed, or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off site in 2007 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 2007
1	TXD077603371	H020	6,698.20

Comments			
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SITE NAME

SAFETY-KLEEN SYSTEMS, INC.
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U.S. ENVIRONMENTAL
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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 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 2007 0.00	G. UOM 1 Density 0.00 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 2007	On-site process system type Quantity treated, disposed, or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off site in 2007 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 2007 189.00

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



U.S. ENVIRONMENTAL
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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 D036		C. State Hazardous Waste Code	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W209	F. Quantity Generated in 2007 24,506.00	G. UOM 1 Density 0.00 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 2007		Quantity treated, disposed, or recycled on-site in 2007	

Sec. 3	A. Was any of this waste shipped off site in 2007 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 2007 23,210.00

Comments

SITE NAME

SAFETY-KLEEN SYSTEMS, INC.
2720 GIRARD NE
ALBUQUERQUE, NM 87107

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WASTE GENERATION
AND MANAGEMENT

Sec. 1	A. Waste Description SPENT SOLVENT USED IN METAL PARTS CLEANING: MINERAL SPIRITS SLUDGE		
B. EPA Hazardous Waste Code D001 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 2007 2,972.41	G. UOM 1 Density 0.00 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 2007	On-site process system type	Quantity treated, disposed, or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off site in 2007 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 2007
1	TXD077603371	H061	2,155.33

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



U.S. ENVIRONMENTAL
 PROTECTION AGENCY
 2007 Hazardous Waste Report



**WASTE GENERATION
 AND MANAGEMENT**

Sec. 1	A. Waste Description HAZARDOUS WASTE LIQUID AND SOLID MIXTURE: CONTAMINATED DEBRIS		
B. EPA Hazardous Waste Code F002 F003 F005 D001 D004 D005 D006 D007 D008 D009 D010 D011 D018 D019 D021 D022 D023 D024		C. State Hazardous Waste Code	
D. Source Code G19 Management Method code for Source code G25	E. Form Code W002	F. Quantity Generated in 2007 2,785.00	G. UOM 1 Density 0.00 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 2007	On-site process system type Quantity treated, disposed, or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off site in 2007 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 2007 2,345.00

Comments G19 - DISCARDING SAMPLING EQUIPMENT

D025 D026 D027 D028 D029 D030 D032 D033 D034 D035 D036 D037 D038 D039 D040 D041 D042 D043



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2007 Hazardous Waste Report

SITE NAME

SAFETY-KLEEN SYSTEMS, INC.
GIRARD NE
ALBUQUERQUE NM 87107

EPA ID NO: **NMD000804294**

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

Form 1	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		D. Address of off-site installation
N Generator N Transporter Y TSDR		Street 1722 COOPER CREEK ROAD City DENTON State TX Zip 76208-

Form 2	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		D. Address of off-site installation
N Generator Y Transporter N TSDR		Street 5400 LEGACY DRIVE CLUSTER II, BLDG. 3 City PLANO State TX Zip 75024-

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 HAZARDOUS WASTE REPORT

7-008-01

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

EPA ID NO. N|M|D|O|O|O|8|O|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>C O D O O 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>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 9 8 3 8 0 2 5 3 9 </u>	B. Name of off-site installation or transporter <u>BODO CLEANERS OF CO INC</u> 3092766
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>

Site 3	A. EPA ID of off-site installation or transporter <u>C O R O O O O 4 7 4 7 </u>	B. Name of off-site installation or transporter <u>PAT MURPHY MOTORS</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 4	A. EPA ID of off-site installation or transporter <u>C O R O O O O 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 5	A. EPA ID of off-site installation or transporter <u>C O R O O O O 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>

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

2007 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 2 0 0 6 3 4</u>	B. Name of off-site installation or transporter STEVE KEETCH MOTORS INC 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 2	A. EPA ID of off-site installation or transporter <u>C O R 0 0 0 2 1 5 9 7 0</u>	B. Name of off-site installation or transporter MESA COLOR 2496.05
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>545 TURNER DR STE A</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 2 1 6 0 8 5</u>	B. Name of off-site installation or transporter PETERSONS BODY & FRAME 958461
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>487 N 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>N M D 0 0 0 8 0 4 0 4 7</u>	B. Name of off-site installation or transporter VULCAN MATERIALS CO 2561321
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>6001 CHAPPELL RD NE</u> <u>ATTN:GENE-OIL RACK SHOP</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 3</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 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 <u>1900 S 2ND</u> City <u>GALLUP</u> State <u>N M</u> Zip <u>8 7 3 0 1</u>

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

2007 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 O O 5 8 7 0 9 2 8</u>	B. Name of off-site installation or transporter GALLES CHEVROLET CO 776161
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>VENDOR #2167</u> <u>1601 LOMAS NE</u> 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 O O 7 4 3 4 8 5 5</u>	B. Name of off-site installation or transporter HYDRO CONDUIT 9103723
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>DBA RINKER MATERIAL</u> <u>2800 SECOND ST SW</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 O 3 5 6 7 3 5 4 0</u>	B. Name of off-site installation or transporter AMERICAN LINEN SUPPLY CO 310547
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>WELCHS OVERALL CLEANING CO 517 1ST ST NW</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 O 3 5 6 7 8 9 2 9</u>	B. Name of off-site installation or transporter CENTRAL MOTIVE POWER 310615
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>3740 PRINCETON DR NE</u> <u>ATTN: MARTIN</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 O 3 5 6 9 4 5 0 4</u>	B. Name of off-site installation or transporter MELLOY NISSAN-VENDOR 1327 310678
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>7701 LOMAS BLVD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 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 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 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 5 9 0 7</u>	B. Name of off-site installation or transporter MUNOS PAINT & BODY 958340
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>7315 CENTRAL NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 8</u>

Site 2	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 RIO VALLEY MOTORS LLC 1969520
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>505 ONATE ST SOUTH</u> City <u>ESPANOLA</u> State <u>N M</u> Zip <u>8 7 5 3 2</u>

Site 3	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 WAGNER EQUIPMENT 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 4	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 SAN JUAN SPRING CO 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 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 QUALITY CHEVROLET-CADILLAC 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 0 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 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 4 7 1 3 0 1 5 8</u>	B. Name of off-site installation or transporter <u>GALLES AND DAVIS MOTOR CO</u> 310711
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>6401 SAN MATEO 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 0 4 9 9 8 6 8 9 6</u>	B. Name of off-site installation or transporter <u>HONEYWELL FMT</u> 2750872
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>2540 ALAMO 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 0 5 2 6 8 4 5 7 8</u>	B. Name of off-site installation or transporter <u>GE AIRCRAFT ENGINES</u> 2289359
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>336 WOODWARD AVE SE STE A2 ATTN CATHERINE WERNER</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 2</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

2007 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 5 8 1 5 6 1 0 0</u>	B. Name of off-site installation or transporter MEGA CORP 3003623
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>700 OSUNA RD 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 0 6 0 6 3 5 2 3 2</u>	B. Name of off-site installation or transporter SUMMITT CONSTRUCTION 2724850
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>900 HAZELDINE SE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 6</u>

Site 3	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 AUGE BOYS 958899
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 0 0 2</u>

Site 4	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 MCT INDUSTRIES INC 712877
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 0 9</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 0 7 6 4 6 9 7 3 3</u>	B. Name of off-site installation or transporter PARK AVE CLEANERS 256629
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>1004 PARK AVE SW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 0 2</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. NM1D1010181042194

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 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 NM1D102794005	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 87402

Site 2 A. EPA ID of off-site installation or transporter NM1D106606478	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 87301

Site 3 A. EPA ID of off-site installation or transporter NM1D106611205	B. Name of off-site installation or transporter JAPANESE CAR CARE 310861
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 2517 VIRGINIA NE City ALBUQUERQUE State NM Zip 87111

Site 4 A. EPA ID of off-site installation or transporter NM1D116247982	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 87401

Site 5 A. EPA ID of off-site installation or transporter NM1D149806895	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 87125

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

2007 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 1 5 3 5 7 0 5 6 9</u>	B. Name of off-site installation or transporter <u>ARNIES CLNRS</u> 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 <u>8217 MENAUL BLVD 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 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) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>4201 EDITH BLVD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 7</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 3 6 0 0 1 0 3 2 6</u>	B. Name of off-site installation or transporter <u>PUBLIC SVC CO NM</u> 311406
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>4400 PASEO DEL NORTE N.E.</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 3</u>

Site 4	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) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>1800 TUCKER NE</u> <u>AUTOM CTR - LOMAS & UNIVER</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 6</u>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 0 6 9 8 8 4 9</u>	B. Name of off-site installation or transporter <u>SAFETY-KLEEN SYSTEMS, INC.</u>
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>4210A HAWKINS RD</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:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 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 0 8 8 0 3 4 8	B. Name of off-site installation or transporter ALBUQUERQUE PUBLSHNG 2010114
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 7777 JEFFERSON NE ATTN REX SMITH City ALBUQUERQUE State NM Zip 8 7 1 1 0 3

Site 2	A. EPA ID of off-site installation or transporter NM D 9 8 1 1 4 6 2 1 0	B. Name of off-site installation or transporter ABF FRT SYSTEMS INC 310829
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 4800 LINCOLN NE City ALBUQUERQUE State NM Zip 8 7 1 1 0 9

Site 3	A. EPA ID of off-site installation or transporter NM D 9 8 1 5 1 2 3 4 6	B. Name of off-site installation or transporter MELLOY DODGE 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 1200 LOMAS NE VENDOR #329 City ALBUQUERQUE State NM Zip 8 7 1 1 0 2

Site 4	A. EPA ID of off-site installation or transporter NM D 9 8 1 5 1 2 6 5 0	B. Name of off-site installation or transporter ONE HOUR MARTINIZING 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 1091 ST FRANCIS DR City SANTA FE State NM Zip 8 7 1 5 0 1

Site 5	A. EPA ID of off-site installation or transporter NM D 9 8 1 5 8 9 4 1 9	B. Name of off-site installation or transporter ALBUQUERQUE CITY SIXTH & A 310551
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 1717 6TH ST NW FLEET MANAGEMENT ANNEX City ALBUQUERQUE State NM Zip 8 7 1 1 0 2

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

2007 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 9 1 8 5 2</u>	B. Name of off-site installation or transporter <u>PREMIER MOTORCARS OF SANTA FE</u> 1961222
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>4480 CERRILLOS ROAD</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 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) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator 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>

Site 3	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 5 9 7 3 0 5</u>	B. Name of off-site installation or transporter <u>MONETTE FORD INC</u> 311511
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>1261 FRONTAGE RD NE</u> <u>ATTN DARREN MONNETT</u> City <u>SOCORRO</u> State <u>N M</u> Zip <u>8 7 8 0 1</u>

Site 4	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 0 7</u>

Site 5	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> <u>4314 LOMAS BLVD 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.

7-008-01

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 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 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 5</u>

Site 2	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) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>8101 LOMAS BLVD NE</u> WEST SVC DEPR OUTSIDE 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 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) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator Street <u>312 DAKOTA SE</u> ATTN: DAVE HOEFEL City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 8</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 1 0 1 8 1</u>	B. Name of off-site installation or transporter <u>CITY OF ALBUQ SUN TRAN</u> 311056
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 YALE SE</u> SUN VAN City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 6</u>

Site 5	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>STAR BRIGHT CLEANERS</u> 2296564
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>5505 OSUNA ROAD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0 9</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 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 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 2 2</u>		B. Name of off-site installation or transporter STAR BRIGHT CLEANERS 2101310	
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>3301 COORS 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 1 6 1 0 3 3 0</u>		B. Name of off-site installation or transporter STAR BRIGHT 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 <u>12500 MONTGOMERY BLVD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 1</u>	
Site 3 A. EPA ID of off-site installation or transporter <u>N M D 9 8 1 6 1 0 3 7 1</u>		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 <u>3101 PRINCETON NE</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 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) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of generator 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 5 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-WATER 310923	
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>5501 PINO NE</u> ATTN WATER UTILITY 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.

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EPA ID NO. NMID0000804294

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2007 HAZARDOUS WASTE REPORT

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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 NMID981899156	B. Name of off-site installation or transporter HOLIDAY LNDRY & CLNRS 828482
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 715 N FIRST ST City GRANTS State NM Zip 871020

Site 2	A. EPA ID of off-site installation or transporter NMID982293045	B. Name of off-site installation or transporter STAR BRIGHT CLEANERS 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 7301 SAN ANTONIO DR NE City ALBUQUERQUE State NM Zip 87109

Site 3	A. EPA ID of off-site installation or transporter NMID982306631	B. Name of off-site installation or transporter T N T DISTRIBUTING 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 8325 CORONA LOOP NE City ALBUQUERQUE State NM Zip 87113

Site 4	A. EPA ID of off-site installation or transporter NMID982551145	B. Name of off-site installation or transporter R & C BODY 1799095
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 11505 CENTRAL NE City ALBUQUERQUE State NM Zip 87123

Site 5	A. EPA ID of off-site installation or transporter NMID982553232	B. Name of off-site installation or transporter THE CLEANERY 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 5200 EUBANK NE SUITE NO 4E City ALBUQUERQUE State NM Zip 87111

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

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2007 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 6 6 5 6</u>	B. Name of off-site installation or transporter RELIABLE CHEVROLET 310738
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>9901 COORS BLVD NW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 4</u>

Site 2	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 AMERICAN TOYOTA - VENDOR # 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 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 CAR CRAFTERS 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 5 9</u>	B. Name of off-site installation or transporter MASTER CLNRS 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>

Site 5	A. EPA ID of off-site installation or transporter <u>N M D 9 8 6 6 6 9 3 9 8</u>	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 <u>5150 ELLISON NE - VNDR #15 I-25 & SAN ANTONIO</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

2007 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 STAR BRIGHT CLEANERS 2101302
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>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 1 2 3</u>	B. Name of off-site installation or transporter STAR BRIGHT CLEANERS 2101307
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>9370 COORS ROAD 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 7 0 3 6 2</u>	B. Name of off-site installation or transporter NAPA MACHINE SHOP 2320804
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>1525 1ST ST NW</u> ATTN: GLEN RUSSELL 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 6 6 7 3 1 7 6</u>	B. Name of off-site installation or transporter LA UNICA CLNRS 828524
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>647 CERRILLOS 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 1 8 4</u>	B. Name of off-site installation or transporter LA UNICA CLNRS 2 828527
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>GEORGE LOPEZ</u> 1932 CERILLIOS RD 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.

7-008-01

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

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2007 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 3 8 2 0	B. Name of off-site installation or transporter ENCHANTMENT FORD 1753071
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 2200 N. 7TH ST. City LAS VEGAS State NM Zip 87701	

Site 2	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 7 3 9 4 5	B. Name of off-site installation or transporter SEARS GRC 8054 310556
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 800 COMANCHE NE LAWN MOWER SHOP City ALBUQUERQUE State NM Zip 87107	

Site 3	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 7 4 6 6 1	B. Name of off-site installation or transporter TRUCKS W OF NEW MEXICO 2830591
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 5010 JEFFERSON City ALBUQUERQUE State NM Zip 87109	

Site 4	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 7 5 3 5 3	B. Name of off-site installation or transporter PROCESS EQUIPMENT & SERVIC 310775
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 5680 US HWY 64 PO BOX 929 City FARMINGTON State NM Zip 87499	

Site 5	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 7 5 7 5 9	B. Name of off-site installation or transporter JEMEZ MOUNTAINS ELEC CO-OP 311603
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 BOX 128 City ESPANOLA State NM Zip 87532	

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

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

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2007 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 5 9 4 0	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 3411 BROADWAY S.E. MAINTENANCE SHOP City ALBUQUERQUE State NM Zip 8 7 1 0 5

Site 2	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 7 6 2 0 3	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 2121 CLAREMONT City ALBUQUERQUE State NM Zip 8 7 1 0 7

Site 3	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

Site 4	A. EPA ID of off-site installation or transporter NM D 9 8 6 6 7 6 5 2 6	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 1951 HWY 304 City BELEN State NM Zip 8 7 1 0 1 2

Site 5	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 1 0 7

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|

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2007 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 1 3 6 </u>	B. Name of off-site installation or transporter <u>SUNSHINE BUICK GMC - VENDO</u> 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 <u>5200 SAN MATEO NE</u> <u>USED CAR DEPT</u> City <u>ALBUQUERQUE</u> State <u>N M </u> Zip <u>8 7 1 0 9 </u> - _ _ _ _

Site 2	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) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street <u>3205 RICHMOND</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 6 6 8 2 9 2 0 </u>	B. Name of off-site installation or transporter <u>LEE RANCH COAL COMPANY</u> 311932
	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 605 N 10MI</u> <u>P O BOX 757</u> City <u>GRANTS</u> State <u>N M </u> Zip <u>8 7 0 2 0 </u> - _ _ _ _

Site 4	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) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator 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 5	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) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street <u>3120 PAN AMERICAN NE</u> City <u>ALBUQUERQUE</u> State <u>N M </u> Zip <u>8 7 1 0 7 </u> - _ _ _ _

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. NMID0000804294

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 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 NMID986684132	B. Name of off-site installation or transporter CITY OF ALBUQUERQUE 311424
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 LANDFILL SHOP 1800 CERRIO COLRADO SW City ALBUQUERQUE State NM Zip 87105

Site 2 A. EPA ID of off-site installation or transporter NMID986684363	B. Name of off-site installation or transporter TOMMYS AUTO BODY 1961338
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 915 FIRST ST NW MENAUL WEST -L ON 1ST City ALBUQUERQUE State NM Zip 87107

Site 3 A. EPA ID of off-site installation or transporter NMID986684397	B. Name of off-site installation or transporter ZIA GRAPHICS 311952
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: JIM EDGINGTON 2730 CARLISLE NE City ALBUQUERQUE State NM Zip 87110

Site 4 A. EPA ID of off-site installation or transporter NMID986684454	B. Name of off-site installation or transporter RICO MOTORS-PAINT & BODY S 958436
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 AND BODY 220 S 5TH City GALLUP State NM Zip 87301

Site 5 A. EPA ID of off-site installation or transporter NMR000000224	B. Name of off-site installation or transporter PRISTINE CLEANERS 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 12925-K CENTRAL NE City ALBUQUERQUE State NM Zip 87123

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 O O O 8 0 4 2 9 4

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 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 0 4 8 9</u>	B. Name of off-site installation or transporter COTTAM-WALKER FORD 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>1320 PASEO DEL PUEBLO SUR</u> City <u>TAOS</u> State <u>N M</u> Zip <u>8 7 5 7 1</u>

Site 2	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 DON JUANS 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 2855 RUFINA ST</u> City <u>SANTA FE</u> State <u>N M</u> Zip <u>8 7 5 0 5</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 0 7 4 5</u>	B. Name of off-site installation or transporter THUNDERBIRD HARLEY DAVIDSO 310572
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>5000 ALAMEDA NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 3</u>

Site 4	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 0 9 1 9</u>	B. Name of off-site installation or transporter CHALMERS FORD - VENDOR #24 974298
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>2500 RIO RANCHO BLVD BODY SHOP</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 R 0 0 0 0 0 1 9 2 5</u>	B. Name of off-site installation or transporter GARCIA HONDA-VNDR #2813 310540
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>8301 LOMAS NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 0</u>

Comments:

FORM OI

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 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 2 1 8 8</u>	B. Name of off-site installation or transporter <u>ELLEN EQUIPMENT CORP</u> 310531
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 ELLEN</u> <u>6613 EDITH 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 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> 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 2 8 4 0</u>	B. Name of off-site installation or transporter <u>BEST WAY CLEANERS</u> 2380052
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>7331 SAN ANTONIO 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 R 0 0 0 0 0 2 9 4 9</u>	B. Name of off-site installation or transporter <u>QUALITY PONTIAC</u> 1935362
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>7901 LOMAS BLVD N.E.</u> <u>ATTN VENDOR #725</u> 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 <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> 3056079
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>325 SOUTH MAIN #C</u> <u>ATTN AUDRA BACA</u> City <u>BELEN</u> State <u>N M</u> Zip <u>8 7 0 0 2</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.

2007 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 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 2	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 <u>CAPITAL FORD COLLISION</u> 2536301
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>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 3	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 <u>STAR BRIGHT CLEANERS</u> 2583352
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>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 4	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 0 5 5 6 1</u>	B. Name of off-site installation or transporter <u>STAR BRIGHT CLEANERS</u> 2643316
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>8104 WYOMING BLVD NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 7 1 1 3</u>

Site 5	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 <u>WINKLER'S COLLISION</u> 2397647
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>2850 RUFINA STREET SUITE H</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.

2007 HAZARDOUS WASTE REPORT

7-008-01

FORM
OI

OFF-SITE
IDENTIFICATION

EPA ID NO. NMID0000804294

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

Site 1 A. EPA ID of off-site installation or transporter NMRO00007245	B. Name of off-site installation or transporter MELLOY DODGE 2578309
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 9621 COORS NW ATTN: JAMES City ALBUQUERQUE State NM Zip 87114

Site 2 A. EPA ID of off-site installation or transporter NMRO00009258	B. Name of off-site installation or transporter CARMAX #7194 2948443
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 5501 ALAMEDA BLVD City ALBUQUERQUE State NM Zip 87113

Site 3 A. EPA ID of off-site installation or transporter NMRO00009712	B. Name of off-site installation or transporter R L'S A-1 AUTO BODY 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 1320 W. MURRAY DRIVE R L HENLEY City FARMINGTON State NM Zip 87401

Site 4 A. EPA ID of off-site installation or transporter NMRO00010579	B. Name of off-site installation or transporter THE SANTA FE NEW MEXICAN 1961987
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 NEW MEXICAN PLAZA P O BOX 2048 City SANTA FE State NM Zip 87507

Site 5 A. EPA ID of off-site installation or transporter NMRO00010686	B. Name of off-site installation or transporter CITY OF ALBUQUERQUE SUN TR 3021686
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 8001 DAYTONA NW City ALBUQUERQUE State NM Zip 87102

Comments:

FORM OI

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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 1 0 9 1 8</u>	B. Name of off-site installation or transporter <u>CENTURION CLEANERS</u> 3049357
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>6510 PARADISE BLVD. NW SUI</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 1 7 1 1 4</u>

Site 2	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 1 1 0 8 0</u>	B. Name of off-site installation or transporter <u>CROWN CLEANERS</u> 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 <u>2025 N SULLIVAN</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 1 7 1 4 1 0 1</u>

Site 3	A. EPA ID of off-site installation or transporter <u>N M R 0 0 0 0 1 2 6 6 6</u>	B. Name of off-site installation or transporter <u>GOLDEN EQUIPMENT</u> 2763979
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>721 CANDELARIA NE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 1 7 1 1 0 7</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 <u>CHARM CLEANERS</u> 2757789
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>5813 FOURTH STREET NW</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 1 7 1 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 <u>TELCO ELECTRIC</u> 311296
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 4TH ST NW</u> ATTN: <u>AMBROSE</u> City <u>ALBUQUERQUE</u> State <u>N M</u> Zip <u>8 1 7 1 1 0 7</u>

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. NM000000804294

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2007 HAZARDOUS WASTE REPORT

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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 NM0000003699	B. Name of off-site installation or transporter SUD-CHEMIE PERFORMANCE PKG 311580
	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 101 CHRISTINE RD City BELEN State NM Zip 87102

Site 2	A. EPA ID of off-site installation or transporter NM00000050401	B. Name of off-site installation or transporter ZIEMS FORD CORNERS BODY SH 958457
	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 2000 SAN JUAN BLVD City FARMINGTON State NM Zip 87401

Site 3	A. EPA ID of off-site installation or transporter NM00000050419	B. Name of off-site installation or transporter QUANZ ADVANCED AUTO CARE 2123815
	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 9111 EAGLE RANCH ROAD NW COLLISION REPAIR SHOP City ALBUQUERQUE State NM Zip 87120

Site 4	A. EPA ID of off-site installation or transporter NM00000118158	B. Name of off-site installation or transporter PARK AVENUE CLNRS 828515
	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 720K SAINT MICHAELS DR City SANTA FE State NM Zip 87505

Site 5	A. EPA ID of off-site installation or transporter NM00000182162	B. Name of off-site installation or transporter SUN LAND INTERNATIONAL INC 310550
	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 1623 ASPEN AVE NW City ALBUQUERQUE State NM Zip 87104

Comments:

FORM OI

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EPA ID NO. NM00000804294

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2007 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 NM0000230862	B. Name of off-site installation or transporter NEW MEXICO STATE PRINTING 311682
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 2641 SIRINGO City SANTA FE State NM Zip 87505
Site 2 A. EPA ID of off-site installation or transporter NM0000369561	B. Name of off-site installation or transporter BELEN H S 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 AUTO SHOP 1619 W DELGATO City BELEN State NM Zip 87102
Site 3 A. EPA ID of off-site installation or transporter NM0000952192	B. Name of off-site installation or transporter WASTE MANAGEMENT 310726
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 5 BACA LANE City SANTA FE State NM Zip 87507
Site 4 A. EPA ID of off-site installation or transporter NM0890010515	B. Name of off-site installation or transporter PROTECTION TECH LOS ALAMOS 785938
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 TA-64 BLDG 1 City LOS ALAMOS State NM Zip 87544
Site 5 A. EPA ID of off-site installation or transporter NN0982516395	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 86515

Comments:

FORM OI

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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

2007 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 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 87313

Site 2 A. EPA ID of off-site installation or transporter NN R 0 0 0 0 0 0 4 3 0	B. Name of off-site installation or transporter NAVAJO NATION FLEET AUTO B 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 P.O. BOX 608 BODYSHOP City WINDOW ROCK State AZ Zip 86515

Site 3 A. EPA ID of off-site installation or transporter NN 0 0 0 0 5 9 1 2 2 2	B. Name of off-site installation or transporter CHINLE UNIFIED SCHL DIST 2 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 PO BOX 587 191 & RT 7 City CHINLE State AZ Zip 86503

Site 4 A. EPA ID of off-site installation or transporter NN 0 0 0 0 9 7 8 3 9 5	B. Name of off-site installation or transporter NAVAJO NATION CHINLE FLEET 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 FIRE DEPARTMENT AND MOTOR PO BOX 1930 City CHINLE State AZ Zip 86503

Site 5 A. EPA ID of off-site installation or transporter NN 7 1 4 0 9 9 0 0 3 0	B. Name of off-site installation or transporter NAVAJO TRIBAL UTILITY AUTH 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 HWY 12 7 MI N OF WINDOW RO PO BOX 1520 City FT DEFIANCE State AZ Zip 86504

Comments:

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7-008-01

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

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2007 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>A Z C E S Q G</u>	B. Name of off-site installation or transporter CESQG TOTALS
	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 _____ City _____ State _____ Zip _____

Site 2	A. EPA ID of off-site installation or transporter <u>C O C E S Q G</u>	B. Name of off-site installation or transporter CESQG TOTALS
	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 _____ City _____ State _____ Zip _____

Site 3	A. EPA ID of off-site installation or transporter <u>N M C E S Q G</u>	B. Name of off-site installation or transporter CESQG TOTALS
	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 _____ 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:

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 HAZARDOUS WASTE REPORT

7-008-01

EPA ID NO. NM 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/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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	
310606					
C O D 0 0 9 7 9 3 6 1 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/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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	
310606					
C O D 0 0 9 7 9 3 6 1 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
	SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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	
310606					
C O D 0 0 9 7 9 3 6 1 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			

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

FORM WR

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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 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	
3092766					
C O D 9 8 3 8 0 2 5 3 9		1 5 2 1	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 AND IGNITABLE SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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 1					
C O R 0 0 0 0 0 4 7 4 7		1 5 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			

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code
	SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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					
C O R 0 0 0 0 0 4 7 4 7		4 3 9	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: WASTE2B: D035 D036 D039 D040
WASTE3B: D035 D036 D039 D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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 SOLVENTS		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 1707811 C O R 0 0 0 0 0 9 1 3 4		E. Quantity received in reporting year 1 7 5		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 2	A. Description of hazardous waste SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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 1707811 <input type="checkbox"/> Check if ID same as in Waste 1 C O R 0 0 0 0 0 9 1 3 4		E. Quantity received in reporting year 3 0 2 4		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 311102 <input type="checkbox"/> Check if ID same as in Waste 2 C O R 0 0 0 0 1 2 9 5 5		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 1 3			H. Management Method Code H 1 4 1			

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

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U.S. ENVIRONMENTAL PROTECTION AGENCY

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

2007 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	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		D 0 0 6 D 0 1 8 D 0 2 7 D 0 3 9		 	
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		1 7 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	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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 or C O R 0 0 0 2 0 0 6 3 4		2 3 8		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	
	SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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 or C O R 0 0 0 2 0 0 6 3 4		6 4 8		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: D040
WASTE2B: D035 D036 D039 D040
WASTE3B: D035 D036 D039 D040

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

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2007 HAZARDOUS WASTE REPORT

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 SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS	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
2496105			
C O R 0 0 0 2 1 5 9 7 0	1 9 4 4	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 AND IGNITABLE SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS	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
958461			
<input type="checkbox"/> Check if ID same as in Waste 1 C O R 0 0 0 2 1 6 0 8 5	3 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		

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code
	SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS	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
958461			
<input type="checkbox"/> Check if ID same as in Waste 2 C O R 0 0 0 2 1 6 0 8 5	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		

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

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7-008-01

2007 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 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
2561321 N M D 0 0 0 8 0 4 0 4 7		1 3 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 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
2561321 <input type="checkbox"/> Check if ID same as in Waste 1 or N M D 0 0 0 8 0 4 0 4 7		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 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 SOLVENTS		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 <input type="checkbox"/> Check if ID same as in Waste 2 or N M D 0 0 2 2 9 9 6 3 4		4 7 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 D036 D039 D040

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS	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	_____ 4 0 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
	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
776161 <input type="checkbox"/> Check if ID same as in Waste 1	_____ 1 3 1 3	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
776161 <input type="checkbox"/> Check if ID same as in Waste 2	_____ 3 9 8	1	_____
G. Form code		H. Management Method Code	
W 1 1 3		H 1 4 1	

Comments: WASTE1B: D035 D036 D039 D040

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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	
	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
9103723				1		
or- <u>N M D 0 0 7 4 3 4 8 5 5</u>		<u>3 2 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	
	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
9103723				1		
<input type="checkbox"/> Check if ID same as in Waste 1		<u>3 7 5</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- <u>N M D 0 0 7 4 3 4 8 5 5</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		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
310547				1		
<input type="checkbox"/> Check if ID same as in Waste 2		<u>2 8 1</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- <u>N M D 0 3 5 6 7 3 5 4 0</u>						
G. Form code		H. Management Method Code				
<u>W 2 0 3</u>		<u>H 1 4 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

2007 HAZARDOUS WASTE REPORT

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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
	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	
310615				
N M D 0 3 5 6 7 8 9 2 9	9 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 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	
9005164				
<input type="checkbox"/> Check if ID same as in Waste 1				
N M D 0 3 5 6 9 4 5 0 4	1 5 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 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	
9005164				
<input type="checkbox"/> Check if ID same as in Waste 2				
N M D 0 3 5 6 9 4 5 0 4	1 1 2 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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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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		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>958340</u>		<u>1 8 7</u>	<u>1</u>	<u> </u> <u> </u>	
<u>N M D 0 3 5 6 9 5 9 0 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 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 SOLVENTS		<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	
<u>1969520</u>		<u>3 6</u>	<u>1</u>	<u> </u> <u> </u>	
<input type="checkbox"/> Check if ID same as in Waste 1				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
<u>N M D 0 3 5 7 3 4 9 5 3</u>					
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
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		<u>D 0 0 6</u> <u>D 0 1 8</u>	<u>D 0 2 7</u> <u>D 0 3 9</u>	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<u>311093</u>		<u>1 8 9</u>	<u>1</u>	<u> </u> <u> </u>	
<input type="checkbox"/> Check if ID same as in Waste 2				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
<u>N M D 0 3 5 7 4 0 7 9 4</u>					
G. Form code		H. Management Method Code			
<u>W 2 0 3</u>		<u>H 1 4 1</u>			

Comments: WASTE2B: D035 D036 D039 D040
WASTE3B: D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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 COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		B. EPA hazardous waste code <u>D 0 0 6</u> <u>D 0 1 8</u> <u>D 0 2 7</u> <u>D 0 3 9</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID Number <u>311172</u> <u>N M D 0 3 5 7 4 0 9 5 0</u>		E. Quantity received in reporting year _____ <u>1 4 7</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 <u>310721</u> or- <u>N M D 0 3 5 7 6 4 6 5 3</u>		E. Quantity received in reporting year _____ <u>2 7 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 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 <u>310721</u> 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>	
				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code <u>W 1 1 3</u>		H. Management Method Code <u>H 1 4 1</u>				

Comments: **WASTE1B: D040**

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

2007 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	
	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
310855				1		
or- <u>N M D 0 3 5 7 8 8 8 6 8</u>		<u>1 2 9 9</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	
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		D 0 0 6, D 0 1 8 D 0 2 7, D 0 3 9			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
311012				1		
or- <u>N M D 0 3 8 3 0 7 8 4 9</u>		<u>1 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 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
310711				1		
or- <u>N M D 0 4 7 1 3 0 1 5 8</u>		<u>1 9 2 9</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: WASTE2B: D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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 1 8	
		D 0 2 7	D 0 3 9	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
310711				
N M D 0 4 7 1 3 0 1 5 8	2 8 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	
2750872				
<input type="checkbox"/> Check if ID same as in Waste 1				
N M D 0 4 9 9 8 6 8 9 6	2 6 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 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	
2289359				
<input type="checkbox"/> Check if ID same as in Waste 2				
N M D 0 5 2 6 8 4 5 7 8	1 3 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: WASTE1B: D040

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

2007 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 PAINT RELATED MATERIAL: MINIMIZER "PUC K"		B. EPA hazardous waste code <u>F 0 0 3</u> <u>F 0 0 5</u> <u>D 0 0 1</u> <u>D 0 0 5</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>3003623</u> <u>N M D 0 5 8 1 5 6 1 0 0</u>		E. Quantity received in reporting year _____ <u>2 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 6 0 4</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>2724850</u> or- <u>N M D 0 6 0 6 3 5 2 3 2</u>		E. Quantity received in reporting year _____ <u>2 9 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 TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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>958399</u> or- <u>N M D 0 6 4 9 0 9 5 7 5</u>		E. Quantity received in reporting year _____ <u>2 7</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: D006 D018 D035 D039
WASTE3B: D035 D036 D039 D040

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2007 HAZARDOUS WASTE REPORT

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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
712277			
N M D 0 6 9 4 1 7 1 2 9	1 0 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 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
2566129			
<input type="checkbox"/> Check if ID same as in Waste 1 or N M D 0 7 6 4 6 9 7 3 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 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
2566129			
<input type="checkbox"/> Check if ID same as in Waste 2 or N M D 0 7 6 4 6 9 7 3 3	2 0 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		

Comments:

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

2007 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		B. EPA hazardous waste code		C. State hazardous waste code	
	TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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		
or <u>N M D 1 0 2 7 9 4 0 0 5</u>		<u>1 5 4</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	
	SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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		
or <u>N M D 1 0 2 7 9 4 0 0 5</u>		<u>1 1 5</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	
	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		
or <u>N M D 1 0 6 6 0 6 4 7 8</u>		<u>2 9 0</u>				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
<u>W 1 1 3</u>		<u>H 1 4 1</u>				

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

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2007 HAZARDOUS WASTE REPORT

7-008-01

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

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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	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	
310861				
N M D 1 0 6 6 1 1 2 0 5	5 3 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 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	
310861				
<input type="checkbox"/> Check if ID same as in Waste 1				
N M D 1 0 6 6 1 1 2 0 5	3 3	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code	H. Management Method Code			
W 1 1 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	
828489				
<input type="checkbox"/> Check if ID same as in Waste 2				
N M D 1 1 6 2 4 7 9 8 2	6 7 6	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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2007 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
708597				1		
or- <u>N M D 1 4 9 8 0 6 8 9 5</u>		<u>5 6 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 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
2565953				1		
or- <u>N M D 1 5 3 5 7 0 5 6 9</u>		<u>3 2 0</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	
	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
311054				1		
or- <u>N M D 3 6 0 0 1 0 2 9 2</u>		<u>1 5 6 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:

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2007 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		
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		<u>D 0 0 6</u> <u>D 0 1 8</u>		_ _ _ _ _ _ _ _		
				<u>D 0 2 7</u> <u>D 0 3 9</u>		_ _ _ _ _ _ _ _	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density	
<u>311054</u>		_ _ _ _ _ _ _ _		<u>1</u>		_ _ _ _ _ _ _ _	
<u>N M D 3 6 0 0 1 0 2 9 2</u>		<u>2 2 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 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 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	
<u>311406</u>		_ _ _ _ _ _ _ _		<u>1</u>		_ _ _ _ _ _ _ _	
<input type="checkbox"/> Check if ID same as in Waste 1		<u>1 2 5 2</u>		<u>1</u>		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
<u>N M D 3 6 0 0 1 0 3 2 6</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	
<u>311111</u>		_ _ _ _ _ _ _ _		<u>1</u>		_ _ _ _ _ _ _ _	
<input type="checkbox"/> Check if ID same as in Waste 2		<u>7 2 3</u>		<u>1</u>		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
<u>N M D 9 8 0 6 2 1 1 9 7</u>							
G. Form code		H. Management Method Code					
<u>W 2 0 3</u>		<u>H 1 4 1</u>					

Comments: WASTE1B: D040

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

2007 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 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>N M D 9 8 0 6 9 8 8 4 9</u>		E. Quantity received in reporting year _____ <u>4 1</u>	F. UOM <u>1</u>	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 1 1 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 2	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		B. EPA hazardous waste code <u>D 0 0 6</u> <u>D 0 1 8</u> <u>D 0 2 7</u> <u>D 0 3 9</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 0 6 9 8 8 4 9</u>		E. Quantity received in reporting year _____ <u>9 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 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>2010114</u> <input type="checkbox"/> Check if ID same as in Waste 2 or- <u>N M D 9 8 0 8 8 0 3 4 8</u>		E. Quantity received in reporting year _____ <u>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 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments: **WASTE2B: D040**

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2007 HAZARDOUS WASTE REPORT

EPA ID NO. NM 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	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	
2010114				
N M D 9 8 0 8 8 0 3 4 8	1 2 7 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 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	
310829				
<input type="checkbox"/> Check if ID same as in Waste 1				
or- N M D 9 8 1 1 4 6 2 1 0	1 3 7 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
	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	
310829				
<input type="checkbox"/> Check if ID same as in Waste 2				
or- N M D 9 8 1 1 4 6 2 1 0	5 8 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			

Comments:

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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	
	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
310720 N M D 9 8 1 5 1 2 3 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 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
310720 N M D 9 8 1 5 1 2 3 4 6 <input type="checkbox"/> Check if ID same as in Waste 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 1 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
828495 N M D 9 8 1 5 1 2 6 5 0 <input type="checkbox"/> Check if ID same as in Waste 2		1 7 6 0		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:

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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; 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	
828495				Density	
NM D 9 8 1 5 1 2 6 5 0		4 8 0		1	
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	
	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	
310551				Density	
<input type="checkbox"/> Check if ID same as in Waste 1 or- NM D 9 8 1 5 8 9 4 1 9		6 6 4		1	
G. Form code		H. Management Method Code			
W 1 1 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	
1961222				Density	
<input type="checkbox"/> Check if ID same as in Waste 2 or- NM D 9 8 1 5 9 1 8 5 2		1 3 4 6		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.
7-008-01

2007 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 <u>1961222</u> <u>N M D 9 8 1 5 9 1 8 5 2</u>		E. Quantity received in reporting year _____ <u>1 6 6</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 1 1 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 or <u>310497</u> <u>N M D 9 8 1 5 9 1 8 6 0</u>		E. Quantity received in reporting year _____ <u>1 8 7</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 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>310497</u> <u>N M D 9 8 1 5 9 1 8 6 0</u>		E. Quantity received in reporting year _____ <u>3 3</u>	F. UOM <u>1</u>	Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 1 1 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments:

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2007 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		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	
310630				1			
or <u>N M D 9 8 1 6 1 0 1 1 6</u>		<u>1 6 2 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		
	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	
310630				1			
or <u>N M D 9 8 1 6 1 0 1 1 6</u>		<u>4 2 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 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	
310617				1			
or <u>N M D 9 8 1 6 1 0 1 6 5</u>		<u>1 9 0 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:

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2007 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	D039 N/A N/A N/A	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density
2096279 NMID981610173	301	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
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE	D006 D008 D018 D027	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density
2096279 <input type="checkbox"/> Check if ID same as in Waste 1 or NMID981610173	25	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
311056 <input type="checkbox"/> Check if ID same as in Waste 2 or NMID981610181	5480	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code	H. Management Method Code		
W203	H141		

Comments: WASTE2B: D039 D040

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2007 HAZARDOUS WASTE REPORT

7-008-01

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

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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 <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>2296564</u> <u>N M D 9 8 1 6 1 0 3 1 4</u>		E. Quantity received in reporting year _____ <u>1 4 4 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						

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>2101310</u> or- <u>N M D 9 8 1 6 1 0 3 2 2</u>		E. Quantity received in reporting year _____ <u>2 7 2 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						

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>2101267</u> or- <u>N M D 9 8 1 6 1 0 3 3 0</u>		E. Quantity received in reporting year _____ <u>9 6 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:

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2007 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 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 311254 NM D 9 8 1 6 1 0 3 7 1		E. Quantity received in reporting year 1 9 6 9	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 AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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 311254 <input type="checkbox"/> Check if ID same as in Waste 1 or NM D 9 8 1 6 1 0 3 7 1		E. Quantity received in reporting year 3 5 1	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 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 310781 <input type="checkbox"/> Check if ID same as in Waste 2 or NM D 9 8 1 6 1 1 2 4 7		E. Quantity received in reporting year 1 8 0	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: D035 D036 D039 D040

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2007 HAZARDOUS WASTE REPORT

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

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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>310923</u> <u>N M D 9 8 1 6 1 1 8 9 0</u>		E. Quantity received in reporting year _____ <u>7 6 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 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 or <u>828482</u> <u>N M D 9 8 1 8 9 9 1 5 6</u>		E. Quantity received in reporting year _____ <u>1 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 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 or <u>2101284</u> <u>N M D 9 8 2 2 9 3 0 4 5</u>		E. Quantity received in reporting year _____ <u>4 6 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>				

Comments:

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2007 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 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 311135 NM D 9 8 2 3 0 6 6 3 1		E. Quantity received in reporting year 8 3 0		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 1799095 <input type="checkbox"/> Check if ID same as in Waste 1 or- NM D 9 8 2 5 5 1 1 4 5		E. Quantity received in reporting year 5 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 TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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- NM D 9 8 2 5 5 1 1 4 5		E. Quantity received in reporting year 2 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: WASTE3B: D035 D036 D039 D040

FORM WR

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 HAZARDOUS WASTE REPORT

WASTE RECEIVED FROM OFF SITE

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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

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

Waste 1	A. Description of hazardous waste SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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>1799095</u> <u>N M D 9 8 2 5 5 1 1 4 5</u>		E. Quantity received in reporting year _____ _____ _____ _____ _____ _____ _____ _____ <u>3 4 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 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 or- <u>828491</u> <u>N M D 9 8 2 5 5 3 2 3 2</u>		E. Quantity received in reporting year _____ _____ _____ _____ _____ _____ _____ _____ <u>4 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 2</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>310738</u> <u>N M D 9 8 2 5 5 6 6 5 6</u>		E. Quantity received in reporting year _____ _____ _____ _____ _____ _____ _____ _____ <u>2 1 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 2 0 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments: WASTE1B: D035 D036 D039 D040

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2007 HAZARDOUS WASTE REPORT

EPA ID NO. NM 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		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
310738				1		
or- NM D 9 8 2 5 5 6 6 5 6		7 3 7				<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
310738				1		
<input type="checkbox"/> Check if ID same as in Waste 1		or- NM D 9 8 2 5 5 6 6 5 6		1 6 6		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code		H. Management Method Code				
W 1 1 3		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 SOLVENTS		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
310738				1		
<input type="checkbox"/> Check if ID same as in Waste 2		or- NM D 9 8 2 5 5 6 6 5 6		8 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 D036 D039 D040

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2007 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 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>310947</u> <u>N M D 9 8 2 5 5 9 4 2 9</u>		E. Quantity received in reporting year _____ <u>3 7 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>			

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 or- <u>310947</u> <u>N M D 9 8 2 5 5 9 4 2 9</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 1 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Waste 3	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		B. EPA hazardous waste code <u>D 0 0 6</u> <u>D 0 1 8</u> <u>D 0 2 7</u> <u>D 0 3 9</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>310947</u> <u>N M D 9 8 2 5 5 9 4 2 9</u>		E. Quantity received in reporting year _____ <u>1 9 7</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: **WASTE3B: D040**

FORM WR

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

EPA ID NO. NMID000804294

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 HAZARDOUS WASTE REPORT

FORM
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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	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	
958413					
NMID982758336		100	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	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	
2529576					
<input type="checkbox"/> Check if ID same as in Waste 1					
or- NMID982760159		480	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	
	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	
310927					
<input type="checkbox"/> Check if ID same as in Waste 2					
or- NMID986669398		99	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code		H. Management Method Code			
W113		H141			

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

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

2007 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 2101302 <u>N M D 9 8 6 6 7 0 1 1 5</u>		E. Quantity received in reporting year <u>3 2 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 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 2101302 <input type="checkbox"/> Check if ID same as in Waste 1 or <u>N M D 9 8 6 6 7 0 1 1 5</u>		E. Quantity received in reporting year <u>1 4 1 3</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 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 2101307 <input type="checkbox"/> Check if ID same as in Waste 2 or <u>N M D 9 8 6 6 7 0 1 2 3</u>		E. Quantity received in reporting year <u>7 5</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 3 1 0</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments:

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2007 HAZARDOUS WASTE REPORT

7-008-01

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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				
N M D 9 8 6 6 7 0 3 6 2		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	
2320804				
<input type="checkbox"/> Check if ID same as in Waste 1				
N M D 9 8 6 6 7 0 3 6 2		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	
828524				
<input type="checkbox"/> Check if ID same as in Waste 2				
N M D 9 8 6 6 7 3 1 7 6		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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2007 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		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	
828527 N M D 9 8 6 6 7 3 1 8 4			1		
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; 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	
828527 N M D 9 8 6 6 7 3 1 8 4		6 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
	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	
1753071 N M D 9 8 6 6 7 3 8 2 0		9 9	1		
G. Form code		H. Management Method Code			
W 1 1 3		H 1 4 1			

Comments:

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7-008-01

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 HAZARDOUS WASTE REPORT

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 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		_ _ _ _ _ _ _ _ 5 0 2		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
2830591 <input type="checkbox"/> Check if ID same as in Waste 1		_ _ _ _ _ _ _ _ 1 0 4 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 AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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
310775 <input type="checkbox"/> Check if ID same as in Waste 2		_ _ _ _ _ _ _ _ 3 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 D036 D039 D040

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7-008-01

2007 HAZARDOUS WASTE REPORT

**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		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 1 8</u>	_____	
			<u>D 0 2 7</u> <u>D 0 3 9</u>	_____	
D. Off-site handler EPA ID Number		E. Quantity received in reporting year	F. UOM	Density	
<u>310775</u>		_____	_____	_____	
<u>N M D 9 8 6 6 7 5 3 5 3</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 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	
<input type="checkbox"/> Check if ID same as in Waste 1 <u>311603</u>		_____	_____	_____	
<u>N M D 9 8 6 6 7 5 7 5 9</u>		_____ <u>2 1 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 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>1933099</u>		_____	_____	_____	
<u>N M D 9 8 6 6 7 5 9 4 0</u>		_____ <u>2 2 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: D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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 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>9192260</u> <u>N M D 9 8 6 6 7 6 2 0 3</u>		E. Quantity received in reporting year _____ <u>1 9 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 2	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; 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 <u>311101</u> or- <u>N M D 9 8 6 6 7 6 2 2 9</u>		E. Quantity received in reporting year _____ <u>3 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>			

Waste 3	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		B. EPA hazardous waste code <u>D 0 0 6</u> <u>D 0 1 8</u> <u>D 0 2 7</u> <u>D 0 3 9</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>311101</u> or- <u>N M D 9 8 6 6 7 6 2 2 9</u>		E. Quantity received in reporting year _____ <u>1 8 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: D039 D040
WASTE3B: D040

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U.S. ENVIRONMENTAL PROTECTION AGENCY

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

2007 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 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
311091 N M D 9 8 6 6 7 6 5 2 6		5 6 2		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
310601 <input type="checkbox"/> Check if ID same as in Waste 1 or N M D 9 8 6 6 8 2 1 2 8		4 6 2 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	
	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
310601 <input type="checkbox"/> Check if ID same as in Waste 2 or N M D 9 8 6 6 8 2 1 2 8		1 6 2 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				

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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 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>310567</u> <u>N M D 9 8 6 6 8 2 1 3 6</u>		E. Quantity received in reporting year <u>3 6 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 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>310567</u> <input type="checkbox"/> Check if ID same as in Waste 1 or- <u>N M D 9 8 6 6 8 2 1 3 6</u>		E. Quantity received in reporting year <u>4 1</u>	F. UOM <u>1</u>	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 1 1 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 <u>311373</u> <input type="checkbox"/> Check if ID same as in Waste 2 or- <u>N M D 9 8 6 6 8 2 4 7 4</u>		E. Quantity received in reporting year <u>9 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>			

Comments:

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

2007 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 SOLVENTS		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>311373</u> <u>N M D 9 8 6 6 8 2 4 7 4</u>		E. Quantity received in reporting year _____ <u>1 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 1 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 CLEANER; MONOETHANOLAMINE		B. EPA hazardous waste code <u>D 0 0 6</u> <u>D 0 1 8</u> <u>D 0 2 7</u> <u>D 0 3 9</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>3 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 <u>311932</u> or- <u>N M D 9 8 6 6 8 2 9 2 0</u>		E. Quantity received in reporting year _____ <u>9 5 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: WASTE1B: D035 D036 D039 D040
WASTE2B: D040

FORM WR

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

2007 HAZARDOUS WASTE REPORT

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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
	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
311620			
N M D 9 8 6 6 8 3 0 1 9	2 8 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 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
311620			
<input type="checkbox"/> Check if ID same as in Waste 1 or N M D 9 8 6 6 8 3 0 1 9	9 9	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code	H. Management Method Code		
W 1 1 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
991832			
<input type="checkbox"/> Check if ID same as in Waste 2 or N M D 9 8 6 6 8 3 5 7 1	1 6 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.

2007 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

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		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	
311424				1			
G. Form code		H. Management Method Code					
W 2 0 3		H 1 4 1					
N M D 9 8 6 6 8 4 1 3 2		7 1 6				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	

Waste 2	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 SOLVENTS		F 0 0 5	F 0 0 3			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density	
1961338				1			
G. Form code		H. Management Method Code					
W 2 1 1		H 1 4 1					
N M D 9 8 6 6 8 4 3 6 3		3 0 7				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code		
	SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		F 0 0 5	F 0 0 3			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density	
1961338				1			
G. Form code		H. Management Method Code					
W 2 0 9		H 1 4 1					
N M D 9 8 6 6 8 4 3 6 3		1 0 5 9				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	

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

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

2007 HAZARDOUS WASTE REPORT

**FORM
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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>2063060</u> <u>N M R 0 0 0 0 0 0 2 2 4</u>		E. Quantity received in reporting year _____ <u>3 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 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>311787</u> <u>N M R 0 0 0 0 0 0 4 8 9</u>		E. Quantity received in reporting year _____ <u>2 1 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 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>311787</u> <u>N M R 0 0 0 0 0 0 4 8 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 1 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments:

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2007 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 PAINT RELATED MATERIAL: MINIMIZER "PUC K"		B. EPA hazardous waste code F 0 0 3 F 0 0 5 D 0 0 1 D 0 0 5		C. State hazardous waste code
	D. Off-site handler EPA ID Number 958491 NM R 0 0 0 0 0 0 6 2 0		E. Quantity received in reporting year 5 0 0	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 6 0 4		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 310672 <input type="checkbox"/> Check if ID same as in Waste 1 or NM R 0 0 0 0 0 0 7 4 5		E. Quantity received in reporting year 1 1 2 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 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 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			

Comments: WASTE1B: D006 D018 D035 D039

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2007 HAZARDOUS WASTE REPORT

7-008-01

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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	
	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
974298				1		
NMIR000000919		2150				<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 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
974298				1		
<input type="checkbox"/> Check if ID same as in Waste 1		99				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or NMIR000000919						
G. Form code		H. Management Method Code				
W113		H141				

Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	PAINT RELATED MATERIAL: MINIMIZER "PUC K"		F003 F005 D001 D005			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density
974298				1		
<input type="checkbox"/> Check if ID same as in Waste 2		830				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or NMIR000000919						
G. Form code		H. Management Method Code				
W604		H141				

Comments: WASTE3B: D006 D018 D035 D039

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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 SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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 974298 NM R 0 0 0 0 0 0 9 1 9		E. Quantity received in reporting year 2 3 0	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 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 310540 or NM R 0 0 0 0 0 0 1 9 2 5		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 1 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 310531 or NM R 0 0 0 0 0 2 1 8 8		E. Quantity received in reporting year 2 7 3 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: WASTE1B: D035 D036 D039 D040

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

2007 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	
	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
310531 N M R 0 0 0 0 0 2 1 8 8		1 2 7 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 SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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
740927 <input type="checkbox"/> Check if ID same as in Waste 1 or N M R 0 0 0 0 0 2 6 5 9		1 0 8 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 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
2380052 <input type="checkbox"/> Check if ID same as in Waste 2 or N M R 0 0 0 0 0 2 8 4 0		3 0 4 0		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: WASTE2B: D035 D036 D039 D040

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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

2007 HAZARDOUS WASTE REPORT

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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 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
1935362				1		
or- NM R 0 0 0 0 0 2 9 4 9		1 3 6 6				<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
1935362				1		
<input type="checkbox"/> Check if ID same as in Waste 1		8 1 7				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- NM R 0 0 0 0 0 2 9 4 9						
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
1935362				1		
<input type="checkbox"/> Check if ID same as in Waste 2		1 6 6				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
or- NM R 0 0 0 0 0 2 9 4 9						
G. Form code		H. Management Method Code				
W 1 1 3		H 1 4 1				

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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 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	
3056079 NMRR0000003368		480		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; 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 1 2033026 or NMRR0000003467		800		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; 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 2033026 or NMRR0000003467		110		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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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO. NMID000804294

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 HAZARDOUS WASTE REPORT

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 PAINT RELATED MATERIAL: MINIMIZER "PUC K"		B. EPA hazardous waste code F 0 0 3 F 0 0 5 D 0 0 1 D 0 0 5		C. State hazardous waste code
	D. Off-site handler EPA ID Number 2536301 NM R 0 0 0 0 0 4 5 4 9		E. Quantity received in reporting year 4 0 0	F. UOM 1	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code W 6 0 4		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 2583352 <input type="checkbox"/> Check if ID same as in Waste 1 or NM R 0 0 0 0 0 5 2 0 7		E. Quantity received in reporting year 3 6 8 0	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; 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 2643816 <input type="checkbox"/> Check if ID same as in Waste 2 or NM R 0 0 0 0 0 5 5 6 1		E. Quantity received in reporting year 1 9 2 0	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			

Comments: WASTE1B: D006 D018 D035 D039

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 HAZARDOUS WASTE REPORT

7-008-01

**FORM
WR**

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 SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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>2397647</u> <u>N M R 0 0 0 0 0 6 7 4 2</u>		E. Quantity received in reporting year _____ <u>6 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 9</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>2578309</u> or- <u>N M R 0 0 0 0 0 7 2 4 5</u>		E. Quantity received in reporting year _____ <u>8 0 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 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 <u>2578309</u> or- <u>N M R 0 0 0 0 0 7 2 4 5</u>		E. Quantity received in reporting year _____ <u>2 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 1 3</u>		H. Management Method Code <u>H 1 4 1</u>			

Comments: WASTE1B: D035 D036 D039 D040

FORM WR

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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 SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		B. EPA hazardous waste code <u>D 0 3 9 N / A</u> <u>N / A N / A</u>		C. State hazardous waste code _____
	D. Off-site handler EPA ID Number <u>1961987</u> <u>N M R 0 0 0 0 1 0 5 7 9</u>		E. Quantity received in reporting year _____ <u>1 0 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 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 N / A</u> <u>N / A 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>3021686</u> <u>N M R 0 0 0 0 1 0 6 8 6</u>		E. Quantity received in reporting year _____ <u>1 0 0 2 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>			

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 D 0 0 7</u> <u>D 0 3 9 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>3049357</u> <u>N M R 0 0 0 0 1 0 9 1 8</u>		E. Quantity received in reporting year _____ <u>6 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>			

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 HAZARDOUS WASTE REPORT

7-008-01

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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 R 0 0 0 0 1 1 0 8 0		E. Quantity received in reporting year 1 5 2 1	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 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 2763979 or: NM R 0 0 0 0 1 2 6 6 6		E. Quantity received in reporting year 1 0 4 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 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 <input type="checkbox"/> Check if ID same as in Waste 2 2757789 or: NM R 0 6 0 6 3 5 1 1 7		E. Quantity received in reporting year 6 4 0	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			

Comments:

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7-008-01

2007 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		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	
311296					
<u>N M 0 0 0 0 0 0 3 5 9 0</u>		<u>2 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 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	
311296					
<input type="checkbox"/> Check if ID same as in Waste 1					
or- <u>N M 0 0 0 0 0 0 3 5 9 0</u>		<u>2 3 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 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	
311580					
<input type="checkbox"/> Check if ID same as in Waste 2					
or- <u>N M 0 0 0 0 0 0 3 6 9 9</u>		<u>5 6 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>			

Comments:

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EPA ID NO. NM0000804294

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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 AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		F005 F003 D001 D018			
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM	Density	
958457						
NM00000050401		35		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 AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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					<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
or- NM00000050401		428		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	
	SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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					<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
or- NM00000050401		864		1		
G. Form code		H. Management Method Code				
W209		H141				

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

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

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

Waste 1	A. Description of hazardous waste PAINT RELATED MATERIAL: MINIMIZER "PUC K"		B. EPA hazardous waste code <u>F 0 0 3 </u> <u>F 0 0 5 </u> <u>D 0 0 1 </u> <u>D 0 0 5 </u>		C. State hazardous waste code _ _ _ _ _ _ _ _
	D. Off-site handler EPA ID Number <u>2123815</u> <u>N M 0 0 0 0 0 5 0 4 1 9 </u>		E. Quantity received in reporting year _ _ _ _ _ _ _ _ <u>1 1 5 </u>	F. UOM <u>1 </u>	Density _ _ _ _ _ _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W 6 0 4 </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 SOLVENTS		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>2123815</u> or- <u>N M 0 0 0 0 0 5 0 4 1 9 </u>		E. Quantity received in reporting year _ _ _ _ _ _ _ _ <u>2 7 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>			

Waste 3	A. Description of hazardous waste SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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>2123815</u> or- <u>N M 0 0 0 0 0 5 0 4 1 9 </u>		E. Quantity received in reporting year _ _ _ _ _ _ _ _ <u>2 3 5 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 9 </u>		H. Management Method Code <u>H 1 4 1 </u>			

Comments: WASTE1B: D006 D018 D035 D039
WASTE2B: D035 D036 D039 D040
WASTE3B: D035 D036 D039 D040

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2007 HAZARDOUS WASTE REPORT

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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 828515 NM 0 0 0 0 1 1 8 1 5 8		E. Quantity received in reporting year 5 7 6 0	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 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 828515 <input type="checkbox"/> Check if ID same as in Waste 1 or: NM 0 0 0 0 1 1 8 1 5 8		E. Quantity received in reporting year 7 3 5	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 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 310550 <input type="checkbox"/> Check if ID same as in Waste 2 or: NM 0 0 0 0 1 8 2 1 6 2		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			

Comments:

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2007 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		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	
<u>311682</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 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>311122</u>		<u>5 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 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 <u>311122</u>		<u>1 3 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 1 1 3</u>		<u>H 1 4 1</u>				

Comments:

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2007 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 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>311319</u> <u>N N D 9 8 6 6 7 3 5 0 7</u>		E. Quantity received in reporting year _____ <u>2 0 7</u>		F. UOM <u>1</u>	
				Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
G. Form code <u>W 1 1 3</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 SOLVENTS		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 or- <u>1958275</u> <u>N N R 0 0 0 0 0 0 4 3 0</u>		E. Quantity received in reporting year _____ <u>7 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>				

Waste 3	A. Description of hazardous waste SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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>1958275</u> <u>N N R 0 0 0 0 0 0 4 3 0</u>		E. Quantity received in reporting year _____ <u>5 8 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 9</u>		H. Management Method Code <u>H 1 4 1</u>				

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

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 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
	COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE	D 0 0 6	D 0 1 8	
		D 0 2 7	D 0 3 9	
D. Off-site handler EPA ID Number	E. Quantity received in reporting year	F. UOM	Density	
311457				
NN 0 0 0 0 5 9 1 2 2 2	1 4 2	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	
311398				
<input type="checkbox"/> Check if ID same as in Waste 1				
NN 0 0 0 0 9 7 8 3 9 5	1 2 4	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code	H. Management Method Code			
W 1 1 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	
311116				
<input type="checkbox"/> Check if ID same as in Waste 2				
NN 7 1 4 0 9 9 0 0 3 0	2 4 9	1	<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code	H. Management Method Code			
W 1 1 3	H 1 4 1			

Comments: WASTE1B: D040

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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 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>A Z C E S Q G</u>		E. Quantity received in reporting year <u>2 0 7</u>		F. UOM <u>1</u>		
G. Form code <u>W 1 1 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 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 or <u>C O C E S Q G</u>		E. Quantity received in reporting year <u>1 2 4</u>		F. UOM <u>1</u>		
G. Form code <u>W 1 1 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 TOXIC AND IGNITABLE SPENT SOLVENT/PAIN T WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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>C O C E S Q G</u>		E. Quantity received in reporting year <u>7</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	

Comments: **WASTE3B: D035 D036 D039 D040**

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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
	SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS	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
C O C E S Q G		2 1 6 7	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
	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
<input type="checkbox"/> Check if ID same as in Waste 1 or N M C E S Q G		1 0 6 7 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 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 or N M C E S Q G		5 4 2 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		

Comments: WASTE1B: D035 D036 D039 D040

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

2007 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 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>N M C E S Q G</u>		E. Quantity received in reporting year <u>5 4 8 5 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>			

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 or- <u>N M C E S Q G</u>		E. Quantity received in reporting year <u>6 2 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 1 3</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 or- <u>N M C E S Q G</u>		E. Quantity received in reporting year <u>6 3 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>			

Comments:

FORM WR

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U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2007 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 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	
NM C E S Q G		1 0 6 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 AND IGNITABLE SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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 1 or NM C E S Q G		2 1 5 1		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	
	SPENT SOLVENT/PAINT WASTE; MIXTURE OF NON-HALOGENATED SOLVENTS		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 or NM C E S Q G		3 5 4 8		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: WASTE2B: D035 D036 D039 D040
WASTE3B: D035 D036 D039 D040

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

2007 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 CLEANER; MONOETHANOLAMINE		D 0 0 6 D 0 1 8 D 0 2 7 D 0 3 9				
D. Off-site handler EPA ID Number		E. Quantity received in reporting year		F. UOM		Density	
N M C E S Q G		1 8 0 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 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						<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
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						<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code			H. Management Method Code				

Comments: WASTE1B: D040