

# HAZARDOUS WASTE MANIFEST

## STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

84-45

<b>TO:</b> T/S/D FACILITY CHEMICAL WASTE MANAGEMENT INC	<b>FROM:</b> Generator SPARTON TECHNOLOGY, INC.
E.P.A. ID Code No. AZT050010180	E.P.A. ID Code No. NMD083212332
Address 2301 West Broadway	Address 9621 Coors Rd. N.W.
Destination Phoenix, Arizona 85005	Origin Albuquerque, New Mexico 87103
Phone (602) 243-6154	Phone (505) 892-5300

No Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	Hazardous Waste Liquid, N.O.S.	ORM-E	NA 9189	F006	4500 Gal.	None

<b>PLACARDS REQUIRED</b> N/A	<small>NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____</small>	<small>Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.</small>	<b>FREIGHT CHARGES</b>
		<small>(Signature of Consignor)</small>	PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)	EMERGENCY RESPONSE INFORMATION
T/S/D FACILITY (Return to Generator)	CONTACT Name Terry Boone
E.P.A. ID Code No.	Phone (505) 892-5300
Address	National Response Center 1-800-424-8802
Destination	in D. C. 426-2675

### CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature R. J. MAJESKI *[Signature]* Date 1/11/84

TRANSPORTER #1 CHEMICAL WASTE MANAGEMENT INC. E.P.A. ID No. AZT050010180  
 Address 2301 West Broadway  
 City Phoenix State AZ Zip 85005 Phone (602) 243-6154

Transporter No. 1 Signature Steve Mooney *[Signature]* Date 1/11/84

TRANSPORTER #2 \_\_\_\_\_ E.P.A. ID No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Transporter No. 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

TREATMENT/STORAGE/DISPOSAL FACILITY  
 T/S/D FACILITY Signature \_\_\_\_\_ Date JAN 18 1984  
 This is to certify acceptance of the hazardous waste for treatment, storage, or disposal. 010559

ORIGINAL - RETURN TO GENERATOR

GROUND WATER/HAZARDOUS WASTE BUREAU

7-BLS-C (5 PLY)  
REV 10/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

MANIFEST NUMBER 82-31

002008

010560

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

NAME SPARTON SOUTHWEST, INC.  
EPA NO. NMDO83212332  
ADDRESS 9621 Coors Rd. N.W.  
CITY, STATE, ZIP CODE Albuquerque, New Mexico 87103  
PHONE NO. (505) 892-5300  
ORDER PLACED BY Cleoves Martinez  
ORDER DATE 11-30-82  
CONTRACT NO.

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)  
NAME PHILIP A. HUNT CHEMICAL CORP.  
EPA NO. CAD009552944  
ADDRESS 4265 Charter St.  
CITY, STATE, ZIP CODE Los Angeles, California 90058  
PHONE NO. (213) 589-9111

(RETURN TO GENERATOR)  
NAME  
EPA NO.  
ADDRESS  
CITY, STATE, ZIP CODE  
PHONE NO.

RECEIVED  
DEC 4 1982

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE Corrosive Liquid, N.O.S.	Corrosive Mat'	1760	16,500 lb.	30	X	DRUMS
WASTE						TANK TRUCK
						BAGS
						CARTONS
						OTHER

PEM SECTION

WASTE CATEGORY Alkaline Solution EPA WASTE ID No. F006 EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ GENERATING PROCESS Etching Process

LIST COMPONENTS:

	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	PPM	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	PPM
A Ammonia	10	0	X %	PPM				PPM
B Copper	16	0	X %	PPM				PPM
C			%	PPM				PPM
D			%	PPM				PPM

NONHAZARDOUS MATERIAL Water, 74 %

WASTE PROPERTIES: PH 9  TOXIC  FLAMMABLE  CORROSIVE/IRRITANT  REACTIVE  SENSITIZER  CARCINOGEN/MUTAGEN

PHYSICAL STATE:  SOLID  LIQUID  SLUDGE  SLURRY  GAS  OTHER

SPECIAL HANDLING INSTRUCTIONS:  GLOVES  GOGGLES  RESPIRATOR  OTHER Use corrosion resistant protection.

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

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

SIGNATURE OF AUTHORIZED AGENT & TITLE \_\_\_\_\_ DATE SHIPPED \_\_\_\_\_

TRANSPORTER (HAULER MUST COMPLETE)

NAME ICX  
EPA NO. COD006915607  
ADDRESS 2350 Aztec Rd. N.E.  
CITY, STATE, ZIP CODE Albuquerque, New Mexico 87107  
PHONE NO. (505) 884-1641

JOB NO. \_\_\_\_\_  
UNIT NO. 21816

PICK-UP DATE 12-1-82  
TIME 3:20 AM  PM

SIGNATURE OF AUTHORIZED AGENT & TITLE E.J. Choy Driver

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_

QUANTITY (IF MEASURED) \_\_\_\_\_  
STATE FEE (IF ANY) \$ \_\_\_\_\_

HANDLING OR DISPOSAL METHOD:  
 SURFACE IMPOUNDMENT  LANDFILL  
 INJECTION WELL  LAND TREATMENT  
 TREATMENT (SPECIFY) \_\_\_\_\_  
 RECOVERY OR REUSE  STORAGE TRANSFER

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY \_\_\_\_\_

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

SIGNATURE OF AUTHORIZED AGENT & TITLE \_\_\_\_\_ DATE ACCEPTED \_\_\_\_\_

# HAZARDOUS WASTE MANIFEST

## STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

82-30

TO: T/S/D/F CHEMICAL WASTE MANAGEMENT, INC.	FROM: Generator SPARTON SOUTHWEST, INC.
E.P.A. ID Code No. AZT050010180	E.P.A. ID Code No. NMD083212332
Address 2301 West Broadway	Address 9621 Coors Rd. N.W.
Destination Phoenix, Arizona 85005	Origin Albuquerque, New Mexico 87103
Phone (602) 243-6154	Phone (505) 898-1150

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	Hazardous Waste, Liquid N.O.S.	ORM-E	9189	F006	5,700 Gallons	N/A

PLACARDS REQUIRED N/A

<p><b>NOTE</b> - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____</p>	<p>Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges</p> <p style="text-align: center;">_____ (Signature of Consignor)</p>	<p><b>FREIGHT CHARGES</b> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/></p>
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RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.  
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)	EMERGENCY RESPONSE INFORMATION
T/S/D/F _____ (Return to Generator)	CONTACT Name <u>Cleoves Martinez</u>
E.P.A. ID Code No. _____	Phone <u>(505) 898-1150</u>
Address _____	National Response Center <u>1-800-424-8802</u>
Destination _____	in D. C. <u>426-2675</u>

### CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator Signature James L. Jumper Date 11/16/82

**TRANSPORTER #1** CHEMICAL WASTE MANAGEMENT, INC. E.P.A. ID No. AZT050010180  
 Address 2301 West Broadway  
 City Phoenix State AZ Zip 85005 Phone (602) 243-6154

Transporter No. 1 Signature Joe [Signature] Date 11-16-82

**TRANSPORTER #2** \_\_\_\_\_ E.P.A. ID No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Transporter No. 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

### TREATMENT/STORAGE/DISPOSAL/FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal. **010561**  
 T/S/D/F Signature \_\_\_\_\_ Date \_\_\_\_\_

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P STREET, SACRAMENTO, CA 95814

MANIFEST NUMBER No 5757

RECEIVED

SEP 16 1981

PLM SECTION

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME SPARTON SOUTHWEST, INC. EPA NO. NMDO83212332 ADDRESS 9621 Coors Rd. N.W. CITY, STATE, ZIP CODE ALBUQUERQUE, NEW MEXICO 87103 PHONE NO. (505) 898-1150 ORDER PLACED BY Cloeves Martinez ORDER DATE 9-11-81

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) NAME CASMALIA DISPOSAL EPA NO. CIAD020748125 ADDRESS NTU Road CITY, STATE, ZIP CODE CASMALIA, CALIFORNIA PHONE NO. (805) 937-8449

ALTERNATE TSD FACILITY

(Return to Generator) NAME EPA NO. ADDRESS CITY, STATE, ZIP CODE PHONE NO.

Table with columns: U.S. DOT PROPER SHIPPING NAME, U.S. DOT HAZARD CLASS, UN/NA I.D. NO., WEIGHT OR VOLUME, UNITS, CONTAINERS NUMBER, DRUMS, BAGS, CARTONS, DUMP TRUCK, TANK TRUCK, OTHER.

WASTE CATEGORY Plating Solution, Acid(neutralized) EX. HAZ. WASTE PERMIT NO. GENERATING PROCESS LIST COMPONENTS: Lead, Copper, Boron, Tin. WASTE PROPERTIES: PH 7.0, TOXIC, LIQUID. SPECIAL HANDLING INSTRUCTIONS: GLOVES, GOGGLES.

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA. IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED 9-14-81

TRANSPORTER ICC-MC151650 State Waste Hauler's Registration No. 065 ACC 8658 NAME OVERLEY'S, INCORPORATED EPA NO. AZD079011474 ADDRESS 650 W. Southern Ave. Mesa, Az. 85202 PHONE NO. 602-962-6638 PICK-UP DATE 9/14/81 TIME 11:45 AM SIGNATURE OF AUTHORIZED AGENT & TITLE Carlos Vallejo Field Ser REP

TSD FACILITY (OPERATOR MUST COMPLETE) NAME QUANTITY (IF MEASURED) STATE FEE (IF ANY) HANDLING OR DISPOSAL METHOD: SURFACE IMPOUNDMENT, INJECTION WELL, TREATMENT (SPECIFY), RECOVERY OR REUSE, LANDFILL, LAND TREATMENT, STORAGE/TRANSFER. SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

010562

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

MANIFEST NUMBER

81-15  
RECEIVED  
AUG 17 1981

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME SPARTON SOUTHWEST, INC.  
EPA NO. NMD083212332  
ADDRESS 9621 Coors Rd. N.W.  
CITY, STATE, ZIP CODE Albuquerque, New Mexico 87103  
PHONE NO. (505) 898-1150  
ORDER PLACED BY Cleoves Martinez ORDER DATE 8-11-81  
P.O. / CONTRACT NO. 5600552

NAME PHILIP A. HUNT CHEMICAL CORP.  
EPA NO. CAD009552944  
ADDRESS 4265 Charter Street  
CITY, STATE, ZIP CODE Los Angeles, California 90058  
PHONE NO. (213) 589-9111

NAME (Return to Generator)  
EPA NO. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
ADDRESS [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
CITY, STATE, ZIP CODE [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
PHONE NO. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER			
WASTE Corrosive Liquid N.O.S.	Corrosive Mat'l.	1760	16,500 Lbs.	30	<input checked="" type="checkbox"/> DRUMS	<input type="checkbox"/> BAGS	<input type="checkbox"/> CARTONS	<input type="checkbox"/> DUMP TRUCK
WASTE					<input type="checkbox"/> TANK TRUCK	<input type="checkbox"/> OTHER		

WASTE CATEGORY Alkaline Solution EX. HAZ. WASTE PERMIT NO. GENERATING PROCESS Etching Process

LIST COMPONENTS:

	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	
A Ammonia	10	0	<input checked="" type="checkbox"/> %	PPM				PPM
B Copper	16	0	<input checked="" type="checkbox"/> %	PPM				PPM
C			<input type="checkbox"/> %	PPM				PPM
D			<input type="checkbox"/> %	PPM				PPM

NONHAZARDOUS MATERIAL water, 74 %

WASTE PROPERTIES: PH 9  TOXIC  FLAMMABLE  CORROSIVE/IRRITANT  REACTIVE  SENSITIZER  CARCINOGEN/MUTAGEN

PHYSICAL STATE:  SOLID  LIQUID  SLUDGE  SLURRY  GAS  OTHER

SPECIAL HANDLING INSTRUCTIONS:  GLOVES  GOGGLES  RESPIRATOR  OTHER Use corrosion resistant protection.

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

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

Signature of Thomas M. Daly, Prod. Oper. Mgr. 8/13/81  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

NAME ICX  
EPA NO. COD0006915607  
ADDRESS 2350 Aztec N.E.  
CITY, STATE, ZIP CODE Albuquerque, New Mexico 87107  
PHONE NO. (505) 884-1641

JOB NO. UNIT NO. 1727

PICK-UP DATE 8-13-81 TIME 2:00 AM  PM

Signature of Jerry B. [unclear], Local Driver  
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME QUANTITY (IF MEASURED) STATE FEE (IF ANY) \$

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME EPA NO. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

HANDLING OR DISPOSAL METHOD:  
 SURFACE IMPOUNDMENT  LANDFILL  
 INJECTION WELL  LAND TREATMENT  
 TREATMENT (SPECIFY)  
 RECOVERY OR REUSE  STORAGE/TRANSFER

SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

010563

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P STREET, SACRAMENTO, CA 95814

RECEIVED

MANIFEST NUMBER No 5783

OCT 16 1981

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

NAME SPARTAN SOUTHWEST INC. EPA NO. NMDO832112332 ADDRESS 9621 Coors Rd. N.W. Albuquerque, New Mexico 87114 PHONE NO. (505) 898-1150 ORDER PLACED BY Cleoves Martinez ORDER DATE 10-9-81

NAME CASMALIA DISPOSAL EPA NO. CAD020748125 ADDRESS NTU Road Casmalia, California PHONE NO. (805) 937-8449

P.E.M. SECTION

NAME (Return to Generator) EPA NO. ADDRESS CITY, STATE, ZIP CODE PHONE NO.

010564

Table with 7 columns: U.S. DOT PROPER SHIPPING NAME, U.S. DOT HAZARD CLASS, UN/NA I.D. NO, WEIGHT OR VOLUME, UNITS, CONTAINERS, NUMBER. Includes waste description: Hazardous Waste Liquid N.O.S., ORM-E, NA9189, 5000 Gal, 1 unit, 1 drum.

WASTE CATEGORY Plating Solution, Acid (Neutralized) EX. HAZ. WASTE PERMIT NO. GENERATING PROCESS Electroplating LIST COMPONENTS: Lead, Copper, Boron, Tin with concentration ranges and units. WASTE PROPERTIES: PH 7.0, TOXIC, LIQUID. SPECIAL HANDLING INSTRUCTIONS: GLOVES, GOGGLES.

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA. IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. SIGNATURE OF AUTHORIZED AGENT & TITLE: Thomas M. Daley Prod Oper Mgr DATE SHIPPED: 10-9-81

TRANSPORTER ICC-MC151650 State Waste Hauler's Registration No. 065 ACC 8658 NAME OVERLEY'S, INCORPORATED JOB NO. PICK-UP DATE 10-9-81 TIME 9:30-10:30 AM EPA NO. AZD079011474 ADDRESS 650 W. Southern Ave. Mesa, Az. 85202 PHONE NO. 602-962-6638 SIGNATURE OF AUTHORIZED AGENT & TITLE: Timothy E. Keenan Driver

TSD FACILITY (OPERATOR MUST COMPLETE) NAME QUANTITY (IF MEASURED) STATE FEE (IF ANY) \$ HANDLING OR DISPOSAL METHOD: SURFACE IMPOUNDMENT, INJECTION WELL, TREATMENT (SPECIFY), RECOVERY OR REUSE, LANDFILL, LAND TREATMENT, STORAGE/TRANSFER. SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED GENERATOR COPY

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P STREET, SACRAMENTO, CA 95814

NOV 13 1981

MANIFEST NUMBER No 5756

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME SPARTON SOUTHWEST INC. EPA NO. N M D 0 8 3 2 1 2 3 3 2 ADDRESS 9621 Coors Rd. N.W. CITY, STATE, ZIP CODE Albuquerque, New Mexico 87103 PHONE NO. (505)898-1150 ORDER PLACED BY Cleoves Martinez ORDER DATE

DESIGNATED TSD FACILITY

NAME CASMALIA DISPOSAL EPA NO. C A D 0 2 0 7 4 8 1 2 5 ADDRESS NTU Road CITY, STATE, ZIP CODE Casmalia, California PHONE NO. (805)937-8449

ALTERNATE TSD FACILITY

NAME (Return to Generator) EPA NO. ADDRESS CITY, STATE, ZIP CODE PHONE NO.

PEM SECTION

010565

Table with 7 columns: U.S. DOT PROPER SHIPPING NAME, U.S. DOT HAZARD CLASS, UN/NA I.D. NO., WEIGHT OR VOLUME, UNITS, CONTAINERS, NUMBER. Row 1: Flammable Liquid, Corrosive, N.O.S., Flammable Liquid 2924, 1265 Gal., 23, X, DRUMS, TANK TRUCK, BAGS, OTHER, DUMP TRUCK.

WASTE CATEGORY Solvents, mixed EX. HAZ. WASTE PERMIT NO. N/A GENERATING PROCESS Stripping operation LIST COMPONENTS: A Methylene Chloride, B Methyl Ethyl Ketone, C Toluene, D Alkylarylsulfonic Acid WASTE PROPERTIES: PH .9 TOXIC FLAMMABLE CORROSIVE/IRRITANT PHYSICAL STATE LIQUID SPECIAL HANDLING INSTRUCTIONS: GLOVES GOGGLES Use corrosion resistant protection.

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

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

SIGNATURE OF AUTHORIZED AGENT & TITLE Thomas M. Sely Prod Oper Mgr 11/9/81 DATE SHIPPED

TRANSPORTER

ICC-MC151650

State Waste Hauler's Registration No. 065

ACC 8658

NAME OVERLEY'S, INCORPORATED EPA NO. A Z D 0 7 9 0 1 1 4 7 4 ADDRESS 650 W. Southern Ave. CITY, STATE, ZIP CODE Mesa, Az. 85202 PHONE NO. 602-962-6638

JOB NO. UNIT NO.

PICK-UP DATE 11-9-81 TIME AM PM

SIGNATURE OF AUTHORIZED AGENT & TITLE Ken Hill Driver

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME QUANTITY (IF MEASURED) STATE FEE (IF ANY) \$

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME EPA NO.

HANDLING OR DISPOSAL METHOD: SURFACE IMPOUNDMENT LANDFILL INJECTION WELL LAND TREATMENT TREATMENT (SPECIFY) RECOVERY OR REUSE STORAGE/TRANSFER

SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P STREET, SACRAMENTO, CA 95814

RECEIVED

MANIFEST NUMBER No 5782

010566

GENERATOR (GENERATOR MUST COMPLETE)

NAME SPARTON SOUTHWEST INC. EPA NO. NMDO83212332 ADDRESS 9621 Coors Rd, N.W. CITY STATE Albuquerque, New Mexico 87103 PHONE NO. (505)898-1150 ORDER PLACED BY Cleoves Martinez ORDER DATE

DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME CASMALIA DISPOSAL EPA NO. CAD020748125 ADDRESS NTU Road CITY STATE Casmalia, California PHONE NO. (805)937-8449

NOV 10 1981

PEM SECTION

ALTERNATE TSD FACILITY (Return to Generator)

Table with columns: U.S. DOT PROPER SHIPPING NAME, U.S. DOT HAZARD CLASS, UN/I.D. NO, VOLUME, UNITS, CONTAINERS, NUMBER. Row 1: Hazardous Waste Liquid N.O.S., ORM-E, 9189, 550 Gal, 10, X, DRUMS, BAGS, CARTONS, DUMP TRUCK.

WASTE CATEGORY Solvent, mixed EX. HAZ. WASTE PERMIT NO. GENERATING PROCESS Cold cleaning

Table with columns: LIST COMPONENTS, CONC. RANGE UPPER LOWER, UNITS, CHEMICAL NAME, CONC. RANGE UPPER LOWER, UNITS. Rows include Dichloromethane, Isopropyl Alcohol, Methyl Ethyl Ketone, Trichlorotrifluoroethane, Chlorothene, Trichloroethylene, Toluene.

WASTE PROPERTIES: PH 3.8 TOXIC FLAMMABLE CORROSIVE/IRRITANT REACTIVE SENSITIZER CARCINOGEN/MUTAGEN PHYSICAL STATE: SOLID LIQUID SLUDGE SLURRY GAS OTHER SPECIAL HANDLING INSTRUCTIONS: GLOVES GOGGLES RESPIRATOR OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

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

SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER ICC-MC151650

NAME OVERLEY'S, INCORPORATED EPA NO. AZD079011474 ADDRESS 650 W. Southern Ave. Mesa, Az. 85202 PHONE NO. 602-962-6638

State Waste Hauler's Registration No. 065 ACC 8658

JOB NO. UNIT NO. PICK-UP DATE 11-9-81 TIME AM PM

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME QUANTITY (IF MEASURED) STATE FEE (IF ANY) \$

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME EPA NO.

HANDLING OR DISPOSAL METHOD: SURFACE IMPOUNDMENT LANDFILL INJECTION WELL LAND TREATMENT TREATMENT (SPECIFY) RECOVERY OR REUSE STORAGE/TRANSFER

REVISED 11/80

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

RECEIVED NOV 13 1981 MANIFEST NUMBER No 5739

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

NOV 13 1981 DATE TSD FACILITY

NAME SPARTON SOUTHWEST INC.  
EPA NO. NMDO000820951  
ADDRESS 4901 Rockaway Blvd. S.E.  
CITY, STATE, ZIP CODE Rio Rancho, New Mexico 87124  
PHONE NO. (505)898-1150  
ORDER PLACED BY Cleoves Martinez  
P.O. CONTRACT NO.

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)  
NAME CASMALIA DISPOSAL  
EPA NO. CAD020748125  
ADDRESS NTU Road  
CITY, STATE, ZIP CODE Casmalia, California  
PHONE NO. (805)937-8449

PEM SECTION (Return to Generator)

010567

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN ID NO	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE Flammable Liquid N.O.S.	Flammable Liquid	1993	1205 Gal.	24	X	DRUMS
WASTE			1320			TANK TRUCK
						BAGS
						CARTONS
						DUMP TRUCK
						OTHER

WASTE CATEGORY Solvent, mixed EX HAZ WASTE PERMIT NO N/A GENERATING PROCESS Cold cleaning

LIST COMPONENTS

	CONC UPPER	RANGE LOWER	UNITS	CONC UPPER	RANGE LOWER	UNITS
A Isopropyl Alcohol	2	0	X %			PPM
B Trichlorotrifluoroethane	85	82	X %			PPM
C Trichloroethylene	12	10	X %			PPM
D						PPM

WASTE PROPERTIES PH 9.2 TOXIC FLAMMABLE CORROSIVE IRRITANT REACTIVE SENSITIZER CARCINOGEN MUTAGEN

PHYSICAL STATE SOLID LIQUID SLUDGE SLURRY GAS OTHER

SPECIAL HANDLING INSTRUCTIONS GLOVES GOGGLES RESPIRATOR OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA

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

SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER ICC-MC151650 State Waste Hauler's Registration No. 065 ACC 8658

NAME OVERLEY'S, INCORPORATED  
EPA NO. AZD079011474  
ADDRESS 650 W. Southern Ave.  
CITY, STATE, ZIP CODE Mesa, Az. 85202  
PHONE NO. 602-962-6638

JOB NO. UNIT NO. PICK-UP DATE 11-9-81 TIME AM PM

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME QUANTITY OF MEASURED STATE FEE OF ANY HANDLING OR DISPOSAL METHOD

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME

SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

REVISION 11 80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

MANIFEST NUMBER 81-19

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME SPARTON SOUTHWEST INC.  
EPA NO. NMDO83212332  
ADDRESS 9621 Coors Rd. N.W.  
CITY, STATE, ZIP CODE Albuquerque, New Mexico 87103  
PHONE NO. (505)898-1150  
ORDER PLACED BY Cleoves Martinez ORDER DATE  
P.O. / CONTRACT NO.

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)  
NAME CASMALIA DISPOSAL  
EPA NO. CAD020748125  
ADDRESS NTU Road  
CITY, STATE, ZIP CODE Casmalia, California  
PHONE NO. (805)937-8449

ALTERNATE TSD FACILITY

(Return to Generator)  
EPA NO.  
ADDRESS  
CITY, STATE, ZIP CODE  
PHONE NO.

RECEIVED

NOV 13 1981  
PEM SECTION

010568

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS:
WASTE Isopropanol	Flamm. Liquid	1219	715 Gal.	13	<input checked="" type="checkbox"/> DRUMS <input checked="" type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

WASTE CATEGORY Solvent EX. HAZ. WASTE PERMIT NO. GENERATING PROCESS Cold Cleaning

LIST COMPONENTS:	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS
A Isopropyl Alcohol	90	80	<input checked="" type="checkbox"/> % PPM			
B			% PPM			
C			% PPM			
D			% PPM			

WASTE PROPERTIES: PH N/A  TOXIC  FLAMMABLE  CORROSIVE/IRRITANT  REACTIVE  SENSITIZER  CARCINOGEN/MUTAGEN

PHYSICAL STATE:  SOLID  LIQUID  SLUDGE  SLURRY  GAS  OTHER

SPECIAL HANDLING INSTRUCTIONS:  GLOVES  GOGGLES  RESPIRATOR  OTHER Avoid sources of ignition

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

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

Signature of Thomas M. Galy, Prod Oper Mgr 11/9/81  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE/SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

NAME OVERLEY'S INCORPORATED  
EPA NO. AZD079011474  
ADDRESS 650 W. Southern Ave.  
CITY, STATE, ZIP CODE Mesa, Arizona 85202  
PHONE NO. (602)962-6638

JOB NO. UNIT NO.

PICK-UP DATE 11-9-81  
TIME  AM  PM

Signature of Ken Hill, Driver  
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME QUANTITY (IF MEASURED) STATE FEE (IF ANY) \$

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME EPA NO. REVISED 11/80

HANDLING OR DISPOSAL METHOD:  
 SURFACE IMPOUNDMENT  LANDFILL  
 INJECTION WELL  LAND TREATMENT  
 TREATMENT (SPECIFY)  
 RECOVERY OR REUSE  STORAGE/TRANSFER

SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

# HAZARDOUS WASTE MANIFEST

## STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

82-29

P.E.M. SECTION

<b>TO:</b> T/S/D FACILITY <u>CHEMICAL WASTE MANAGEMENT INC.</u> E.P.A. ID Code No. <u>AZT050010180</u> Address <u>2301 West Broadway</u> Destination <u>Phoenix, Arizona 85005</u> Phone <u>(602) 243-6154</u>	<b>FROM:</b> Generator <u>Spartan Southwest Inc</u> E.P.A. ID Code No. <u>UMD083212332</u> Address <u>9621 Coors Rd. N.W.</u> Origin <u>Albuquerque N.M. 87103</u> Phone <u>505-898-1150</u>
---	---

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
1 <i>TANK TRUCK</i>	<i>Hazardous Waste Liquid</i> <sup>P.O.S</sup>	<i>ORM-E</i>	<i>9189</i>	<i>5007</i>	<i>5,509 gal.</i>	<i>N/A</i>

<b>PLACARDS REQUIRED</b> <u>N/A</u> NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____	Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ (Signature of Consignor)
---	---

<b>FREIGHT CHARGES</b>	<b>PREPAID</b> <input type="checkbox"/>	<b>COLLECT</b> <input type="checkbox"/>
------------------------	---	---

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)	EMERGENCY RESPONSE INFORMATION
T/S/D FACILITY _____	CONTACT Name <u>Cleaves Martinez</u>
E.P.A. ID Code No. _____	Phone <u>(505) 898-1150</u>
Address _____	National Response Center <u>1-800-424-8802</u>
Destination _____	in D. C. <u>426-2675</u>

**CERTIFICATION**

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature [Signature] Date 10-19-82

**TRANSPORTER #1** CHEMICAL WASTE MANAGEMENT INC. E.P.A. ID No. AZT050010180  
 Address 2301 West Broadway  
 City Phoenix State AZ Zip 85005 Phone (602) 243-6154

Transporter No. 1 Signature [Signature] Date 10/19/82

This is to certify acceptance of the hazardous waste shipment.

**TRANSPORTER #2** \_\_\_\_\_ E.P.A. ID No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Transporter No. 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

This is to certify acceptance of the hazardous waste shipment.

**TREATMENT/STORAGE/DISPOSAL FACILITY**

T/S/D FACILITY Signature \_\_\_\_\_ Date \_\_\_\_\_

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

**010569**

ORIGINAL - RETURN TO GENERATOR

7-BLS-C (5 PLY)  
REV 10/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

Manifest 82-25  
MANIFEST NUMBER 002005

010570

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME SPARTON SOUTHWEST INC.  
EPA NO. N M D 0 8 3 2 1 2 3 3 2  
ADDRESS 9621 Coors Rd. N.W.  
CITY, STATE, ZIP CODE Albuquerque, New Mexico 87103  
PHONE NO. (505) 898-1150  
ORDER PLACED BY Cleoves Martinez ORDER DATE 3-2-82  
P.O. CONTRACT NO.

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)  
NAME CHEMICAL WASTE MANAGEMENT INC.  
EPA NO. C A T 0 0 0 6 4 6 1 1 7  
ADDRESS P.O. Box 157  
CITY, STATE, ZIP CODE Kettleman City, California 93239  
PHONE NO. (209) 386-9711

ALTERNATE TSD FACILITY

NAME (Return To Generator)  
EPA NO.  
ADDRESS  
CITY, STATE, ZIP CODE  
PHONE NO.

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER			
WASTE Hazardous Waste, Liquid N.O.S.	ORM-E	9189	5000 Gal.	1	<input type="checkbox"/> DRUMS	<input type="checkbox"/> BAGS	<input type="checkbox"/> CARTONS	<input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> OTHER		

WASTE CATEGORY Plating solution EPA WASTE ID No. F007 EX. HAZ. WASTE PERMIT NO. N/A GENERATING PROCESS Electroplating

LIST COMPONENTS	CONC. RANGE		UNITS				CONC. RANGE		UNITS			
	UPPER	LOWER					UPPER	LOWER				
A Silver	25.1	1	%	<input checked="" type="checkbox"/>	PPM	E	Lead	7.04	1.0	%	<input checked="" type="checkbox"/>	PPM
B Cadmium	0.18	.01	%	<input checked="" type="checkbox"/>	PPM	F	Zinc	6.21	1.0	%	<input checked="" type="checkbox"/>	PPM
C Copper	1730	100	%	<input checked="" type="checkbox"/>	PPM	G	Selenium	0.28	.05	%	<input checked="" type="checkbox"/>	PPM
D Nickel	10.6	.5	%	<input checked="" type="checkbox"/>	PPM	NONHAZARDOUS MATERIAL %						

WASTE PROPERTIES: PH 7.0  TOXIC  FLAMMABLE  CORROSIVE/IRRITANT  REACTIVE  SENSITIZER  CARCINOGEN/MUTAGEN  
PHYSICAL STATE:  SOLID  LIQUID  SLUDGE  SLURRY  GAS  OTHER  
SPECIAL HANDLING INSTRUCTIONS:  GLOVES  GOGGLES  RESPIRATOR  OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

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

James Harper Plant Manager 3-2-82  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

NAME Chemical Waste Mang. Inc  
EPA NO. A 2 4 0 5 0 0 1 0 1 8 0  
ADDRESS 2301 W Broadway Rd  
CITY, STATE, ZIP CODE Phoenix AZ 85026  
PHONE NO. 602-243-6154

JOB NO. \_\_\_\_\_  
UNIT NO. 149

PICK-UP DATE 3-2-82  
TIME 500  AM  PM

JRC Plan DRIVER  
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME \_\_\_\_\_ QUANTITY (IF MEASURED) \_\_\_\_\_  
EPA NO. \_\_\_\_\_ STATE FEE (IF ANY) \$ \_\_\_\_\_

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY  
NAME \_\_\_\_\_

EPA NO. \_\_\_\_\_  
REVISED 11/80

HANDLING OR DISPOSAL METHOD:  
 SURFACE IMPOUNDMENT  LANDFILL  
 INJECTION WELL  LAND TREATMENT  
 TREATMENT (SPECIFY) \_\_\_\_\_  
 RECOVERY OR REUSE  STORAGE/TRANSFER

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P STREET, SACRAMENTO, CA 95814

MANIFEST NUMBER 065 No

3078

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME SPARTON SOUTHWEST INC. EPA NO. N M D O 8 3 2 1 2 3 3 2 ADDRESS 9621 Coors Rd. N.W. CITY, STATE, ZIP CODE Albuquerque, New Mexico 87103 PHONE NO. (505) 898-1150 ORDER PLACED BY Cleoves Martinez ORDER DATE 8-3-81 CONTRACT NO.

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) NAME CASMALIA DISPOSAL EPA NO. C A D O 2 0 7 4 8 1 2 5 ADDRESS NTU Road CITY, STATE, ZIP CODE Casmalia, California PHONE NO. (805) 937-8449

ALTERNATE TSD FACILITY

NAME Return to Generator EPA NO. ADDRESS CITY, STATE, ZIP CODE PHONE NO.

010571

Table with 7 columns: U.S. DOT PROPER SHIPPING NAME, U.S. DOT HAZARD CLASS, UN/NA I.D. NO., WEIGHT OR VOLUME, UNITS, CONTAINERS, NUMBER. Row 1: WASTE Hazardous Waste Liquid N.O.S., ORM E, NA9189, 5000 Gal., 1, DRUMS, BAGS, CARTONS, DUMP TRUCK.

WASTE CATEGORY Plating Solution, Acid (Neutralized) EX. HAZ. WASTE PERMIT NO. GENERATING PROCESS LIST COMPONENTS: Lead, Copper, Boron, Tin with concentration ranges and units. WASTE PROPERTIES: PH 6.50, TOXIC, FLAMMABLE, CORROSIVE/IRRITANT, REACTIVE, SENSITIZER, CARCINOGEN/MUTAGEN. PHYSICAL STATE: LIQUID. SPECIAL HANDLING INSTRUCTIONS: GLOVES, GOGGLES, RESPIRATOR.

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

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

SIGNATURE OF AUTHORIZED AGENT & TITLE Thomas M. Daly Prod Mgr 8-4-81 DATE SHIPPED

TRANSPORTER ICC-MC151650 OVERLEY'S, INCORPORATED EPA NO. A Z D O 7 9 0 1 1 4 7 4 ADDRESS 650 W. Southern Ave. Mesa, Az. 85202 PHONE NO 602-962-6638

State Waste Hauler's Registration No. 065 ACC 8658 JOB NO. UNIT NO. #48 & T-302 PICK-UP DATE August 7 1981 TIME 3:00 AM PM SIGNATURE OF AUTHORIZED AGENT & TITLE Carlos Talavera Field Sec Rep

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME, EPA NO., QUANTITY (IF MEASURED), STATE FEE (IF ANY) \$, INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT, IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: NAME, EPA NO., REVISIONS

HANDLING OR DISPOSAL METHOD: SURFACE IMPOUNDMENT, INJECTION WELL, TREATMENT (SPECIFY), RECOVERY OR REUSE, LANDFILL, LAND TREATMENT, STORAGE/TRANSFER

SIGNATURE OF AUTHORIZED AGENT & TITLE, DATE ACCEPTED

# HAZARDOUS WASTE MANIFEST

## STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

065-3076

<b>TO:</b> T/S/D FACILITY <u>Casmalia Disposal</u> E.P.A. ID Code No. <u>CAD020748125</u> Address <u>NTU Road</u> Destination <u>Casmalia, California</u> Phone <u>(805) 937-8449</u>	<b>FROM:</b> Generator <u>Sparton Southwest, Inc.</u> E.P.A. ID Code No. <u>NMD083212332</u> Address <u>9621 Coors Rd, N.W.</u> Origin <u>Albuquerque, New Mexico</u> Phone <u>(505) 898-1150</u> <span style="float: right;">87103</span>
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No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Hazard Mat. I.D. No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	Hazardous Waste Liquid N.O.S.	ORM-E	NA 9189	F007	40,000 Lbs.	None

### PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ <u>N/A</u> Per <u>N/A</u>	Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ (Signature of Consignor)	<b>FREIGHT CHARGES</b> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>
--	---	---

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.  
 Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)	EMERGENCY RESPONSE INFORMATION
T/S/D FACILITY <u>Return to Generator</u> E.P.A. ID Code No. _____ Address _____ Destination _____	CONTACT Name <u>Cleoves Martinez</u> Phone <u>(505) 898-1150</u> National Response Center <u>1-800-424-8802</u> in D. C. <u>426-2675</u>

### CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature Thomas M. Doby Date August 4, 1981

TRANSPORTER #1 Overley's Sugg E.P.A. ID No. AZDD79011474  
 Address 650 W. Southern  
 City Mesa State Az Zip 45202 Phone 602 962-6638

Transporter No. 1 Signature Carlos Vallejos Date August 4 1981

TRANSPORTER #2 \_\_\_\_\_ E.P.A. ID No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Transporter No. 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**TREATMENT/STORAGE/DISPOSAL FACILITY**  
 T/S/D FACILITY Signature \_\_\_\_\_ Date \_\_\_\_\_  
 This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

010572

ORIGINAL - RETURN TO GENERATOR

7-BLS-C (5 PLY)  
REV 10/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P STREET, SACRAMENTO, CA 95814

MANIFEST NUMBER

002002 81-23

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

NAME SPARTON SOUTHWEST INC. EPA NO. NMDO83212332 ADDRESS 9621 Coors Rd. N.W. Albuquerque, New Mexico 87103 PHONE NO. (505)898-1150 ORDER PLACED BY Cleoves Martinez ORDER DATE 12/11/81 CONTRACT NO.

NAME Philip A. Hunt Chemical Corp. EPA NO. CAD009552944 ADDRESS 4265 Charter St. Los Angeles, California PHONE NO. (213)589-9111

NAME (Return to Generator) EPA NO. ADDRESS CITY, STATE, ZIP CODE PHONE NO.

010573

Table with 6 columns: U.S. DOT PROPER SHIPPING NAME, U.S. DOT HAZARD CLASS, UN/NA I.D. NO, WEIGHT, UNITS, CONTAINERS: NUMBER. Row 1: Corrosive Liquid N.O.S., Corrosive Matl., 1760, 16,500, 30, X DRUMS.

WASTE CATEGORY: Alkaline Solution. EPA WASTE ID No. F009. EX. HAZ. WASTE PERMIT NO. GENERATING PROCESS: Etching. LIST COMPONENTS: Ammonia, Copper. WASTE PROPERTIES: PH 9, TOXIC, CORROSIVE/IRRITANT, REACTIVE. SPECIAL HANDLING INSTRUCTIONS: GLOVES, GOGGLES, OTHER: Use corrosion protection equipment.

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION... IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. SIGNATURE OF AUTHORIZED AGENT & TITLE: Thomas M. Dely Prod Oper Mgr. DATE SHIPPED: 12/12/81

TRANSPORTER (HAULER MUST COMPLETE)

NAME ICX EPA NO. COD006915607 ADDRESS 2350 Aztec N.E. Albuquerque, New Mexico 87107 PHONE NO. (505)884-1641

JOB NO. UNIT NO. 1832 PICK-UP DATE 12/12/81 TIME 2:30 PM SIGNATURE OF AUTHORIZED AGENT & TITLE: Paul J. Brown ICX

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME EPA NO. QUANTITY (IF MEASURED) STATE FEE (IF ANY) \$ HANDLING OR DISPOSAL METHOD: SURFACE IMPOUNDMENT, INJECTION WELL, TREATMENT (SPECIFY), RECOVERY OR REUSE, LANDFILL, LAND TREATMENT, STORAGE/TRANSFER. IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY NAME EPA NO. SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED



**TEXAS WASTE SHIPPING-CONTROL TICKET**  
(Please Type or Print Clearly)

(Satisfies TDWR, TDH and U.S. EPA requirements for hazardous or class I waste manifest)

PART I: To be completed by Generator (see reverse side for instructions)

Company Name Sparton Southwest Inc.  
Business Address 9621 Coors Rd. N.W. Albuquerque, NM  
Address From Which Shipment Originates:  
9621 Coors Rd. N.W., Albuquerque, New Mexico 87103

TDWR/TDH Registration No. 99999

EPA Gen. # NMD083212332

Emergency Phone A/C (505) 898-1150

DESTINATION:

Primary TSD Facility Name Materials Recovery Enterprises Inc.  
Business Address 4835 LBJ Freeway, Suite 450, Dallas, TX 75234  
Destination (Site) Address 22 mi. S.W. of Abilene in Taylor county

TDWR/TDH Permit No. 39038

EPA TSD Fac. # TXD000803502

Phone A/C (214) 934-8990

Alternate TSD Facility Name (Return to Generator)  
Business Address \_\_\_\_\_  
Destination (Site) Address \_\_\_\_\_

TDWR/TDH Permit No.     

EPA TSD Fac. #     

Phone A/C     

1. TEXAS WASTE CODE	2. QUANTITY	UNITS*	3. DOT WASTE NO.	4. DOT HAZ. CLASS	5. (a) DOT DESCRIPTION; (b) TYPE AND NUMBER OF CONTAINERS
102140	5000	1(2)3 4	N A 9 1 8 9	1 2	Hazardous Waste Liquid N.O.S. (One) Tanker
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			

\* Circle one: (1) tons (2) gallons (3) cubic yards (4) drums (55 gal.)

Special Instructions:

Waste analysis attached.

3-5-81

Date of Shipment

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the DOT, TDWR, and TDH, and EPA.

Richard D. Mize

Signature of Authorized Agent

PART II: To be completed by the Transporter/Driver (see reverse side for instructions)

Carrier Name Harrison Bros Trucking  
Business Address 2100 Peach Tree Rd. Dallas Texas  
Phone Number A/C 214-288-7591

TDWR/TDH Trans. No. 12696

EPA Trans. No. TXD0071377923

3-5-81

Date Received

I certify (or declare) that the materials in the quantities described above are received by me for shipment to the above named destination.

M. L. Heller

Signature of Authorized Agent

PART III: To be completed by Treatment, Storage and Disposal (TSD) Facility Owner/Operator (see reverse side for instructions)

TSD Facility Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Site Address \_\_\_\_\_  
TSD Facility Owner/Operator Comments: \_\_\_\_\_

TDWR/TDH Permit No.     

EPA TSD Fac. #     

Date Received

**010574**

I certify (or declare) that the materials in the quantities described in Part I are received by me.

Signature of Authorized Agent



DATE: November 20, 1980

LAB. NO. 111480-1

FOR: Rinchem

SAMPLE: Sparton Southwest

DATE DELIVERED: November 14, 1980

RESULTS:

pH - 6.48  
Lead - 0.42 parts per million  
Copper - 437. ppm  
Boron - 194. ppm  
Cyanide - less than 0.1 ppm  
Specific gravity - 1.033  
Tin - less than 1. ppm

BY   
Chemist

010575



STATE OF NEW MEXICO

EID

Hazardous Waste Unit

P.O. Box 968

Santa Fe, New Mexico 87501

NEW MEXICO HAZARDOUS WASTE SHIPPING MANIFEST

Manifest No. 80-1

This information is required under Section 107 (B) of the N.M. Hazardous Waste Regulations

(Follow instructions on reverse side carefully) (Please type or print clearly)

PART I: GENERATOR OF WASTE (Must be completed by generator)

- 1. Company Name: Sparton Southwest, Inc.
2. Pick up address: 9621 Coors Rd. N.W. Albuquerque, NM 87114 Date 10-23-80 Phone 898-1150
3. Business Address: P.O. Box 1784 Albuquerque, NM 87103 Phone 989-1150
4. Order placed by: Cleoves Martinez
5. Type of Process: Producing Waste: Printed circuit board manufacturing
6. Destination of Waste: Primary Receiver Rinchem Co., Inc. Address: 2402 S. 15th Avenue Phoenix, Arizona 85007 Secondary Receiver Hassayampa Landfill Address: Salome Highway, Wards Rd., Hassayampa, Arizona

Table with 4 columns: WASTE DESCRIPTION, QUANTITY, CONCENTRATION (Upper/Lower), and Hazardous Property. Rows include Spent Plating Baths (5500 Gals., pH ~7), Copper (9687.5 ppm), Tin (97.5 ppm), Palladium (<0.05 ppm), and Lead (13.7 ppm).

- 8. Special handling instructions
9. The materials described above were consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge. Richard M. Mico Vice President & General Mgr. Name and Title of Authorized Agent. Signature of Authorized Agent: Richard M. Mico

PART II: TRANSPORTER OF WASTE (must be completed by carrier)

- 1. Carrier name: THE RINCHEM COMPANY, INC
2. Business address: 2402 S. 15TH AVENUE, PHOENIX, AZ Phone 602-252 6518
3. Pickup date: 10/23/80 Time: 4:30 PM
4. Vehicle type: TANK TRAILER, TRACTOR
5. The materials above were received by me and were delivered to and accepted by the facility designated in Part I (6). I certify that the foregoing is true and correct to the best of my knowledge. C.F. CAMPBELL TRUCK DRIVER. Name and Title of Authorized Agent. Signature of Authorized Agent: C.F. Campbell

PART III: DISPOSER OF WASTE (must be completed by disposer)

- 1. Receiver Name: Phone
2. Receiver Address
3. Handling Method: Storage Anticipated length of storage Treatment (Specify) Disposal (Specify)
4. Date waste received: Time
5. Receiver Comments:
6. I certify that I received the above waste and that the foregoing is true and correct to the best of my knowledge. Name and Title of Authorized Agent

010570

Signature of Authorized Agent

For information related to spills or other emergencies involving hazardous wastes or other materials call (505) 827-5271 Ext. 275, Hazardous Waste Unit.

## PART I - INSTRUCTIONS TO GENERATOR

1. Enter the generator's firm name.
2. Enter the address and/or location where the waste is picked up by the transporter, the telephone number at that address and the date the waste was picked up.
3. Enter the correct business address and the telephone number at that address.
4. Enter the person's name who place the order with the carrier and/or the disposer and the date on which the order was made.
5. Enter the type of process from which the waste was generated.
6. The generator must designate a receiver (i.e., disposer) of the waste. An alternate may be provided in the event the primary disposer is unable to handle the waste at that time.
7. Complete the waste description table:
  - a) Column 1 - describe the waste as fully as possible, include constituents.
  - b) Column 2 - place the quantity along with the appropriate unit.
  - c) Column 3 and 4 - enter the upper and lower concentration limits in percentage or parts per million (ppm).
  - d) Column 5 - indicate the hazardous property of the waste (e.g., toxic, flammable, explosive, infectious, corrosive, etc.). If the waste has multiple hazardous properties, enter all that apply.
8. Enter any special instructions which should be observed by the carrier, disposer or any other person handling the waste.
9. A person of authority designated by the generator must sign Part I and enter his title before the waste can be delivered to the carrier/disposer.
10. Retain WHITE copy and send BLUE to NMEID, Hazardous Waste Unit. Additional copies are sent with carrier.

## PART II - INSTRUCTIONS TO TRANSPORTER OF WASTE

1. Enter the carrier's correct business name. The carrier is the firm contracted to haul the waste and not the individual driver.
2. Enter the correct business address and telephone number of the carrier.
3. Indicate the date and time the waste was picked-up by the carrier.
4. Enter the type of vehicle used to transport the waste (e.g., tank truck, tank car, flat bed truck with waste in 55 gallon drums, etc.)
5. Part II must be signed by a person in a position to certify that the waste was picked up and delivered to the designated facility (usually the driver). In the event more than one carrier is involved in transporting the waste, the last to handle it must sign Part II and each transporter preceding him must attach an additional page or note with all of the information requested in Part II, including a statement verifying who he received the waste from and who he delivered it to. This must also be signed and a copy forwarded to the NMEID.
6. Retain GREEN copy and send YELLOW to NMEID, Hazardous Waste Unit. Additional copies are given to the disposer.

## PART III - INSTRUCTIONS TO DISPOSER OF WASTE

1. Enter the name of the receiving facility and correct telephone number of that facility.
2. Enter the correct address.
3. Indicate what type of handling method is being conducted at the facility.
  - a) Storage - enter if storage is anticipated for greater than 90 days.
  - b) Treatment - enter type of treatment (e.g., acid neutralized by base, heavy metals reclaimed).
  - c) Disposal - enter type of disposal (e.g, incineration, burial, evaporation ponds, etc.).
4. Enter date and time waste is received at the facility.
5. Indicate any comments related to the waste.
6. Part III must be signed by a person of authority designated by the receiver.
7. Retain PINK copy and send GOLDENROD to NMEID, Hazardous Waste Unit.
8. Notify generator of waste within 15 days of waste disposal.

010577

# HAZARDOUS WASTE MANIFEST

## THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing of record.

MANIFEST DOCUMENT NUMBER

81-12

TO: T/S/D/F <b>IMR Corp.</b>	FROM: Generator <b>Sparton Southwest, Inc.</b>
E.P.A. ID Code No. <b>AZD098039902</b>	E.P.A. ID Code No. <b>NMD083212332</b>
Address <b>1508 V I P Blvd.</b>	Address <b>9621 Coors Rd., N.W.</b>
Destination <b>Casa Grande, Arizona 85222</b>	Origin <b>Albuquerque, New Mexico 87103</b>
Phone <b>(602) 836-0607</b>	Phone <b>(505) 898-1150</b>

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	<b>Ammonium Hydroxide</b>	<b>Corrosive Mtl.</b>	<b>N/A</b> 2672	<b>F009</b>	<b>.75Gal</b>	<b>Corrosive</b>

**PLACARDS REQUIRED (CORROSIVE)**

<p>NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to not exceed \$ _____ Per <b>N/A</b></p>	<p>Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not be liable for delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: center;"><b>N/A</b> (Signature of Consignor)</p>	<p><b>FREIGHT CHARGES</b></p> <p>PREPAID <input checked="" type="checkbox"/> COLLECT <input type="checkbox"/></p>
--	--	---

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)	EMERGENCY RESPONSE INFORMATION
T/S/D/F <b>Return to Generator</b>	CONTACT Name <b>Cleoves Martinez</b>
E.P.A. ID Code No. _____	Phone <b>(505) 898-1150</b>
Address _____	National Response Center <b>1-800-424-8802</b>
Destination _____	in D. C. <b>426-2675</b>

**CERTIFICATION**

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator Signature *[Signature]* Date **4-13-81**

**TRANSPORTER #1** **ICX** E.P.A. ID No. **COD006915607**

Address **300 ALTEC NE**

City **ALBUQUERQUE** State **NM** Zip \_\_\_\_\_ Phone **541641**

Transporter No. 1 Signature *[Signature]* This is to certify acceptance of the hazardous waste shipment. Date **4-14-81**

**TRANSPORTER #2** E.P.A. ID No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Transporter No. 2 Signature \_\_\_\_\_ This is to certify acceptance of the hazardous waste shipment. Date \_\_\_\_\_

**TREATMENT/STORAGE/DISPOSAL/FACILITY**

T/S/D/F Signature \_\_\_\_\_ This is to certify acceptance of the hazardous waste for treatment, storage, or disposal. Date \_\_\_\_\_

**010578**

GENERATOR'S COPY

7-BLS-C (6-PLY)

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P STREET, SACRAMENTO, CA 95814

MANIFEST NUMBER 81-11

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME Sparton Southwest, Inc. EPA NO. N M D O 8 3 2 1 2 3 3 2 ADDRESS 9621 Coors Rd., N.W. CITY, STATE, ZIP CODE Albuquerque, New Mexico 87114 PHONE NO. (505) 898-1150 ORDER PLACED BY Cleoves Martinez ORDER DATE 4-3-81 CONTRACT NO. S-600196

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) NAME Philip A. Hunt Chemical Corp. EPA NO. C A D 0 0 9 5 5 2 9 4 4 ADDRESS 4265 Charter St. CITY, STATE, ZIP CODE Los Angeles, California 90058 PHONE NO. (213) 589-9111

ALTERNATE TSD FACILITY

NAME (Return to Generator) EPA NO. ADDRESS CITY, STATE, ZIP CODE PHONE NO.

Table with 7 columns: U.S. DOT PROPER SHIPPING NAME, U.S. DOT HAZARD CLASS, UN/NA I.D. NO., WEIGHT OR VOLUME, UNITS, CONTAINERS: NUMBER, and a sub-table for container types (DRUMS, BAGS, CARTONS, DUMP TRUCK, TANK TRUCK, OTHER). Row 1: Corrosive Liquid N.O.S., Corrosive material, 1760, 12,650, 23, X DRUMS, OTHER.

WASTE CATEGORY Alkaline Solution EX. HAZ. WASTE PERMIT NO. GENERATING PROCESS Etching Process LIST COMPONENTS: Ammonia, Copper, Water (74%) WASTE PROPERTIES: PH 9, TOXIC, CORROSIVE/IRRITANT, LIQUID SPECIAL HANDLING INSTRUCTIONS: GLOVES, GOGGLES, OTHER Use corrosion resistant protection

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA. IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED 4/9/81

TRANSPORTER (HAULER MUST COMPLETE)

NAME ICX EPA NO. C O D 0 0 6 9 1 5 6 0 7 ADDRESS Aztec N.E. CITY, STATE, ZIP CODE Albuquerque, New Mex. PHONE NO. 824-1647

JOB NO. UNIT NO. 1832 PICK-UP DATE 4-8-81 TIME 10:30 AM SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED 4/9/81

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME EPA NO. QUANTITY (IF MEASURED) STATE FEE (IF ANY) \$ HANDLING OR DISPOSAL METHOD: SURFACE IMPOUNDMENT, INJECTION WELL, TREATMENT (SPECIFY), RECOVERY OR REUSE, LANDFILL, LAND TREATMENT, STORAGE/TRANSFER SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

010579



**TEXAS WASTE SHIPPING-CONTROL TICKET**  
(Please Type or Print Clearly)

1981

(Satisfies TDWR, TDH and U.S. EPA requirements for hazardous or class I waste manifest)

PART I: To be completed by Generator (see reverse side for instructions)

Company Name Spartan Southwest Inc. TDWR/TDH Registration No. 99999  
Business Address 9621 Coors Rd. N.W. Albuquerque N.M. EPA Gen. # NMDO83212332  
Address From Which Shipment Originates: 9621 Coors Rd. N.W., Albuquerque, New Mexico, 87103 Emergency Phone A/C (505) 898-1150

DESTINATION:

Primary TSD Facility Name Materials Recovery Enterprises Inc. TDWR/TDH Permit No. 39038  
Business Address 4835 LBJ Freeway, Suite 450, Dallas, TX, 75234 EPA TSD Fac. # TXD000803502  
Destination (Site) Address 22 mi. S.W. of Abilene in Taylor County Phone A/C (214) 934-8990

Alternate TSD Facility Name (Return to Generator) TDWR/TDH Permit No.       
Business Address      EPA TSD Fac. #       
Destination (Site) Address      Phone A/C     

1. TEXAS WASTE CODE	2. QUANTITY	UNITS*	3. DOT WASTE NO.	4. DOT HAZ. CLASS	5. (a) DOT DESCRIPTION; (b) TYPE AND NUMBER OF CONTAINERS
<u>102140</u>	<u>5000</u>	<u>1 @ 3 4</u>			<u>Hazardous Waste Liquid N.O.S.</u>
		<u>1 2 3 4</u>			<u>(ONE) Tanker</u>
		<u>1 2 3 4</u>			
		<u>1 2 3 4</u>			
		<u>1 2 3 4</u>			
		<u>1 2 3 4</u>			
		<u>1 2 3 4</u>			
		<u>1 2 3 4</u>			

\* Circle one: (1) tons (2) gallons (3) cubic yards (4) drums (55 gal.)

Special Instructions:

Waste analysis attached

4-2-81

Date of Shipment

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the DOT, TDWR, and TDH, and EPA

Richard D. Min  
Signature of Authorized Agent

PART II: To be completed by the Transporter/Driver (see reverse side for instructions)

Carrier Name Harrison Bros. Trucks TDWR/TDH Trans. No. 12606  
Business Address 2100 Peachtree Rd Springstex EPA Trans. No. TXD071377923  
Phone Number A/C 214-283-7571 Date Received 4-2-81

I certify (or declare) that the materials in the quantities described above are received by me for shipment to the above named destination.

M. K. Huhn  
Signature of Authorized Agent

PART III: To be completed by Treatment, Storage and Disposal (TSD) Facility Owner/Operator (see reverse side for instructions)

TSD Facility Name      TDWR/TDH Permit No.       
Phone Number      EPA TSD Fac. #       
Site Address       
TSD Facility Owner/Operator Comments:     

Date Received

010580

I certify (or declare) that the materials in the quantities described in Part I are received by me.

Signature of Authorized Agent

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

MANIFEST NUMBER

002006

010581

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME SPARTON SOUTHWEST INC.  
EPA NO. NMDO83212332  
ADDRESS 9621 Coors Rd. N.W.  
CITY, STATE, ZIP CODE Albuquerque, New Mexico 87103  
PHONE NO. (505) 898-1150  
ORDER PLACED BY Cleoves Martinez ORDER DATE 5-21-82  
CONTRACT NO.

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)  
NAME Chemical Waste Management Inc.  
EPA NO. CATO00646117  
ADDRESS P.O. Box 157  
CITY, STATE, ZIP CODE Kettleman City, California 93239  
PHONE NO. (209) 386-9711

ALTERNATE TSD FACILITY

NAME (Return to Generator)  
EPA NO.  
ADDRESS  
CITY, STATE, ZIP CODE  
PHONE NO.

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE Hazardous Waste, Liquid N.O.S.	ORM-E	9189	5000 Gal.	1	DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

WASTE CATEGORY Plating Solution EPA WASTE ID No. F007 EX. HAZ. WASTE PERMIT NO. N/A GENERATING PROCESS Electroplating

LIST COMPONENTS:	CONC. RANGE		UNITS	CONC. RANGE		UNITS
	UPPER	LOWER		UPPER	LOWER	
A Silver	25.1	1.0	%	7.04	1.0	%
BCadmium	0.18	.01	%	6.21	1.0	%
C Copper	1730	100	PPM	0.28	.05	PPM
D Nickel	10.6	.5	PPM			

WASTE PROPERTIES: PH 7.0 TOXIC  FLAMMABLE  CORROSIVE/IRRITANT  REACTIVE  SENSITIZER  CARCINOGEN/MUTAGEN   
PHYSICAL STATE: SOLID  LIQUID  SLUDGE  SLURRY  GAS  OTHER   
SPECIAL HANDLING INSTRUCTIONS: GLOVES  GOGGLES  RESPIRATOR  OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

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

SIGNATURE OF AUTHORIZED AGENT & TITLE James Harper Plant Manager DATE SHIPPED 5/24/82

TRANSPORTER (HAULER MUST COMPLETE)

NAME Chemical Waste Management Inc.  
EPA NO. AZT010050180  
ADDRESS 2301 N Broadway Rd  
CITY, STATE, ZIP CODE Phoenix AZ 85005  
PHONE NO. 602 243-6154

JOB NO. UNIT NO. 50-304

PICK-UP DATE 5-24-82 TIME 10:30 AM  PM

SIGNATURE OF AUTHORIZED AGENT & TITLE Joe Alan Drake

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME EPA NO. QUANTITY (IF MEASURED) STATE FEE (IF ANY) \$

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY NAME EPA NO.

HANDLING OR DISPOSAL METHOD  
 SURFACE IMPOUNDMENT  LANDFILL  
 INJECTION WELL  LAND TREATMENT  
 TREATMENT (SPECIFY)  
 RECOVERY OR REUSE  STORAGE TRANSFER

REVISOR 11/80 SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street  
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

RECEIVED

(Please print or type with ELITE type (12 characters per inch).

MAR 2 1983

STATE ID NUMBER 8229067

GENERATOR NAME AND MAILING ADDRESS  
SPARTON SOUTHWEST, INC.  
9621 Coors Rd. N.W.  
Albuquerque, New Mexico 87114  
AREA CODE/PHONE NUMBER (505) 892-5300

P E M SECTION

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER

N|M|D|O|8|3|2|1|2|3|3|2|8|3|1-13|5

TRANSPORTER NO. 1  
CHEMICAL WASTE MANAGEMENT INC.  
2301 West Broadway, Phoenix, Arizona 85005

VEH./CONTAINER NO.  
1527-304

EPA ID NUMBER  
A|Z|T|O|15|10|10|11|10|118|0

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY  
CHEMICAL WASTE MANAGEMENT INC.  
P.O. Box 157  
Kettleman City, California 93239  
AREA CODE/PHONE NUMBER (209) 386-9711

EPA ID NUMBER

C|A|T|O|10|10|16|4|6|1|1|17

TO BE FILLED IN BY THE GENERATOR

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.
Hazardous Waste, Liquid NOS	N A 9 1 8 9	5600 <del>5000</del>	G	0 0 2	C T	1 7 1

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS % ppm
Silver	25.1	1.0	ppm
Cadmium	0.18	.01	ppm
Copper	1730	100	ppm

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

Eldon Dreier  
PRINTED OR TYPED FULL NAME AND SIGNATURE *Eldon Dreier* MO. 03 DAY 01 YR. 88

CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS 1

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS DATE REC'D & ACCEPTED

STEVE MOONEY

PRINTED OR TYPED FULL NAME AND SIGNATURE *Steve Mooney* MO. 03 DAY 01 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

DISCREPANCY INDICATION SPACE

TO BE FILLED IN BY TSDF

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. DATE REC'D & ACCEPTED

EPA ID NUMBER MO. DAY YR.

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 8229067

CONTINUATION SHEET

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER

THIS IS CONTINUATION SHEET 1 OF 1

N | M | D | 0 | 8 | 3 | 2 | 1 | 2 | 3 | 3 | 2 | 8 | 3 | - | 3 | 5

TRANSPORTER NO. 1 CHEMICAL WASTE MANAGEMENT INC.  
2301 West Broadway  
Phoenix, Arizona 85005

EPA ID NUMBER

A | Z | T | 0 | 5 | 0 | 0 | 1 | 0 | 1 | 8 | 0

TRANSPORTER NO.

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO. TYPE

WASTE  
CAT. NO.

See Sheet 1

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% ppm

Nickel

10.6

.5

ppm

Lead

7.04

1.0

ppm

Zinc

6.21

1.0

ppm

Selenium

0.28

.05

ppm

TO BE FILLED IN BY THE GENERATOR

TO BE FILLED IN BY  
TRANSPORTER

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

STEVE MOONEY

PRINTED OR TYPED FULL NAME AND SIGNATURE

*Steve Mooney*

MO. DAY YR.  
03 01 83

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.  
| | |

STATE ID NUMBER

010583

# HAZARDOUS WASTE MANIFEST

## STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

83-33

FEB 17 1983

TO: T/S/D/F CHEMICAL WASTE MANAGEMENT INC.	FROM: SPARTON SOUTHWEST, INC.
E.P.A. ID Code No. AZT050010180	E.P.A. ID Code No. NMD083212332
Address 2301 West Broadway	Address 9621 Coors Rd, N.W.
Destination Phoenix, Arizona 85005	Origin Albuquerque, New Mexico 87103
Phone (602) 243-6154	Phone (505) 892-5300

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	Hazardous Waste Liquid, N.O.S.	ORM-E	9189	F006	5000 Gal.	None

PLACARDS REQUIRED N/A

<p>NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____</p>	<p><small>Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges</small></p> <p style="text-align: center;">_____ <small>(Signature of Consignor)</small></p>	<p><b>FREIGHT CHARGES</b> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/></p>
---	---	---

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.  
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)	EMERGENCY RESPONSE INFORMATION
T/S/D/F (Return to Generator)	CONTACT Name <u>Cleoves Martinez</u>
E.P.A. ID Code No. _____	Phone <u>(505) 892-5300</u>
Address _____	National Response Center <u>1-800-424-8802</u>
Destination _____	in D. C. <u>426-2675</u>

### CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator Signature *[Signature]* Date 2-14-83

TRANSPORTER #1 CHEMICAL WASTE MANAGEMENT INC. E.P.A. ID No. AZt050010180  
 Address 2301 West Broadway  
 City Phoenix State AZ Zip 85005 Phone (602) 243-6154

Transporter No. 1 Signature *[Signature]* Date 2/14/83  
 This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #2 \_\_\_\_\_ E.P.A. ID No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Transporter No. 2 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 This is to certify acceptance of the hazardous waste shipment.

### TREATMENT/STORAGE/DISPOSAL/FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal. 010584  
 T/S/D/F Signature \_\_\_\_\_ Date \_\_\_\_\_

ORIGINAL - RETURN TO GENERATOR

7-BLS-C (6-PLY)

HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street  
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).)

RECEIVED  
MAR 8 1983  
PEM SECTION

STATE ID NUMBER **8229092**

GENERATOR NAME AND MAILING ADDRESS  
Sparton Southwest Inc.  
9621 Coors Rd. N.W.  
Albuquerque, NM 87114 (505) 892-5300

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER

TRANSPORTER NO. 1  
Van Waters & Rogers  
3301 Edmunds S.E.  
Albuquerque, NM 87125

TRANSPORTER NO. 2 / ALTERNATE TSD FACILITY  
Omega Chemical Corp.  
12504 W. Whittier Blvd.  
Whittier, CA 90602 (213) 698-0991

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY  
Omega Chemical Corp.  
12504 W. Whittier Blvd. Whittier, CA 90602

AREA CODE/PHONE NUMBER (213) 698-0991

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	
1. Hazardous Waste, Liquid N.O.S.	NA91189	157610	P	0108	DM 2111	
2. Isopropanol	UN11219	118115	G	033	DM 2111	
COMPONENTS				CONC. UPPER	RANGE LOWER	UNITS % ppm
1.1 Ethyl Alcohol				4.1	0	%
1.2 Methy Alcohol				.4	0	%
1.3 Trichlorotrifluoroethane				95.5	4.5	%

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

Eldon W. Drier  
 PRINTED OR TYPED FULL NAME AND SIGNATURE *Eldon W. Drier* MO. 03 DAY 07 YR. 83

CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS 1

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS DATE REC'D & ACCEPTED

*Rick Clayton*  
 PRINTED OR TYPED FULL NAME AND SIGNATURE MO. 03 DAY 07 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. DATE REC'D & ACCEPTED

EPA ID NUMBER MO. DAY YR.

PRINTED OR TYPED FULL NAME AND SIGNATURE

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER **8229092**

CONTINUATION SHEET

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER

THIS IS CONTINUATION SHEET 1 OF 1

NIMDI01813121121313128131-1316

TRANSPORTER NO. 1  
Van Waters & Rogers  
3301 Edmunds S.E.  
Albuquerque, New Mexico 87125

EPA ID NUMBER

NIMDI01716141617131614

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.

COMPONENTS	CONC. RANGE		UNITS	
	UPPER	LOWER	%	ppm
2.1 Isopropyl Alcohol	80	20	%	

TO BE FILLED IN BY THE GENERATOR

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

*Rick Clayton*  
*Rick Clayton*

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.  
**03 07 93**

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

STATE ID NUMBER

**010586**

**HAZARDOUS MATERIALS MANAGEMENT SECTION**  
 744 P Street  
 Sacramento, CA 95814

**UNIFORM HAZARDOUS WASTE MANIFEST**

(Please print or type with ELITE type (12 characters per inch).)

STATE ID NUMBER **8229093**

GENERATOR NAME AND MAILING ADDRESS Sparton Southwest, Inc. 9621 Coors Rd. N.W. Albuquerque, NM 87114 AREA CODE/PHONE NUMBER (505) 892-5300		MANIFEST DOCUMENT NUMBER	
		EPA ID NUMBER	
TRANSPORTER NO. 1 Van Waters & Rogers 3301 Edmunds S.E. Albuquerque, NM 87125		VEH./CONTAINER NO.	EPA ID NUMBER
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY			
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY Van Waters & Rogers 1363 Bonnie Beach Pl. Los Angeles, CA 90051 AREA CODE/PHONE NUMBER (213) 265-8400			

TO BE FILLED IN BY THE GENERATOR

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT. NO.
1. 1,1,1, Trichloroethane	UN 2831	00385	G	07 DM	211
<b>COMPONENTS</b>			<b>CONC. UPPER</b>	<b>RANGE LOWER</b>	<b>UNITS % ppm</b>
1.1 1,1,1, Trichloroethane			93.5	85.0	%

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

Eldon W. Drier  
 PRINTED OR TYPED FULL NAME AND SIGNATURE MO. 03 DAY 07 YR. 83

CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS \_\_\_\_\_

TO BE FILLED IN BY TRANSPORTER	TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS	DATE REC'D & ACCEPTED
	 PRINTED OR TYPED FULL NAME AND SIGNATURE	MO. 03 DAY 07 YR. 83
	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS	DATE REC'D & ACCEPTED
	PRINTED OR TYPED FULL NAME AND SIGNATURE	MO. DAY YR.

TO BE FILLED IN BY TSDF	DISCREPANCY INDICATION SPACE	DATE REC'D & ACCEPTED
	Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.	DATE REC'D & ACCEPTED
	PRINTED OR TYPED FULL NAME AND SIGNATURE	EPA ID NUMBER MO. DAY YR.

HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

RECEIVED

STATE ID NUMBER 8229067

(Please print or type with ELITE type (12 characters per inch).)

MAR 25 1983 P.E.M. SECTION

GENERATOR NAME AND MAILING ADDRESS

SEARTON SOUTHWEST, INC. 9621 Coors Rd. N.W. Albuquerque, New Mexico 87114 AREA CODE/PHONE NUMBER (505) 892-5300

MANIFEST DOCUMENT NUMBER EPA ID NUMBER

NMD08321233283-35

TRANSPORTER NO. 1

CHEMICAL WASTE MANAGEMENT INC. 2301 West Broadway, Phoenix, Arizona 85005

VEH./CONTAINER NO.

1527-304 AZT050010180

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY

CHEMICAL WASTE MANAGEMENT INC. P.O. Box 157 Kettleman City, California 93239 AREA CODE/PHONE NUMBER (209) 386-9711

EPA ID NUMBER

CAT000646117

Table with columns: PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS, UN/NA NUMBER, TOTAL QUANTITY, UNIT WT/VOL, CONTAINER NO. TYPE, WASTE CAT. NO. Row 1: Hazardous Waste, Liquid NOS, NA 9189, 5600, G, 002CT171

Table with columns: COMPONENTS, CONC. UPPER, RANGE LOWER, UNITS ppm. Rows: Silver (25.1, 1.0, ppm), Cadmium (0.18, .01, ppm), Copper (1730, 100, ppm)

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

Eldon Dreier PRINTED OR TYPED FULL NAME AND SIGNATURE MO. DAY YR. 03 01 83

CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS 1

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS DATE REC'D & ACCEPTED

STEVE MOONEY PRINTED OR TYPED FULL NAME AND SIGNATURE Steve Mooney MO. DAY YR. 03 01 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. DATE REC'D & ACCEPTED

EPA ID NUMBER MO. DAY YR. PRINTED OR TYPED FULL NAME AND SIGNATURE

TO BE FILLED IN BY THE GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

# UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).)

STATE ID NUMBER **8229067**

CONTINUATION SHEET

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER

THIS IS CONTINUATION SHEET 1 OF 1

N M D O 8 3 2 1 2 3 3 2 8 3 - 3 5

TRANSPORTER NO. 1 **CHEMICAL WASTE MANAGEMENT INC.**  
**2301 West Broadway**  
**Phoenix, Arizona 85005**

EPA ID NUMBER

A Z T 0 5 0 0 1 0 1 8 0

TRANSPORTER NO.

EPA ID NUMBER

TELEPHONE

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO. TYPE

WASTE  
CAT. NO.

See Sheet 1

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% ppm

Nickel

10.6

.5

ppm

Lead

7.04

1.0

ppm

Zinc

6.21

1.0

ppm

Selenium

0.28

.05

ppm

TO BE FILLED IN BY THE GENERATOR

TO BE FILLED IN BY  
TRANSPORTER

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

*STEVE MOONEY*

PRINTED OR TYPED FULL NAME AND SIGNATURE

*Steve Mooney*

MO. DAY YR.  
012 01 72

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.  
| | |

STATE ID NUMBER

**010589**

HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 8229092

(Please print or type with ELITE type (12 characters per inch))

GENERATOR NAME AND MAILING ADDRESS Sparton Southwest Inc. 9621 Coors Rd. N.W. Albuquerque, NM 87114 (505) 892-5300 AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER EPA ID NUMBER

N M D O 8 3 2 1 2 3 3 2 8 3 F 3 6

TRANSPORTER NO. 1 Van Waters & Rogers 3301 Edmunds S.E. Albuquerque, NM 87125

VEH./CONTAINER NO. EPA ID NUMBER

010103309 N M D O 7 6 4 6 7 3 6 4

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY Omega Chemical Corp. 12504 W. Whittier Blvd. Whittier, CA 90602 (213) 698-0991

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY Omega Chemical Corp. 12504 W. Whittier Blvd. Whittier, CA 90602 (213) 698-0991 AREA CODE/PHONE NUMBER

EPA ID NUMBER

C I A D O 4 2 2 4 5 0 0 1

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS UN/NA NUMBER TOTAL QUANTITY UNIT WT/VOL CONTAINER NO. TYPE WASTE CAT. NO.

1. Hazardous Waste, Liquid N.O.S. NA 9189 5760 P 008 DM 211

2. Isopropanol UN 1219 1815 G 033 AM 211

COMPONENTS

CONC. UPPER RANGE LOWER UNITS ppm

1.1 Ethyl Alcohol 4.1 0 %

1.2 Methy Alcohol .4 0 %

1.3 Trichlorotrifluoroethane 95.5 4.5 %

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

Eldon W. Drier MO. 03 DAY 07 YR. 83

CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS 1

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS DATE REC'D & ACCEPTED

Michael Clayton MO. 03 DAY 07 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. DATE REC'D & ACCEPTED

EPA ID NUMBER MO. DAY YR.

TO BE FILLED IN BY THE GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 8229092

CONTINUATION SHEET

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER

THIS IS CONTINUATION SHEET 1 OF 1

N M D 0 8 3 2 1 2 3 3 2 8 3 1 3 6

TRANSPORTER NO. 1

EPA ID NUMBER

Van Waters & Rogers  
3301 Edmonds S.E.  
Albuquerque, New Mexico 87125

N M D 0 7 6 4 6 7 3 6 4

TRANSPORTER NO.

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA NUMBER

TOTAL QUANTITY

UNIT WT/VOL

CONTAINER NO. TYPE

WASTE CAT. NO.

COMPONENTS

CONC. RANGE UPPER LOWER

UNITS % ppm

2.1 Isopropyl Alcohol

80

20

%

TO BE FILLED IN BY THE GENERATOR

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

*Rich Clayton*

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.  
03 07 92

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

STATE ID NUMBER

010591

HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street  
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER **8229093**

(Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS  
**Sparton Southwest, Inc.**  
**9621 Coors Rd. N.W.**  
**Albuquerque, NM 87114**  
AREA CODE/PHONE NUMBER **(505) 892-5300**

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER  
**N M D 0 8 3 2 1 2 3 3 2 8 3 1 3 7**

TRANSPORTER NO. 1  
**Van Waters & Rogers**  
**3301 Edmunds S.E.**  
**Albuquerque, NM 87125**

VEH./CONTAINER NO. **010103309**  
EPA ID NUMBER  
**N M D 0 7 6 4 6 7 3 6 4**

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY  
**Van Waters & Rogers**  
**1363 Bonnie Beach Pl.**  
**Los Angeles, CA 90051**  
AREA CODE/PHONE NUMBER **(213) 265-8400**

EPA ID NUMBER  
**C A D 0 0 9 2 3 0 2 4 4**

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.
<b>1. 1,1,1, Trichloroethane</b>	<b>U N 2 8 3 1</b>	<b>0 0 3 8 5</b>	<b>G</b>	<b>0 7</b>	<b>D M</b>	<b>2 1 1</b>

COMPONENTS	CONC. UPPER	RANGE LOWER	UNITS %	ppm
<b>1.1 1,1,1, Trichloroethane</b>	<b>93.5</b>	<b>85.0</b>	<b>%</b>	

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

**Eldon W. Drier**  
PRINTED OR TYPED FULL NAME AND SIGNATURE  
MO. **03** DAY **07** YR. **83**

CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS \_\_\_\_\_

TO BE FILLED IN BY TRANSPORTER  
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS  
*Jack Clayton*  
DATE REC'D & ACCEPTED  
MO. **03** DAY **07** YR. **83**

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS  
DATE REC'D & ACCEPTED  
MO. DAY YR.

TO BE FILLED IN BY TSDF  
DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.  
DATE REC'D & ACCEPTED  
EPA ID NUMBER  
PRINTED OR TYPED FULL NAME AND SIGNATURE

STATE ID NUMBER **83212012**

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS  
 Sparton Technology, Inc.  
 9621 Coors Rd. NW  
 Albuquerque, NM 87114  
 AREA CODE/PHONE NUMBER (505) 892-5300

MANIFEST DOCUMENT NUMBER  
 EPA ID NUMBER  
 N | M | D | O | 8 | 3 | 2 | 1 | 2 | 3 | 3 | 2 | 8 | 3 | - | 1 | 3 | 1 | 5

TRANSPORTER NO. 1  
 Van Waters & Rogers  
 6980 Market Ave.  
 El Paso, Texas 79983

VEH./CONTAINER NO.  
 EPA ID NUMBER  
 0 | 0 | 0 | 4 | 3 | 3 | 2 | 9 | T | X | D | 0 | 4 | 3 | 1 | 4 | 8 | 2 | 9 | 1 | 5

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY  
 VEH./CONTAINER NO.  
 EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY  
 Omega Chemical Corp.  
 12504 W. Whittier Blvd.  
 Whittier, California 90602  
 AREA CODE/PHONE NUMBER (213) 698-0991

EPA ID NUMBER  
 C | A | D | 0 | 4 | 2 | 2 | 4 | 5 | 0 | 0 | 1

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.	DISM.
---	--------------	----------------	-------------	---------------	------	----------------	-------

1. Hazardous Waste, liquid NOS	N   A   9   1   8   9	0   0   4   4   0	G	0   0   8	D   M	2   1   1	
--------------------------------	-----------------------	-------------------	---	-----------	-------	-----------	--

2. Isopropanol	U   N   1   2   1   9	0   0   6   0   5	G	0   1   1	D   M	2   1   1	
----------------	-----------------------	-------------------	---	-----------	-------	-----------	--

COMPONENTS	CONC. RANGE		UNITS	
	UPPER	LOWER	%	PPM
1.1 Trichlorotrifluoroethane	90	80	%	
2.1 Isopropyl Alcohol	80	50	%	

SPECIAL HANDLING INSTRUCTIONS  
 Avoid Sources of ignition.

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature Robert J. Majeski *Robert J. Majeski*

MO.	DAY	YR.
10	18	83

Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature *Jerry Martin*

DATE REC'D & ACCEPTED	MO.	DAY	YR.
	10	18	83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED	MO.	DAY	YR.

DISCREPANCY INDICATION SPACE

**RECEIVED**

**010593**

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

Printed or typed full name and signature

EPA ID NUMBER	MO.	DAY	YR.

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSD

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER **83212011**

GENERATOR NAME AND MAILING ADDRESS  
 Sparton Technology Inc.  
 9621 Coors Rd. NW  
 Albuquerque, New Mexico 87105  
 AREA CODE/PHONE NUMBER (505) 892-5300

MANIFEST DOCUMENT NUMBER  
 EPA ID NUMBER  
**NMD01813121123132831-14**

TRANSPORTER NO. 1  
 Van Waters & Rogers  
 6980 Market Ave.  
 El Paso, Texas 79983

VEH./CONTAINER NO.  
 EPA ID NUMBER  
**00043329 TXD04314829**

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.  
 EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY  
 Van Waters & Rogers  
 1363 Bonnie Beach Pl.  
 Los Angeles, California 90051  
 AREA CODE/PHONE NUMBER (213) 265-8400

EPA ID NUMBER  
**CAD009230242**

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	DIS ME
---	--------------	----------------	-------------	---------------	----------------	--------

1. 1,1,1, Trichloroethane	UN 2831	0.051510	G	0110DM	211	
---------------------------	---------	----------	---	--------	-----	--

COMPONENTS	CONC. RANGE		UNITS	
	UPPER	LOWER	%	PPM

1.1 1,1,1, Trichloroethane	93.5	85.0	%	
----------------------------	------	------	---	--

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature **Robert J. Majeski** *Robert Majeski*

Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature **Jerry Martin** *Jerry Martin*

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator certification receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

Printed or typed full name and signature **PEL SECTON**

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER **83212014**

GENERATOR NAME AND MAILING ADDRESS  
 ✓ **Sparton Technology, Inc.**  
 9621 Coors.Road N.W.  
 Albuquerque, New Mexico 87114  
 AREA CODE/PHONE NUMBER (505) 892-5300

MANIFEST DOCUMENT NUMBER  
 EPA ID NUMBER

TRANSPORTER NO. 1  
**Chemical Waste Management, Inc.**  
 430 West Elm Ave., P.O. Box 1104  
 Coalinga, California 93210

VEH./CONTAINER NO. **010041849**  
 EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.  
 EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY  
**Chemical Waste Management, Inc.**  
 P.O. Box 157  
 Kettleman, City, California 93239  
 AREA CODE/PHONE NUMBER (209) 386-9711

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS  
**1. Hazardous Waste, liquid NOS**

UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	DIS MET
NA 9189	15000	G	02CT	171	

COMPONENTS

	CONC. RANGE		UNITS	
	UPPER	LOWER	%	PPM
<b>1.1 Silver</b>	<b>25.1</b>	<b>1.0</b>		<b>PPM</b>
<b>1.2 Cadmium</b>	<b>00.18</b>	<b>.01</b>		<b>PPM</b>
<b>1.3 Copper</b>	<b>1730</b>	<b>100</b>		<b>PPM</b>

EPA ID NUMBER

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature *Paul E. Cook* **Paul E. Cook**

MO.	DAY	YR.
11	14	83

check if continuation sheet is used. Number of continuation sheets **(1)**

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  
 Printed or typed full name and signature *Debrae W...*

DATE REC'D & ACCEPTED	MO.	DAY	YR.
	11	14	83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  
 Printed or typed full name and signature

DATE REC'D & ACCEPTED	MO.	DAY	YR.

DISCREPANCY INDICATION SPACE

**RECEIVED**

**NOV 23 1983**

**010595**

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest is provided in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

MO.	DAY	YR.

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 83212014

CONTINUATION SHEET

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER

THIS IS CONTINUATION SHEET 1 OF 1

NIMDI 01813121121313218131-1414

TRANSPORTER NO. 1 CHEMICAL WASTE MANAGEMENT, INC.  
430 West Elm Ave. P.O. Box 1104  
Coalinga, California 93210

EPA ID NUMBER

CIAD101013191816171118

EPA ID NUMBER

TRANSPORTER NO.

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.
---	--------------	----------------	-------------	---------------	------	----------------

See Sheet 1

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% ppm

1.4 Nickel

10.6

.5

ppm

1.5 Lead

7.04

1.0

ppm

1.6 Zinc

6.21

1.0

ppm

1.7 Selenium

0.28

.05

ppm

TO BE FILLED IN BY THE GENERATOR

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

*Deborah Weaver*  
PRINTED OR TYPED FULL NAME AND SIGNATURE *Deborah Weaver*

MO. DAY YR.  
11 18 83

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.  
| | |

STATE ID NUMBER

010596

UNIFORM HAZARDOUS WASTE MANIFEST

Print or type with ELITE type (12 characters per inch).

RECEIVED  
 JUL 1 - 1983  
 P E M SECTION

STATE ID NUMBER

88212010

GENERATOR NAME AND MAILING ADDRESS SPARTON SOUTHWEST, INC. 9621 Coors Rd. N.W. Albuquerque, NM 87114 AREA CODE/PHONE NUMBER (505) 892-5300	MANIFEST DOCUMENT NUMBER	
	EPA ID NUMBER	

TRANSPORTER NO. 1 CHEMICAL WASTE MANAGEMENT, INC. 430 West Elm Ave. P.O. Box 1104 Coalinga, California 93210	VEH./CONTAINER NO.	EPA ID NUMBER
	010104118125	CA1D101031918167118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY	VEH./CONTAINER NO.	EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY CHEMICAL WASTE MANAGEMENT, INC. P.O. Box 157 Kettleman City, California 93239 AREA CODE/PHONE NUMBER (209) 386-9711	EPA ID NUMBER
	CA1T0101016461117

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	DISP. METH.
1. Hazardous Waste, liquid NOS	NA911819	15000	G	002CT	171	

COMPONENTS	CONC RANGE		UNITS	
	UPPER	LOWER	%	PPM
1.1 Silver	25.1	1.0		ppm
1.2 Cadmium	0.18	.01		ppm
1.3 Copper	1730	100		ppm

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Eldon Dreier  
 Printed or typed full name and signature *Eldon Dreier*

MO.	DAY	YR.
07	11	83

Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  
 Elliott Adrian Horn *Elliott Adrian Horn*  
 Printed or typed full name and signature

DATE REC'D & ACCEPTED	MO.	DAY	YR.
	07	11	83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  
 Printed or typed full name and signature

DATE REC'D & ACCEPTED	MO.	DAY	YR.

DISCREPANCY INDICATION SPACE

010597

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

Printed or typed full name and signature

EPA ID NUMBER	MO.	DAY	YR.

DT TRANSFORMER

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 83212010

CONTINUATION SHEET

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER

THIS IS CONTINUATION SHEET 1 OF 1.

N | M | D | 0 | 8 | 3 | 2 | 1 | 2 | 3 | 3 | 2 | 8 | 3 | - | 4 | 2

TRANSPORTER NO. 1 CHEMICAL WASTE MANAGEMENT, INC.  
430 West Elm Ave. P.O. Box 1104  
Coalinga, California 93210

EPA ID NUMBER

C | A | D | 0 | 0 | 3 | 9 | 8 | 6 | 7 | 1 | 8

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.
---	--------------	----------------	-------------	---------------	------	----------------

See Sheet 1

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% ppm

1.4 Nickel		10.6	.5			ppm
1.5 Lead		7.04	1.0			ppm
1.6 Zinc		6.21	1.0			ppm
1.7 Selenium		0.28	.05			ppm

TO BE FILLED IN BY THE GENERATOR

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

*Elliott Adrian Hora*  
PRINTED OR TYPED FULL NAME AND SIGNATURE

DATE REC'D & ACCEPTED

MO. DAY YR.  
07 11 83

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.  
| | |

STATE ID NUMBER

010598

JUL 7 1983

STATE ID NUMBER

83212009

Print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

SPARTON SOUTHWEST, INC.  
 9621 Coors Rd. N.W.  
 Albuquerque, New Mexico 87114  
 AREA CODE/PHONE NUMBER

PEM SECTION

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

N M D 0 8 3 2 1 2 3 3 2 8 3 - 4 1

TRANSPORTER NO. 1

PACIFIC INTERMOUNTAIN EXPRESS CO.  
 3700 Hawkins N.E.  
 Albuquerque, New Mexico 87109

VEH./CONTAINER NO.

EPA ID NUMBER

V A R I A N C E C A D 0 0 6 9 1 0 0 6 1

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

PHILIP A. HUNT CHEMICAL CORP.  
 4265 Charter St.  
 Los Angeles, California  
 AREA CODE/PHONE NUMBER (213) 589-9111

EPA ID NUMBER

C I A D 0 0 9 5 5 2 9 4 4

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	DISP. METH.
Waste Ammonium Hydroxide	1 2 6 7 2	1 1 0 0	G	2 0	D F	1 2 1 0 1

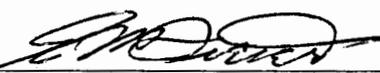
COMPONENTS	CONC. RANGE		UNITS	
	UPPER	LOWER	%	PPM
Ammonia	10	5	%	
Copper	16	10	%	
Water	74	70	%	

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Eldon W. Dreier

Printed or typed full name and signature



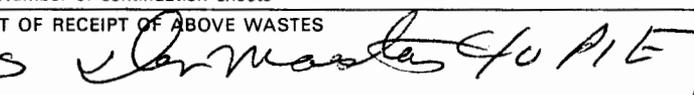
MO.	DAY	YR.
07	06	83

Check if continuation sheet is used. Number of continuation sheets

BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Don Maestas



DATE REC'D & ACCEPTED

MO.	DAY	YR.
07	06	83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED

MO.	DAY	YR.

DISCREPANCY INDICATION SPACE

010599

IN BY TSDF

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.	DAY	YR.



**TEXAS WASTE SHIPPING-CONTROL TICKET**  
(Please Type or Print Clearly) **PEM SECTION**

(Satisfies TDWR, TDH and U.S. EPA requirements for hazardous or class I waste manifest)

PART I: To be completed by Generator (see reverse side for instructions)

Company Name Sparton Southwest, Inc.  
Business Address 9621 Coors Rd. N.W.  
Address From Which Shipment Originates:  
Albuquerque, New Mexico 87114

TDWR/TDH Registration No. 99999  
EPA Gen. # NMD083212332  
Emergency Phone A/C (505) 892-5300

DESTINATION:

Primary TSD Facility Name Van Waters & Rogers  
Business Address 4707 Alpha Rd.  
Destination (Site) Address Dallas, Texas 75234

TDWR/TDH Permit No. 31657  
EPA TSD Fac. # TxD042291591  
Phone A/C (214) 239-9111

Alternate TSD Facility Name (Return To Generator)  
Business Address \_\_\_\_\_  
Destination (Site) Address \_\_\_\_\_

TDWR/TDH Permit No.       
EPA TSD Fac. #       
Phone A/C \_\_\_\_\_

1. TEXAS WASTE CODE	2. QUANTITY	UNITS*	3. DOT WASTE NO.	4. DOT HAZ. CLASS	5. (a) DOT DESCRIPTION; (b) TYPE AND NUMBER OF CONTAINERS
110100	12	1 2 3 ④	U N 1 7 1 0	1 2	(a.) Trichloroethylene (b.) 12 ea. 17E-20/1855 Metal Drums
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			

\* Circle one: (1) tons (2) gallons (3) cubic yards (4) drums (55 gal.)

Special Instructions: \_\_\_\_\_

4-15-83  
Date of Shipment

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the DOT, TDWR, and TDH. & EPA

Signature of Authorized Agent

PART II: To be completed by the Transporter/Driver (see reverse side for instructions)

Carrier Name Van Waters & Rogers  
Business Address 3301 Edmunds S.E.  
Phone Number A/C (505) 842-6303

TDWR/TDH Trans. No. 31657  
EPA Trans. No. NMD076467364

4-15-83  
Date Received

I certify (or declare) that the materials in the quantities described above are received by me for shipment to the above named destination.

Signature of Authorized Agent

PART III: To be completed by Treatment, Storage and Disposal (TSD) Facility Owner/Operator (see reverse side for instructions)

TSD Facility Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Site Address \_\_\_\_\_  
TSD Facility Owner/Operator Comments: \_\_\_\_\_

TDWR/TDH Permit No.       
EPA TSD Fac. #     

Date Received

**010600**

I certify (or declare) that the materials in the quantities described in Part I are received by me.

Signature of Authorized Agent

UNIFORM HAZARDOUS WASTE MANIFEST

*File SPARTON*

STATE ID NUMBER **83212005**

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS  
**Sparton Technology, Inc.**  
**9621 Coors Rd. N.W.**  
**Albuquerque, New Mexico 87114**  
 AREA CODE/PHONE NUMBER **505-892-5300**

MANIFEST DOCUMENT NUMBER  
 EPA ID NUMBER  
**NMID08321233284-4**

TRANSPORTER NO. 1  
**Pacific Intermountain Express**  
**3700 Hawkins N.E.**  
**Albuquerque, New Mexico 87109**

VEH./CONTAINER NO.  
 EPA ID NUMBER  
**VARIANCE CLAD00691006**

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.  
 EPA ID NUMBER

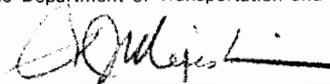
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY  
**Omega Chemical Corp.**  
**12504 W. Whittler Blvd.**  
**Whittler, California 90602**  
 AREA CODE/PHONE NUMBER **213-698-0991**

EPA ID NUMBER  
**CLAD042245100**

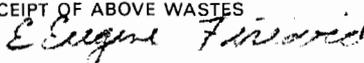
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.	DISP. MET.
<b>1. Hazardous Waste, Liquid NOS</b>	<b>NA 9189</b>	<b>01595</b>	<b>G</b>	<b>029</b>	<b>DM</b>	<b>211</b>	
<b>2. Isopropanol</b>	<b>UN 1219</b>	<b>00605</b>	<b>G</b>	<b>011</b>	<b>DM</b>	<b>211</b>	
COMPONENTS			CONC. RANGE		UNITS		
			UPPER	LOWER	%	PPM	
<b>1.1 Trichlorotrifluoroethane</b>			<b>95.5</b>	<b>80.0</b>	<b>8</b>		
<b>1.2 Methyl alcohol</b>			<b>0.4</b>	<b>0</b>	<b>8</b>		
<b>1.3 Ethyl alcohol</b>			<b>4.1</b>	<b>0</b>	<b>8</b>		
<b>2.1 Isopropyl alcohol</b>			<b>95.0</b>	<b>80.0</b>	<b>8</b>		

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature *R. J. MAJESKI*  MO. **02** DAY **08** YR. **84**

Check if continuation sheet is used. Number of continuation sheets **1**

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  
 Printed or typed full name and signature *E. Eugene Firsovich*  DATE REC'D & ACCEPTED MO. **02** DAY **08** YR. **84**

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  
 Printed or typed full name and signature DATE REC'D & ACCEPTED MO. DAY YR.

DISCREPANCY INDICATION SPACE  
**RECEIVED**  
**FEB 9 1984**  
**010601**

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number.  
 See instructions. **HAZARDOUS WASTE SECTION**  
 Printed or typed full name and signature DATE RECEIVED & ACCEPTED MO. DAY YR.

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER **83212005**

CONTINUATION SHEET

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER

THIS IS CONTINUATION SHEET 1 OF 1

N M D 0 8 3 2 1 2 3 3 2 8 4 - 4 7

TRANSPORTER NO.  
**Pacific Intermountain Express**  
**3700 Hawkins N.E.**  
**Albuquerque, New Mexico**

EPA ID NUMBER

C A D 0 0 6 9 1 0 0 6 1

TRANSPORTER NO.

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.
3. Trichloroethylene	UN 171	000660	G	012	DM	211
4. 1,1,1, Trichloroethane	UN 283	100220	G	004	DM	211
5. Methylenechloride	UN 119	300385	G	007	DM	211

COMPONENTS	CONC. RANGE		UNITS	
	UPPER	LOWER	%	ppm
3.1 Trichloroethylene	90.0	70.0	%	
4.1 1,1,1, Trichloroethane	95.0	80.0	%	
5.1 Methylenechloride	90.0	80.0	%	

TO BE FILLED IN BY THE GENERATOR

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

*E Eugene Firrovid & Eugene Firrovid*

PRINTED OR TYPED FULL NAME AND SIGNATURE

DATE REC'D & ACCEPTED

MO. DAY YR.  
02 08 84

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.  
| | |

STATE ID NUMBER

**010602**



STATE OF NEW MEXICO

EID

Hazardous Waste Unit  
P.O. Box 968  
Santa Fe, New Mexico 87501

NEW MEXICO  
HAZARDOUS WASTE  
SHIPPING MANIFEST

Manifest No. 80-2

This information is required under Section 107 (B) of the N.M. Hazardous Waste Regulations

(Follow instructions on reverse side carefully)  
(Please type or print clearly)

RECEIVED

PART I: GENERATOR OF WASTE (Must be completed by generator)

- Company Name: Sparton Southwest, Inc. NOV 24 1980
- Pick up address: 9621 Coors Rd. N.W.  
Albuquerque, NM 87114 COMMUNITY SUPPORT SERVICES SECTION  
Date 11-18-80 Phone 898-1150
- Business Address: P.O. Box 1748  
Albuquerque, NM 87103 Phone 898-1150
- Order placed by: Cleoves Martinez
- Type of Process  
Producing Waste: Etching operation 17550
- Destination of Waste: 4265 Charter St.  
Primary Receiver: Philip A. Hunt Chemical Corp. Address: Los Angeles, CA 90058  
Secondary Receiver: Return to Sender Address: 9621 Coors Rd. N.W.  
Albuquerque, New Mexico 87114

WASTE DESCRIPTION	QUANTITY	CONCENTRATION		Hazardous Property
		Upper	Lower	
<u>Corrosive material Aqua Ammonia solution LTL CL. 50 T/L 35</u>	<u>(30) 55 Gal. Drums</u>	<u>10%</u>	<u>0</u>	<u>Corrosive Liquid N.O.S.</u>

- Special handling instructions: Wear corrosion resistant protection when handling.
- The materials described above were consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.  
Richard D. Mico  
Vice President & General Manager  
Name and Title of Authorized Agent  
[Signature] R. D. Mico  
Signature of Authorized Agent

PART II: TRANSPORTER OF WASTE (must be completed by carrier)

- Carrier name: ICX
- Business address: 2350 AZTEC NE Phone 345-1635
- Pickup date: 11-18-80 Time: 2:00
- Vehicle type: CORROSIVE LIQUID PU
- The materials above were received by me and were delivered to and accepted by the facility designated in Part I (6). I certify that the foregoing is true and correct to the best of my knowledge.  
LEOPOLDO GALLEGOS  
TRUCK DRIVER  
Name and Title of Authorized Agent  
[Signature] Leopoldo Gallegos  
Signature of Authorized Agent

PART III: DISPOSER OF WASTE (must be completed by disposer)

- Receiver Name: \_\_\_\_\_ Phone \_\_\_\_\_
- Receiver Address: \_\_\_\_\_
- Handling Method  
Storage Anticipated length of storage \_\_\_\_\_  
Treatment (Specify) \_\_\_\_\_  
Disposal (Specify) \_\_\_\_\_
- Date waste received: \_\_\_\_\_ Time \_\_\_\_\_
- Receiver Comments: \_\_\_\_\_
- I certify that I received the above waste and that the foregoing is true and correct to the best of my knowledge.  
Name and Title of Authorized Agent  
\_\_\_\_\_  
Signature of Authorized Agent

010603

## PART I - INSTRUCTIONS TO GENERATOR

1. Enter the generator's firm name.
2. Enter the address and/or location where the waste is picked up by the transporter, the telephone number at that address and the date the waste was picked up.
3. Enter the correct business address and the telephone number at that address.
4. Enter the person's name who place the order with the carrier and/or the disposer and the date on which the order was made.
5. Enter the type of process from which the waste was generated.
6. The generator must designate a receiver (i.e., disposer) of the waste. An alternate may be provided in the event the primary disposer is unable to handle the waste at that time.
7. Complete the waste description table:
  - a) Column 1 - describe the waste as fully as possible, include constituents.
  - b) Column 2 - place the quantity along with the appropriate unit.
  - c) Column 3 and 4 - enter the upper and lower concentration limits in percentage or parts per million (ppm).
  - d) Column 5 - indicate the hazardous property of the waste (e.g., toxic, flammable, explosive, infectious, corrosive, etc.). If the waste has multiple hazardous properties, enter all that apply.
8. Enter any special instructions which should be observed by the carrier, disposer or any other person handling the waste.
9. A person of authority designated by the generator must sign Part I and enter his title before the waste can be delivered to the carrier/disposer.
10. Retain WHITE copy and send BLUE to NMEID, Hazardous Waste Unit. Additional copies are sent with carrier.

## PART II - INSTRUCTIONS TO TRANSPORTER OF WASTE

1. Enter the carrier's correct business name. The carrier is the firm contracted to haul the waste and not the individual driver.
2. Enter the correct business address and telephone number of the carrier.
3. Indicate the date and time the waste was picked-up by the carrier.
4. Enter the type of vehicle used to transport the waste (e.g., tank truck, tank car, flat bed truck with waste in 55 gallon drums, etc.)
5. Part II must be signed by a person in a position to certify that the waste was picked up and delivered to the designated facility (usually the driver). In the event more than one carrier is involved in transporting the waste, the last to handle it must sign Part II and each transporter preceding him must attach an additional page or note with all of the information requested in Part II, including a statement verifying who he received the waste from and who he delivered it to. This must also be signed and a copy forwarded to the NMEID.
6. Retain GREEN copy and send YELLOW to NMEID, Hazardous Waste Unit. Additional copies are given to the disposer.

## PART III - INSTRUCTIONS TO DISPOSER OF WASTE

1. Enter the name of the receiving facility and correct telephone number of that facility.
2. Enter the correct address.
3. Indicate what type of handling method is being conducted at the facility.
  - a) Storage - enter if storage is anticipated for greater than 90 days.
  - b) Treatment - enter type of treatment (e.g., acid neutralized by base, heavy metals reclaimed).
  - c) Disposal - enter type of disposal (e.g, incineration, burial, evaporation ponds, etc.).
4. Enter date and time waste is received at the facility.
5. Indicate any comments related to the waste.
6. Part III must be signed by a person of authority designated by the receiver.
7. Retain PINK copy and send GOLDENROD to NMEID, Hazardous Waste Unit.
8. Notify generator of waste within 15 days of waste disposal.



STATE OF NEW MEXICO

EID  
Hazardous Waste Unit  
P.O. Box 968  
Santa Fe, New Mexico 87501

NEW MEXICO  
HAZARDOUS WASTE  
SHIPPING MANIFEST

Manifest No. 80-2

COD006915607

This information is required under Section 107 (B) of the N.M. Hazardous Waste Regulations

RECEIVED

(Follow instructions on reverse side carefully)  
(Please type or print clearly)

NOV 26 1980

COMMUNITY SUPPORT SERVICES SECTION

PART I: GENERATOR OF WASTE (Must be completed by generator)

- Company Name: Sparton Southwest, Inc.
- Pick up address: 9621 Coors Rd. N.W.  
Albuquerque, NM 87114 Date 11-18-80 Phone 898-11504
- Business Address P.O. Box 1748  
Albuquerque, NM 87103 Phone 898-1150
- Order placed by Cleoves Martinez
- Type of Process  
Producing Waste: Etching operation
- Destination of Waste:  
Primary Receiver Philip A. Hunt Chemical Corp. Address: 4265 Charter St. Los Angeles, CA 90058  
Secondary Receiver Return to Sender Address: 9621 Coors Rd. N.W. Albuquerque, New Mexico 87114

WASTE DESCRIPTION	QUANTITY	CONCENTRATION		Hazardous Property
		Upper	Lower	
<u>Corrosive material Aqua Ammonia solution LTL CL. 50 T/L 35</u>	<u>(30) 55 Gal. Drums</u>	<u>10%</u>	<u>0</u>	<u>Corrosive Liquid N.O.S.</u>

- Special handling instructions Wear corrosion resistant protection when handling.
- The materials described above were consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.  
Richard D. Mico  
Vice President & General Manager  
Name and Title of Authorized Agent  
[Signature]  
Signature of Authorized Agent

PART II: TRANSPORTER OF WASTE (must be completed by carrier)

- Carrier name: ICX Illinois California Express
- Business address 2350 AZTEC NE Phone 345-1635
- Pickup date: 11-18-80 Time: 2:00
- Vehicle type [Signature] DRY VAN
- The materials above were received by me and were delivered to and accepted by the facility designated in Part I (6). I certify that the foregoing is true and correct to the best of my knowledge.  
[Signature]  
Name and Title of Authorized Agent  
[Signature]  
Signature of Authorized Agent

PART III: DISPOSER OF WASTE (must be completed by disposer)

- Receiver Name: Philip A Hunt Chemical Phone 213-589-9111
- Receiver Address 4265 Charter St. Los Angeles, Ca
- Handling Method  
Storage Anticipated length of storage \_\_\_\_\_  
 Treatment (Specify) REPROCESSING  
Disposal (Specify) \_\_\_\_\_
- Date waste received: 11-21-80 Time 8:30 AM
- Receiver Comments: NONE
- I certify that I received the above waste and that the foregoing is true and correct to the best of my knowledge.  
[Signature]  
Name and Title of Authorized Agent  
[Signature]  
Signature of Authorized Agent

010605 03

## PART I - INSTRUCTIONS TO GENERATOR

1. Enter the generator's firm name.
2. Enter the address and/or location where the waste is picked up by the transporter, the telephone number at that address and the date the waste was picked up.
3. Enter the correct business address and the telephone number at that address.
4. Enter the person's name who place the order with the carrier and/or the disposer and the date on which the order was made.
5. Enter the type of process from which the waste was generated.
6. The generator must designate a receiver (i.e., disposer) of the waste. An alternate may be provided in the event the primary disposer is unable to handle the waste at that time.
7. Complete the waste description table:
  - a) Column 1 - describe the waste as fully as possible, include constituents.
  - b) Column 2 - place the quantity along with the appropriate unit.
  - c) Column 3 and 4 - enter the upper and lower concentration limits in percentage or parts per million (ppm).
  - d) Column 5 - indicate the hazardous property of the waste (e.g., toxic, flammable, explosive, infectious, corrosive, etc.). If the waste has multiple hazardous properties, enter all that apply.
8. Enter any special instructions which should be observed by the carrier, disposer or any other person handling the waste.
9. A person of authority designated by the generator must sign Part I and enter his title before the waste can be delivered to the carrier/disposer.
10. Retain WHITE copy and send BLUE to NMEID, Hazardous Waste Unit. Additional copies are sent with carrier.

## PART II - INSTRUCTIONS TO TRANSPORTER OF WASTE

1. Enter the carrier's correct business name. The carrier is the firm contracted to haul the waste and not the individual driver.
2. Enter the correct business address and telephone number of the carrier.
3. Indicate the date and time the waste was picked-up by the carrier.
4. Enter the type of vehicle used to transport the waste (e.g., tank truck, tank car, flat bed truck with waste in 55 gallon drums, etc.)
5. Part II must be signed by a person in a position to certify that the waste was picked up and delivered to the designated facility (usually the driver). In the event more than one carrier is involved in transporting the waste, the last to handle it must sign Part II and each transporter preceding him must attach an additional page or note with all of the information requested in Part II, including a statement verifying who he received the waste from and who he delivered it to. This must also be signed and a copy forwarded to the NMEID.
6. Retain GREEN copy and send YELLOW to NMEID, Hazardous Waste Unit. Additional copies are given to the disposer.

## PART III - INSTRUCTIONS TO DISPOSER OF WASTE

1. Enter the name of the receiving facility and correct telephone number of that facility.
2. Enter the correct address.
3. Indicate what type of handling method is being conducted at the facility.
  - a) Storage - enter if storage is anticipated for greater than 90 days.
  - b) Treatment - enter type of treatment (e.g., acid neutralized by base, heavy metals reclaimed).
  - c) Disposal - enter type of disposal (e.g., incineration, burial, evaporation ponds, etc.).
4. Enter date and time waste is received at the facility.
5. Indicate any comments related to the waste.
6. Part III must be signed by a person of authority designated by the receiver.
7. Retain PINK copy and send GOLDENROD to NMEID, Hazardous Waste Unit.
8. Notify generator of waste within 15 days of waste disposal.



STATE OF NEW MEXICO

EID  
Hazardous Waste Unit  
P.O. Box 968  
Santa Fe, New Mexico 87501

NEW MEXICO  
HAZARDOUS WASTE  
SHIPPING MANIFEST

Manifest No. 80-2

COD006915607

This information is required under Section 107 (B) of the N.M. Hazardous Waste Regulations

(Follow instructions on reverse side carefully)  
(Please type or print clearly)

RECEIVED

PART I: GENERATOR OF WASTE (Must be completed by generator)

DEC 1 1980

COMMUNITY SUPPORT SERVICES SECTION

- Company Name: Sparton Southwest, Inc.
- Pick up address: 9621 Coors Rd. N.W.  
Albuquerque, NM 87114 Date 11-18-80 Phone 898-11504
- Business Address: P.O. Box 1748  
Albuquerque, NM 87103 Phone 898-1150
- Order placed by: Cleoves Martinez
- Type of Process  
Producing Waste: Etching operation
- Destination of Waste: 4265 Charter St.  
Primary Receiver: Philip A. Hunt Chemical Corp. Address: Los Angeles, CA 90058  
Secondary Receiver: Return to Sender Address: 9621 Coors Rd. N.W.  
Albuquerque, New Mexico 87114

WASTE DESCRIPTION	QUANTITY	CONCENTRATION		Hazardous Property
		Upper	Lower	
<u>Corrosive material Aqua Ammonia solution LTL CL. 30 T/L 35</u>	<u>(30) 55 Gal. Drums</u>	<u>10%</u>	<u>0</u>	<u>Corrosive Liquid H.O.S.</u>

- Special handling instructions: Wear corrosion resistant protection when handling.
- The materials described above were consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.  
Richard D. Mico  
Vice President & General Manager  
Name and Title of Authorized Agent  
\_\_\_\_\_  
Signature of Authorized Agent

PART II: TRANSPORTER OF WASTE (must be completed by carrier)

- Carrier name: ICX
- Business address: 2350 AZTEC NE Phone 745 1635
- Pickup date: 11-18-80 Time: 2:00
- Vehicle type: Ball Jointed Day VAN
- The materials above were received by me and were delivered to and accepted by the facility designated in Part I (6). I certify that the foregoing is true and correct to the best of my knowledge.  
\_\_\_\_\_  
Name and Title of Authorized Agent  
\_\_\_\_\_  
Signature of Authorized Agent

PART III: DISPOSER OF WASTE (must be completed by disposer)

- Receiver Name: Philip A Hunt Chemical Phone 213-589-9111
- Receiver Address: 4265 Charter St. Los Angeles, CA
- Handling Method  
Storage Anticipated length of storage \_\_\_\_\_  
 Treatment (Specify) REPROCESSING  
Disposal (Specify) \_\_\_\_\_
- Date waste received: 11-21-80 Time 8:30 AM
- Receiver Comments: NONE
- I certify that I received the above waste and that the foregoing is true and correct to the best of my knowledge.  
\_\_\_\_\_  
Name and Title of Authorized Agent  
\_\_\_\_\_  
Signature of Authorized Agent

010607

## PART I - INSTRUCTIONS TO GENERATOR

1. Enter the generator's firm name.
2. Enter the address and/or location where the waste is picked up by the transporter, the telephone number at that address and the date the waste was picked up.
3. Enter the correct business address and the telephone number at that address.
4. Enter the person's name who place the order with the carrier and/or the disposer and the date on which the order was made.
5. Enter the type of process from which the waste was generated.
6. The generator must designate a receiver (i.e., disposer) of the waste. An alternate may be provided in the event the primary disposer is unable to handle the waste at that time.
7. Complete the waste description table:
  - a) Column 1 - describe the waste as fully as possible, include constituents.
  - b) Column 2 - place the quantity along with the appropriate unit.
  - c) Column 3 and 4 - enter the upper and lower concentration limits in percentage or parts per million (ppm).
  - d) Column 5 - indicate the hazardous property of the waste (e.g., toxic, flammable, explosive, infectious, corrosive, etc.). If the waste has multiple hazardous properties, enter all that apply.
8. Enter any special instructions which should be observed by the carrier, disposer or any other person handling the waste.
9. A person of authority designated by the generator must sign Part I and enter his title before the waste can be delivered to the carrier/disposer.
10. Retain WHITE copy and send BLUE to NMEID, Hazardous Waste Unit. Additional copies are sent with carrier.

## PART II - INSTRUCTIONS TO TRANSPORTER OF WASTE

1. Enter the carrier's correct business name. The carrier is the firm contracted to haul the waste and not the individual driver.
2. Enter the correct business address and telephone number of the carrier.
3. Indicate the date and time the waste was picked-up by the carrier.
4. Enter the type of vehicle used to transport the waste (e.g., tank truck, tank car, flat bed truck with waste in 55 gallon drums, etc.)
5. Part II must be signed by a person in a position to certify that the waste was picked up and delivered to the designated facility (usually the driver). In the event more than one carrier is involved in transporting the waste, the last to handle it must sign Part II and each transporter preceding him must attach an additional page or note with all of the information requested in Part II, including a statement verifying who he received the waste from and who he delivered it to. This must also be signed and a copy forwarded to the NMEID.
6. Retain GREEN copy and send YELLOW to NMEID, Hazardous Waste Unit. Additional copies are given to the disposer.

## PART III - INSTRUCTIONS TO DISPOSER OF WASTE

1. Enter the name of the receiving facility and correct telephone number of that facility.
2. Enter the correct address.
3. Indicate what type of handling method is being conducted at the facility.
  - a) Storage - enter if storage is anticipated for greater than 90 days.
  - b) Treatment - enter type of treatment (e.g., acid neutralized by base, heavy metals reclaimed).
  - c) Disposal - enter type of disposal (e.g., incineration, burial, evaporation ponds, etc.).
4. Enter date and time waste is received at the facility.
5. Indicate any comments related to the waste.
6. Part III must be signed by a person of authority designated by the receiver.
7. Retain PINK copy and send GOLDENROD to NMEID, Hazardous Waste Unit.
8. Notify generator of waste within 15 days of waste disposal.



STATE OF NEW MEXICO

EID

Hazardous Waste Unit  
P.O. Box 968  
Santa Fe, New Mexico 87501

NEW MEXICO  
HAZARDOUS WASTE  
SHIPPING MANIFEST

Manifest No. 80-3

This information is required  
under Section 107 (B) of the  
N.M. Hazardous Waste Regulations

(Follow instructions on reverse side carefully)  
(Please type or print clearly)

PART I: GENERATOR OF WASTE (Must be completed by generator)

- 1. Company Name: Sparton Southwest, Inc.
- 2. Pick up address: 9621 Coors Rd. N.W.  
Albuquerque, New Mexico 87114 Date 12-5-80 Phone 898-1150
- 3. Business Address P.O. Box 1784  
Albuquerque, New Mexico 87103 Phone 898-1150
- 4. Order placed by Cleoves Martinez
- 5. Type of Process  
Producing Waste: Electroplating
- 6. Destination of Waste:  
Primary Receiver Casmalia Disposal Address: NTU Road, Casmalia, Calif.  
Secondary Receiver Return to Generator Address: \_\_\_\_\_

WASTE DESCRIPTION	QUANTITY	CONCENTRATION		Hazardous Property
		Upper	Lower	
Lead	1 Gallon	0.42	.1	Toxic
Copper		437.0	25.0	
Boron		194.0	5.0	
Tin		< 1	0	RECEIVED
				DEC 5 1980

8. Special handling instructions N/A P&M SECTION

9. The materials described above were consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Richard D. Mico  
Vice President & Gen. Manager  
Name and Title of Authorized Agent  
Richard D. Mico  
Signature of Authorized Agent

PART II: TRANSPORTER OF WASTE (must be completed by carrier)

- 1. Carrier name: Illinois California Express
  - 2. Business address 2350 Aztec N.E. Albuquerque, New Mexico 87107 Phone (505) 884-1641
  - 3. Pickup date: 12-5-80 Time: 1:15
  - 4. Vehicle type Bob Tail
  - 5. The materials above were received by me and were delivered to and accepted by the facility designated in Part I (6). I certify that the foregoing is true and correct to the best of my knowledge.
- Carlos Griego - DRIVER  
Name and Title of Authorized Agent  
Carlos Griego  
Signature of Authorized Agent

PART III: DISPOSER OF WASTE (must be completed by disposer)

- 1. Receiver Name: \_\_\_\_\_ Phone \_\_\_\_\_
  - 2. Receiver Address \_\_\_\_\_
  - 3. Handling Method  
 Storage      Anticipated length of storage \_\_\_\_\_  
 Treatment (Specify) \_\_\_\_\_  
 Disposal (Specify) \_\_\_\_\_
  - 4. Date waste received: \_\_\_\_\_ Time \_\_\_\_\_
  - 5. Receiver Comments: \_\_\_\_\_
  - 6. I certify that I received the above waste and that the foregoing is true and correct to the best of my knowledge.
- \_\_\_\_\_  
Name and Title of Authorized Agent

010609

Signature of Authorized Agent

## PART I - INSTRUCTIONS TO GENERATOR

1. Enter the generator's firm name.
2. Enter the address and/or location where the waste is picked up by the transporter, the telephone number at that address and the date the waste was picked up.
3. Enter the correct business address and the telephone number at that address.
4. Enter the person's name who place the order with the carrier and/or the disposer and the date on which the order was made.
5. Enter the type of process from which the waste was generated.
6. The generator must designate a receiver (i.e., disposer) of the waste. An alternate may be provided in the event the primary disposer is unable to handle the waste at that time.
7. Complete the waste description table:
  - a) Column 1 - describe the waste as fully as possible, include constituents.
  - b) Column 2 - place the quantity along with the appropriate unit.
  - c) Column 3 and 4 - enter the upper and lower concentration limits in percentage or parts per million (ppm).
  - d) Column 5 - indicate the hazardous property of the waste (e.g., toxic, flammable, explosive, infectious, corrosive, etc.). If the waste has multiple hazardous properties, enter all that apply.
8. Enter any special instructions which should be observed by the carrier, disposer or any other person handling the waste.
9. A person of authority designated by the generator must sign Part I and enter his title before the waste can be delivered to the carrier/disposer.
10. Retain WHITE copy and send BLUE to NMEID, Hazardous Waste Unit. Additional copies are sent with carrier.

## PART II - INSTRUCTIONS TO TRANSPORTER OF WASTE

1. Enter the carrier's correct business name. The carrier is the firm contracted to haul the waste and not the individual driver.
2. Enter the correct business address and telephone number of the carrier.
3. Indicate the date and time the waste was picked-up by the carrier.
4. Enter the type of vehicle used to transport the waste (e.g., tank truck, tank car, flat bed truck with waste in 55 gallon drums, etc.)
5. Part II must be signed by a person in a position to certify that the waste was picked up and delivered to the designated facility (usually the driver). In the event more than one carrier is involved in transporting the waste, the last to handle it must sign Part II and each transporter preceding him must attach an additional page or note with all of the information requested in Part II, including a statement verifying who he received the waste from and who he delivered it to. This must also be signed and a copy forwarded to the NMEID.
6. Retain GREEN copy and send YELLOW to NMEID, Hazardous Waste Unit. Additional copies are given to the disposer.

## PART III - INSTRUCTIONS TO DISPOSER OF WASTE

1. Enter the name of the receiving facility and correct telephone number of that facility.
2. Enter the correct address.
3. Indicate what type of handling method is being conducted at the facility.
  - a) Storage - enter if storage is anticipated for greater than 90 days.
  - b) Treatment - enter type of treatment (e.g., acid neutralized by base, heavy metals reclaimed).
  - c) Disposal - enter type of disposal (e.g, incineration, burial, evaporation ponds, etc.).
4. Enter date and time waste is received at the facility.
5. Indicate any comments related to the waste.
6. Part III must be signed by a person of authority designated by the receiver.
7. Retain PINK copy and send GOLDENROD to NMEID, Hazardous Waste Unit.
8. Notify generator of waste within 15 days of waste disposal.



STATE OF NEW MEXICO

EID

Hazardous Waste Unit

P.O. Box 968

Santa Fe, New Mexico 87501

NEW MEXICO  
HAZARDOUS WASTE  
SHIPPING MANIFEST

Manifest No. 80-3

This information is required  
under Section 107 (B) of the  
N.M. Hazardous Waste Regulations

RECEIVED

(Follow instructions on reverse side carefully)  
(Please type or print clearly)

DEC 10 1980

PART I: GENERATOR OF WASTE (Must be completed by generator)

- Company Name: Sparton Southwest, Inc. PEM SECTION
- Pick up address: 9621 Coors Rd. N.W.  
Albuquerque, New Mexico 87114 Date 12-5-80 Phone 898-1150
- Business Address: P.O. Box 1784  
Albuquerque, New Mexico 87103 Phone 898-1150
- Order placed by: Claoves Martinez
- Type of Process  
Producing Waste: Electroplating
- Destination of Waste:  
Primary Receiver Casmalia Disposal Address: NTU Road, Casmalia, Calif.  
Secondary Receiver Return to Generator Address: \_\_\_\_\_

WASTE DESCRIPTION	QUANTITY	CONCENTRATION		Hazardous Property
		Upper	Lower	
Lead	1 Gallon	0.42	.1	Toxic
Copper		437.0	25.0	
Boron		194.0	5.0	
Tin		< 1	0	

- Special handling instructions N/A
- The materials described above were consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.  
Richard D. Mico  
**Vice President & Gen. Manager**  
Name and Title of Authorized Agent  
Richard D. Mico  
Signature of Authorized Agent

PART II: TRANSPORTER OF WASTE (must be completed by carrier)

- Carrier name: Illinois California Express
- Business address: 2350 Aztec N.E. Albuquerque, New Mexico 87107 Phone (505) 884-1641
- Pickup date: 12-5-80 Time: 1:15
- Vehicle type: Box Trailer 1980 Trl 4566
- The materials above were received by me and were delivered to and accepted by the facility designated in Part I (6). I certify that the foregoing is true and correct to the best of my knowledge.  
Carlos Griego - DRIVER  
Name and Title of Authorized Agent  
Carlos Griego  
Signature of Authorized Agent

PART III: DISPOSER OF WASTE (must be completed by disposer)

- Receiver Name: \_\_\_\_\_ Phone \_\_\_\_\_
- Receiver Address \_\_\_\_\_
- Handling Method \_\_\_\_\_  
Storage Anticipated length of storage \_\_\_\_\_  
Treatment (Specify) \_\_\_\_\_  
Disposal (Specify) \_\_\_\_\_
- Date waste received: \_\_\_\_\_ Time \_\_\_\_\_
- Receiver Comments: \_\_\_\_\_
- I certify that I received the above waste and that the foregoing is true and correct to the best of my knowledge.  
Name and Title of Authorized Agent \_\_\_\_\_

010611

Signature of Authorized Agent

For information related to spills or other emergencies involving hazardous wastes or other materials call (505) 827-5271 Ext. 275, Hazardous Waste Unit.

## PART I - INSTRUCTIONS TO GENERATOR

1. Enter the generator's firm name.
2. Enter the address and/or location where the waste is picked up by the transporter, the telephone number at that address and the date the waste was picked up.
3. Enter the correct business address and the telephone number at that address.
4. Enter the person's name who place the order with the carrier and/or the disposer and the date on which the order was made.
5. Enter the type of process from which the waste was generated.
6. The generator must designate a receiver (i.e., disposer) of the waste. An alternate may be provided in the event the primary disposer is unable to handle the waste at that time.
7. Complete the waste description table:
  - a) Column 1 - describe the waste as fully as possible, include constituents.
  - b) Column 2 - place the quantity along with the appropriate unit.
  - c) Column 3 and 4 - enter the upper and lower concentration limits in percentage or parts per million (ppm).
  - d) Column 5 - indicate the hazardous property of the waste (e.g., toxic, flammable, explosive, infectious, corrosive, etc.). If the waste has multiple hazardous properties, enter all that apply.
8. Enter any special instructions which should be observed by the carrier, disposer or any other person handling the waste.
9. A person of authority designated by the generator must sign Part I and enter his title before the waste can be delivered to the carrier/disposer.
10. Retain WHITE copy and send BLUE to NMEID, Hazardous Waste Unit. Additional copies are sent with carrier.

## PART II - INSTRUCTIONS TO TRANSPORTER OF WASTE

1. Enter the carrier's correct business name. The carrier is the firm contracted to haul the waste and not the individual driver.
2. Enter the correct business address and telephone number of the carrier.
3. Indicate the date and time the waste was picked-up by the carrier.
4. Enter the type of vehicle used to transport the waste (e.g., tank truck, tank car, flat bed truck with waste in 55 gallon drums, etc.)
5. Part II must be signed by a person in a position to certify that the waste was picked up and delivered to the designated facility (usually the driver). In the event more than one carrier is involved in transporting the waste, the last to handle it must sign Part II and each transporter preceding him must attach an additional page or note with all of the information requested in Part II, including a statement verifying who he received the waste from and who he delivered it to. This must also be signed and a copy forwarded to the NMEID.
6. Retain GREEN copy and send YELLOW to NMEID, Hazardous Waste Unit. Additional copies are given to the disposer.

## PART III - INSTRUCTIONS TO DISPOSER OF WASTE

1. Enter the name of the receiving facility and correct telephone number of that facility.
2. Enter the correct address.
3. Indicate what type of handling method is being conducted at the facility.
  - a) Storage - enter if storage is anticipated for greater than 90 days.
  - b) Treatment - enter type of treatment (e.g., acid neutralized by base, heavy metals reclaimed).
  - c) Disposal - enter type of disposal (e.g., incineration, burial, evaporation ponds, etc.).
4. Enter date and time waste is received at the facility.
5. Indicate any comments related to the waste.
6. Part III must be signed by a person of authority designated by the receiver.
7. Retain PINK copy and send GOLDENROD to NMEID, Hazardous Waste Unit.
8. Notify generator of waste within 15 days of waste disposal.

010612



STATE OF NEW MEXICO

EID

Hazardous Waste Unit

P.O. Box 968

Santa Fe, New Mexico 87501

(Follow instructions on reverse side carefully)  
(Please type or print clearly)

NEW MEXICO  
HAZARDOUS WASTE  
SHIPPING MANIFEST

Manifest No. 80-4

This information is required  
under Section 107 (B) of the  
N.M. Hazardous Waste Regulations

RECEIVED

JAN 5 1981

PART I: GENERATOR OF WASTE (Must be completed by generator)

- 1. Company Name: Sparton Southwest, Inc.
- 2. Pick up address: 9621 Coors Rd. N.W.  
Albuquerque, New Mexico 87114 Date 12-31-80 Phone 898-1150
- 3. Business Address P.O. Box 1784  
Albuquerque, New Mexico 87103 Phone 898-1150
- 4. Order placed by Cleoves Martinez
- 5. Type of Process  
Producing Waste: Plating and parts cleaning
- 6. Destination of Waste:  
Primary Receiver Casmalia Disposal Address: NTU Road, Casmalia, California  
Secondary Receiver BKK Disposal Address: 6414 Miramar Rd., San Diego, CA

WASTE DESCRIPTION	QUANTITY	CONCENTRATION		Hazardous Property
		Upper	Lower	
Mixed Solvents (Methylene Chloride)	(57) 55 Gal. Drums	33%	5%	Flammable, toxic, corrosive
(Methylethyl Ketone)		50%	5%	
(Toluene, Methylbenzene)		17%	5%	
(Glycol ether)		Trace	0	
(Alkylaryl Sulfonic Acid)		Trace	0	

- 8. Special handling instructions Avoid sparks or open flames, wear corrosion resistant protection when handling.
- 9. The materials described above were consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.  

Richard D. Mico  
Vice President & General Manager  
Name and Title of Authorized Agent  
Richard D. Mico  
Signature of Authorized Agent

PART II: TRANSPORTER OF WASTE (must be completed by carrier)

- 1. Carrier name: RINCLHM CO. INC.
- 2. Business address 2402 SOUTH 15TH AVE PHOENIX, AZ Phone (602) 84-8843
- 3. Pickup date: 12-31-80 Time: 2:30pm
- 4. Vehicle type: SEMI TRUCK 45' VAN
- 5. The materials above were received by me and were delivered to and accepted by the facility designated in Part I (6). I certify that the foregoing is true and correct to the best of my knowledge.  

JOHN B. ORTEGA  
Name and Title of Authorized Agent  
John B. Ortega  
Signature of Authorized Agent

PART III: DISPOSER OF WASTE (must be completed by disposer)

- 1. Receiver Name: \_\_\_\_\_ Phone \_\_\_\_\_
- 2. Receiver Address \_\_\_\_\_
- 3. Handling Method  
Storage Anticipated length of storage \_\_\_\_\_  
Treatment (Specify) \_\_\_\_\_  
Disposal (Specify) \_\_\_\_\_
- 4. Date waste received: \_\_\_\_\_ Time \_\_\_\_\_
- 5. Receiver Comments: \_\_\_\_\_
- 6. I certify that I received the above waste and that the foregoing is true and correct to the best of my knowledge.  

\_\_\_\_\_  
Name and Title of Authorized Agent

010613

Signature of Authorized Agent

## PART I - INSTRUCTIONS TO GENERATOR

1. Enter the generator's firm name.
2. Enter the address and/or location where the waste is picked up by the transporter, the telephone number at that address and the date the waste was picked up.
3. Enter the correct business address and the telephone number at that address.
4. Enter the person's name who place the order with the carrier and/or the disposer and the date on which the order was made.
5. Enter the type of process from which the waste was generated.
6. The generator must designate a receiver (i.e., disposer) of the waste. An alternate may be provided in the event the primary disposer is unable to handle the waste at that time.
7. Complete the waste description table:
  - a) Column 1 - describe the waste as fully as possible, include constituents.
  - b) Column 2 - place the quantity along with the appropriate unit.
  - c) Column 3 and 4 - enter the upper and lower concentration limits in percentage or parts per million (ppm).
  - d) Column 5 - indicate the hazardous property of the waste (e.g., toxic, flammable, explosive, infectious, corrosive, etc.).  
If the waste has multiple hazardous properties, enter all that apply.
8. Enter any special instructions which should be observed by the carrier, disposer or any other person handling the waste.
9. A person of authority designated by the generator must sign Part I and enter his title before the waste can be delivered to the carrier/disposer.
10. Retain WHITE copy and send BLUE to NMEID, Hazardous Waste Unit. Additional copies are sent with carrier.

## PART II - INSTRUCTIONS TO TRANSPORTER OF WASTE

1. Enter the carrier's correct business name. The carrier is the firm contracted to haul the waste and not the individual driver.
2. Enter the correct business address and telephone number of the carrier.
3. Indicate the date and time the waste was picked-up by the carrier.
4. Enter the type of vehicle used to transport the waste (e.g., tank truck, tank car, flat bed truck with waste in 55 gallon drums, etc.)
5. Part II must be signed by a person in a position to certify that the waste was picked up and delivered to the designated facility (usually the driver). In the event more than one carrier is involved in transporting the waste, the last to handle it must sign Part II and each transporter preceding him must attach an additional page or note with all of the information requested in Part II, including a statement verifying who he received the waste from and who he delivered it to. This must also be signed and a copy forwarded to the NMEID.
6. Retain GREEN copy and send YELLOW to NMEID, Hazardous Waste Unit. Additional copies are given to the disposer.

## PART III - INSTRUCTIONS TO DISPOSER OF WASTE

1. Enter the name of the receiving facility and correct telephone number of that facility.
2. Enter the correct address.
3. Indicate what type of handling method is being conducted at the facility.
  - a) Storage - enter if storage is anticipated for greater than 90 days.
  - b) Treatment - enter type of treatment (e.g., acid neutralized by base, heavy metals reclaimed).
  - c) Disposal - enter type of disposal (e.g., incineration, burial, evaporation ponds, etc.).
4. Enter date and time waste is received at the facility.
5. Indicate any comments related to the waste.
6. Part III must be signed by a person of authority designated by the receiver.
7. Retain PINK copy and send GOLDENROD to NMEID, Hazardous Waste Unit.
8. Notify generator of waste within 15 days of waste disposal.



STATE OF NEW MEXICO

EID

Hazardous Waste Unit

P.O. Box 968

Santa Fe, New Mexico 87501

NEW MEXICO HAZARDOUS WASTE SHIPPING MANIFEST

Manifest No. 80-5

This information is required under Section 107 (B) of the N.M. Hazardous Waste Regulations

(Follow instructions on reverse side carefully) (Please type or print clearly)

RECEIVED JAN 8 1981 PEM SECTION

PART I: GENERATOR OF WASTE (Must be completed by generator)

- 1. Company Name: Sparton Southwest Inc.
2. Pick up address: 9621 Coors Rd. NW Albuquerque, NM 87114 Date Phone 898-1150
3. Business Address: P.O. Box 1784 Albuquerque, NM 87103 Phone 898-1150
4. Order placed by: Cleoves Martinez
5. Type of Process: Producing Waste: Printed circuit board manufacturing
6. Destination of Waste: 4265 Charter St. Primary Receiver Philip A. Hunt Chemical Corp. Address: Los Angeles, California 90058 Secondary Receiver (Return to Generator) Address:

Table with 4 columns: WASTE DESCRIPTION, QUANTITY, CONCENTRATION (Upper/Lower), and Hazardous Property. Includes entries for Alkaline Solution (Ammonia) and (Copper).

8. Special handling instructions Use corrosion Resistant protection.

9. The materials described above were consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Richard D. Mico Vice President & General Manager Name and Title of Authorized Agent

Signature of Authorized Agent

PART II: TRANSPORTER OF WASTE (must be completed by carrier)

- 1. Carrier name: ICX
2. Business address: 2350 AZTEC NE Phone: 884 1641
3. Pickup date: 1-5-81 Time: 2:00
4. Vehicle type: BOB TAIL
5. The materials above were received by me and were delivered to and accepted by the facility designated in Part I (6). I certify that the foregoing is true and correct to the best of my knowledge.

CARLOS GRIEGO Truckdriver Name and Title of Authorized Agent

Signature of Authorized Agent

PART III: DISPOSER OF WASTE (must be completed by disposer)

- 1. Receiver Name: Phone
2. Receiver Address
3. Handling Method: Storage Anticipated length of storage Treatment (Specify) Disposal (Specify)
4. Date waste received: Time
5. Receiver Comments:

6. I certify that I received the above waste and that the foregoing is true and correct to the best of my knowledge.

Name and Title of Authorized Agent

010615

Signature of Authorized Agent

## PART I - INSTRUCTIONS TO GENERATOR

1. Enter the generator's firm name.
2. Enter the address and/or location where the waste is picked up by the transporter, the telephone number at that address and the date the waste was picked up.
3. Enter the correct business address and the telephone number at that address.
4. Enter the person's name who place the order with the carrier and/or the disposer and the date on which the order was made.
5. Enter the type of process from which the waste was generated.
6. The generator must designate a receiver (i.e., disposer) of the waste. An alternate may be provided in the event the primary disposer is unable to handle the waste at that time.
7. Complete the waste description table:
  - a) Column 1 - describe the waste as fully as possible, include constituents.
  - b) Column 2 - place the quantity along with the appropriate unit.
  - c) Column 3 and 4 - enter the upper and lower concentration limits in percentage or parts per million (ppm).
  - d) Column 5 - indicate the hazardous property of the waste (e.g., toxic, flammable, explosive, infectious, corrosive, etc.). If the waste has multiple hazardous properties, enter all that apply.
8. Enter any special instructions which should be observed by the carrier, disposer or any other person handling the waste.
9. A person of authority designated by the generator must sign Part I and enter his title before the waste can be delivered to the carrier/disposer.
10. Retain WHITE copy and send BLUE to NMEID, Hazardous Waste Unit. Additional copies are sent with carrier.

## PART II - INSTRUCTIONS TO TRANSPORTER OF WASTE

1. Enter the carrier's correct business name. The carrier is the firm contracted to haul the waste and not the individual driver.
2. Enter the correct business address and telephone number of the carrier.
3. Indicate the date and time the waste was picked-up by the carrier.
4. Enter the type of vehicle used to transport the waste (e.g., tank truck, tank car, flat bed truck with waste in 55 gallon drums, etc.)
5. Part II must be signed by a person in a position to certify that the waste was picked up and delivered to the designated facility (usually the driver). In the event more than one carrier is involved in transporting the waste, the last to handle it must sign Part II and each transporter preceding him must attach an additional page or note with all of the information requested in Part II, including a statement verifying who he received the waste from and who he delivered it to. This must also be signed and a copy forwarded to the NMEID.
6. Retain GREEN copy and send YELLOW to NMEID, Hazardous Waste Unit. Additional copies are given to the disposer.

## PART III - INSTRUCTIONS TO DISPOSER OF WASTE

1. Enter the name of the receiving facility and correct telephone number of that facility.
2. Enter the correct address.
3. Indicate what type of handling method is being conducted at the facility.
  - a) Storage - enter if storage is anticipated for greater than 90 days.
  - b) Treatment - enter type of treatment (e.g., acid neutralized by base, heavy metals reclaimed).
  - c) Disposal - enter type of disposal (e.g, incineration, burial, evaporation ponds, etc.).
4. Enter date and time waste is received at the facility.
5. Indicate any comments related to the waste.
6. Part III must be signed by a person of authority designated by the receiver.
7. Retain PINK copy and send GOLDENROD to NMEID, Hazardous Waste Unit.
8. Notify generator of waste within 15 days of waste disposal.

010616



STATE OF NEW MEXICO

EID  
Hazardous Waste Unit  
P.O. Box 968  
Santa Fe, New Mexico 87501

NEW MEXICO  
HAZARDOUS WASTE  
SHIPPING MANIFEST

Manifest No. 80-5

This information is required  
under Section 107 (B) of the  
N.M. Hazardous Waste Regulations

(Follow instructions on reverse side carefully)  
(Please type or print clearly)

RECEIVED

JAN 26 1981

PART I: GENERATOR OF WASTE (Must be completed by generator)

- 1. Company Name: Sparton Southwest, Inc.
- 2. Pick up address: 9621 Coors Rd. NW  
Albuquerque, NM 87114 Date PEM SECTION Phone 898-1150
- 3. Business Address: P.O. Box 1784  
Albuquerque, NM 87103 Phone 898-1150
- 4. Order placed by: Cleoves Martinez
- 5. Type of Process  
Producing Waste: Printed circuit board manufacturing
- 6. Destination of Waste: 4265 Charter St.  
Primary Receiver: Philip A. Hunt Chemical Corp. Address: Los Angeles, California 90058  
Secondary Receiver: (Return to Generator) Address:

WASTE DESCRIPTION	QUANTITY	CONCENTRATION		Hazardous Property
		Upper	Lower	
Alkaline Solution (Ammonia)	<u>8190 Lbs.</u>			Corrosive Liquid N.O.S.
(Copper)		10%	8	
		16%	8	

- 8. Special handling instructions: Use corrosion resistant protection.
- 9. The materials described above were consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.  
Name and Title of Authorized Agent: Richard D. Mico Vice President & General Manager  
Signature of Authorized Agent: [Signature]

PART II: TRANSPORTER OF WASTE (must be completed by carrier)

- 1. Carrier name: ICX (067-028400-5) FREIGHT LINES
- 2. Business address: 2350 AZTEC NE Phone 884-1641
- 3. Pickup date: 1-5-81 Time: 3:00
- 4. Vehicle type: BOB TAIL - VAN DRY
- 5. The materials above were received by me and were delivered to and accepted by the facility designated in Part I (6). I certify that the foregoing is true and correct to the best of my knowledge.  
Name and Title of Authorized Agent: CARLOS GRIEGO TRUCK DRIVER  
Signature of Authorized Agent: [Signature]

PART III: DISPOSER OF WASTE (must be completed by disposer)

- 1. Receiver Name: Philip A Hunt Chemical Phone 213-589 9111
- 2. Receiver Address: 4265 Charter St Los Angeles, Ca 90058
- 3. Handling Method  
Storage Anticipated length of storage \_\_\_\_\_  
 Treatment (Specify) Metals Reclaimed  
Disposal (Specify) \_\_\_\_\_
- 4. Date waste received: 1-9-81 Time 1:00 PM
- 5. Receiver Comments: DRUMS WERE IN GOOD Shape.
- 6. I certify that I received the above waste and that the foregoing is true and correct to the best of my knowledge.  
Name and Title of Authorized Agent: R. HOEN Waste Mgr.  
Signature of Authorized Agent: [Signature]

010617

## PART I - INSTRUCTIONS TO GENERATOR

1. Enter the generator's firm name.
2. Enter the address and/or location where the waste is picked up by the transporter, the telephone number at that address and the date the waste was picked up.
3. Enter the correct business address and the telephone number at that address.
4. Enter the person's name who place the order with the carrier and/or the disposer and the date on which the order was made.
5. Enter the type of process from which the waste was generated.
6. The generator must designate a receiver (i.e., disposer) of the waste. An alternate may be provided in the event the primary disposer is unable to handle the waste at that time.
7. Complete the waste description table:
  - a) Column 1 - describe the waste as fully as possible, include constituents.
  - b) Column 2 - place the quantity along with the appropriate unit.
  - c) Column 3 and 4 - enter the upper and lower concentration limits in percentage or parts per million (ppm).
  - d) Column 5 - indicate the hazardous property of the waste (e.g., toxic, flammable, explosive, infectious, corrosive, etc.).  
If the waste has multiple hazardous properties, enter all that apply.
8. Enter any special instructions which should be observed by the carrier, disposer or any other person handling the waste.
9. A person of authority designated by the generator must sign Part I and enter his title before the waste can be delivered to the carrier/disposer.
10. Retain WHITE copy and send BLUE to NMEID, Hazardous Waste Unit. Additional copies are sent with carrier.

## PART II - INSTRUCTIONS TO TRANSPORTER OF WASTE

1. Enter the carrier's correct business name. The carrier is the firm contracted to haul the waste and not the individual driver.
2. Enter the correct business address and telephone number of the carrier.
3. Indicate the date and time the waste was picked-up by the carrier.
4. Enter the type of vehicle used to transport the waste (e.g., tank truck, tank car, flat bed truck with waste in 55 gallon drums, etc.)
5. Part II must be signed by a person in a position to certify that the waste was picked up and delivered to the designated facility (usually the driver). In the event more than one carrier is involved in transporting the waste, the last to handle it must sign Part II and each transporter preceding him must attach an additional page or note with all of the information requested in Part II, including a statement verifying who he received the waste from and who he delivered it to. This must also be signed and a copy forwarded to the NMEID.
6. Retain GREEN copy and send YELLOW to NMEID, Hazardous Waste Unit. Additional copies are given to the disposer.

## PART III - INSTRUCTIONS TO DISPOSER OF WASTE

1. Enter the name of the receiving facility and correct telephone number of that facility.
2. Enter the correct address.
3. Indicate what type of handling method is being conducted at the facility.
  - a) Storage - enter if storage is anticipated for greater than 90 days.
  - b) Treatment - enter type of treatment (e.g., acid neutralized by base, heavy metals reclaimed).
  - c) Disposal - enter type of disposal (e.g, incineration, burial, evaporation ponds, etc.).
4. Enter date and time waste is received at the facility.
5. Indicate any comments related to the waste.
6. Part III must be signed by a person of authority designated by the receiver.
7. Retain PINK copy and send GOLDENROD to NMEID, Hazardous Waste Unit.
8. Notify generator of waste within 15 days of waste disposal.

010618



STATE OF NEW MEXICO

EID

Hazardous Waste Unit

P.O. Box 968

Santa Fe, New Mexico 87501

NEW MEXICO HAZARDOUS WASTE SHIPPING MANIFEST

Manifest No. 81-6

This information is required under Section 107 (B) of the N.M. Hazardous Waste Regulations

(Follow instructions on reverse side carefully) (Please type or print clearly)

RECEIVED FEB 23 1991

PART I: GENERATOR OF WASTE (Must be completed by generator)

- 1. Company Name: SPARTON SOUTHWEST INC.
2. Pick up address: 9621 Coors Rd. N.W. Albuquerque, New Mexico 87114
3. Business Address: P.O. Box 1784 Albuquerque, New Mexico 87103
4. Order placed by: Cloves Martins
5. Type of Process: Producing Waste: Etching Operation
6. Destination of Waste: Primary Receiver Philip A. Hunt Chemical Corp. Address: 4265 Charter Street Los Angeles, California 90058

Table with 4 columns: WASTE DESCRIPTION, QUANTITY, CONCENTRATION (Upper/Lower), Hazardous Property. Includes entries for Alkaline Solution (Ammonia) and (Copper).

- 8. Special handling instructions: Use corrosion resistant protection.
9. The materials described above were consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.
Richard D. Mico, Vice President & General Manager, Signature of Authorized Agent

PART II: TRANSPORTER OF WASTE (must be completed by carrier)

- 1. Carrier name: CLX EPA# C00006915607
2. Business address: 2350 ARTEC N.E Phone 884-0090
3. Pickup date: 2/19 Time: 10:50 AM
4. Vehicle type: BOB TAIL
5. The materials above were received by me and were delivered to and accepted by the facility designated in Part I (6). I certify that the foregoing is true and correct to the best of my knowledge.
TRUCK DRIVER, Name and Title of Authorized Agent, Signature of Authorized Agent

PART III: DISPOSER OF WASTE (must be completed by disposer)

- 1. Receiver Name: Phone:
2. Receiver Address:
3. Handling Method: Storage Anticipated length of storage: Treatment (Specify): Disposal (Specify):
4. Date waste received: Time:
5. Receiver Comments:
6. I certify that I received the above waste and that the foregoing is true and correct to the best of my knowledge. Name and Title of Authorized Agent

010619

Signature of Authorized Agent

## PART I - INSTRUCTIONS TO GENERATOR

1. Enter the generator's firm name.
2. Enter the address and/or location where the waste is picked up by the transporter, the telephone number at that address and the date the waste was picked up.
3. Enter the correct business address and the telephone number at that address.
4. Enter the person's name who place the order with the carrier and/or the disposer and the date on which the order was made.
5. Enter the type of process from which the waste was generated.
6. The generator must designate a receiver (i.e., disposer) of the waste. An alternate may be provided in the event the primary disposer is unable to handle the waste at that time.
7. Complete the waste description table:
  - a) Column 1 - describe the waste as fully as possible, include constituents.
  - b) Column 2 - place the quantity along with the appropriate unit.
  - c) Column 3 and 4 - enter the upper and lower concentration limits in percentage or parts per million (ppm).
  - d) Column 5 - indicate the hazardous property of the waste (e.g., toxic, flammable, explosive, infectious, corrosive, etc.). If the waste has multiple hazardous properties, enter all that apply.
8. Enter any special instructions which should be observed by the carrier, disposer or any other person handling the waste.
9. A person of authority designated by the generator must sign Part I and enter his title before the waste can be delivered to the carrier/disposer.
10. Retain WHITE copy and send BLUE to NMEID, Hazardous Waste Unit. Additional copies are sent with carrier.

## PART II - INSTRUCTIONS TO TRANSPORTER OF WASTE

1. Enter the carrier's correct business name. The carrier is the firm contracted to haul the waste and not the individual driver.
2. Enter the correct business address and telephone number of the carrier.
3. Indicate the date and time the waste was picked-up by the carrier.
4. Enter the type of vehicle used to transport the waste (e.g., tank truck, tank car, flat bed truck with waste in 55 gallon drums, etc.)
5. Part II must be signed by a person in a position to certify that the waste was picked up and delivered to the designated facility (usually the driver). In the event more than one carrier is involved in transporting the waste, the last to handle it must sign Part II and each transporter preceding him must attach an additional page or note with all of the information requested in Part II, including a statement verifying who he received the waste from and who he delivered it to. This must also be signed and a copy forwarded to the NMEID.
6. Retain GREEN copy and send YELLOW to NMEID, Hazardous Waste Unit. Additional copies are given to the disposer.

## PART III - INSTRUCTIONS TO DISPOSER OF WASTE

1. Enter the name of the receiving facility and correct telephone number of that facility.
2. Enter the correct address.
3. Indicate what type of handling method is being conducted at the facility.
  - a) Storage - enter if storage is anticipated for greater than 90 days.
  - b) Treatment - enter type of treatment (e.g., acid neutralized by base, heavy metals reclaimed).
  - c) Disposal - enter type of disposal (e.g, incineration, burial, evaporation ponds, etc.).
4. Enter date and time waste is received at the facility.
5. Indicate any comments related to the waste.
6. Part III must be signed by a person of authority designated by the receiver.
7. Retain PINK copy and send GOLDENROD to NMEID, Hazardous Waste Unit.
8. Notify generator of waste within 15 days of waste disposal.

010620



STATE OF NEW MEXICO

EID

Hazardous Waste Unit

P.O. Box 968

Santa Fe, New Mexico 87501

NEW MEXICO  
HAZARDOUS WASTE  
SHIPPING MANIFEST

Manifest No. 81-6

This information is required under Section 107 (B) of the N.M. Hazardous Waste Regulations

(Follow instructions on reverse side carefully)  
(Please type or print clearly)

RECEIVED

MAR 6 1981

PEM SECTION

Phone (505) 898-1150

PART I: GENERATOR OF WASTE (Must be completed by generator)

- 1. Company Name: SPARTON SOUTHWEST INC.
- 2. Pick up address: 3621 Coors Rd. N.W.  
Albuquerque, New Mexico 87114 Date \_\_\_\_\_
- 3. Business Address: P.O. Box 1784  
Albuquerque, New Mexico 87103 Phone (505) 898-1150
- 4. Order placed by: Cleves Martinez
- 5. Type of Process  
Producing Waste: Etching Operation
- 6. Destination of Waste: 4265 Charter Street  
Primary Receiver: Philip A. Hunt Chemical Corp. Address: Los Angeles, California 90058  
Secondary Receiver: (Return to generator) Address: \_\_\_\_\_

WASTE DESCRIPTION	QUANTITY	CONCENTRATION		Hazardous Property
		Upper	Lower	
<u>Alkaline Solution</u>	<u>14,625 Lbs.</u>			<u>Corrosive Liquid N.O.S.</u>
<u>(Ammonia)</u>		<u>10%</u>	<u>0</u>	
<u>(Copper)</u>		<u>16%</u>	<u>0</u>	

- 8. Special handling instructions: Use corrosion resistant protection.
- 9. The materials described above were consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.  
 Name and Title of Authorized Agent: Richard D. Mico  
Vice President & General Manager  
 Signature of Authorized Agent: \_\_\_\_\_

PART II: TRANSPORTER OF WASTE (must be completed by carrier)

- 1. Carrier name: GLX EPA# 0000057-007
- 2. Business address: 2238 N. 2nd St. N.E. Phone 254-0070
- 3. Pickup date: 2/19 Time: 10-AM
- 4. Vehicle type: TRUCK DRY VAN
- 5. The materials above were received by me and were delivered to and accepted by the facility designated in Part I (6). I certify that the foregoing is true and correct to the best of my knowledge.  
 Name and Title of Authorized Agent: \_\_\_\_\_  
 Signature of Authorized Agent: \_\_\_\_\_

PART III: DISPOSER OF WASTE (must be completed by disposer)

- 1. Receiver Name: P.A. Hunt Chemical Phone 213-5899111
- 2. Receiver Address: 4265 Charter St. Los Angeles, Ca
- 3. Handling Method  
 Storage Anticipated length of storage \_\_\_\_\_  
 Treatment (Specify) Rework  
 Disposal (Specify) MR Conf. Disposal AZT 000 623 751
- 4. Date waste received: 2-23-81 Time 10:15 AM
- 5. Receiver Comments: DRUMS WITH THIS AMOUNT OF WASTE 14,625 LBS. IN ONE SHIPMENT.
- 6. I certify that I received the above waste and that the foregoing is true and correct to the best of my knowledge.  
 Name and Title of Authorized Agent: \_\_\_\_\_  
 Signature of Authorized Agent: \_\_\_\_\_

010621

## PART I - INSTRUCTIONS TO GENERATOR

1. Enter the generator's firm name.
2. Enter the address and/or location where the waste is picked up by the transporter, the telephone number at that address and the date the waste was picked up.
3. Enter the correct business address and the telephone number at that address.
4. Enter the person's name who place the order with the carrier and/or the disposer and the date on which the order was made.
5. Enter the type of process from which the waste was generated.
6. The generator must designate a receiver (i.e., disposer) of the waste. An alternate may be provided in the event the primary disposer is unable to handle the waste at that time.
7. Complete the waste description table:
  - a) Column 1 - describe the waste as fully as possible, include constituents.
  - b) Column 2 - place the quantity along with the appropriate unit.
  - c) Column 3 and 4 - enter the upper and lower concentration limits in percentage or parts per million (ppm).
  - d) Column 5 - indicate the hazardous property of the waste (e.g., toxic, flammable, explosive, infectious, corrosive, etc.). If the waste has multiple hazardous properties, enter all that apply.
8. Enter any special instructions which should be observed by the carrier, disposer or any other person handling the waste.
9. A person of authority designated by the generator must sign Part I and enter his title before the waste can be delivered to the carrier/disposer.
10. Retain WHITE copy and send BLUE to NMEID, Hazardous Waste Unit. Additional copies are sent with carrier.

## PART II - INSTRUCTIONS TO TRANSPORTER OF WASTE

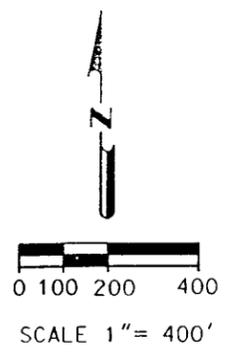
1. Enter the carrier's correct business name. The carrier is the firm contracted to haul the waste and not the individual driver.
2. Enter the correct business address and telephone number of the carrier.
3. Indicate the date and time the waste was picked-up by the carrier.
4. Enter the type of vehicle used to transport the waste (e.g., tank truck, tank car, flat bed truck with waste in 55 gallon drums, etc.)
5. Part II must be signed by a person in a position to certify that the waste was picked up and delivered to the designated facility (usually the driver). In the event more than one carrier is involved in transporting the waste, the last to handle it must sign Part II and each transporter preceding him must attach an additional page or note with all of the information requested in Part II, including a statement verifying who he received the waste from and who he delivered it to. This must also be signed and a copy forwarded to the NMEID.
6. Retain GREEN copy and send YELLOW to NMEID, Hazardous Waste Unit. Additional copies are given to the disposer.

## PART III - INSTRUCTIONS TO DISPOSER OF WASTE

1. Enter the name of the receiving facility and correct telephone number of that facility.
2. Enter the correct address.
3. Indicate what type of handling method is being conducted at the facility.
  - a) Storage - enter if storage is anticipated for greater than 90 days.
  - b) Treatment - enter type of treatment (e.g., acid neutralized by base, heavy metals reclaimed).
  - c) Disposal - enter type of disposal (e.g., incineration, burial, evaporation ponds, etc.).
4. Enter date and time waste is received at the facility.
5. Indicate any comments related to the waste.
6. Part III must be signed by a person of authority designated by the receiver.
7. Retain PINK copy and send GOLDENROD to NMEID, Hazardous Waste Unit.
8. Notify generator of waste within 15 days of waste disposal.

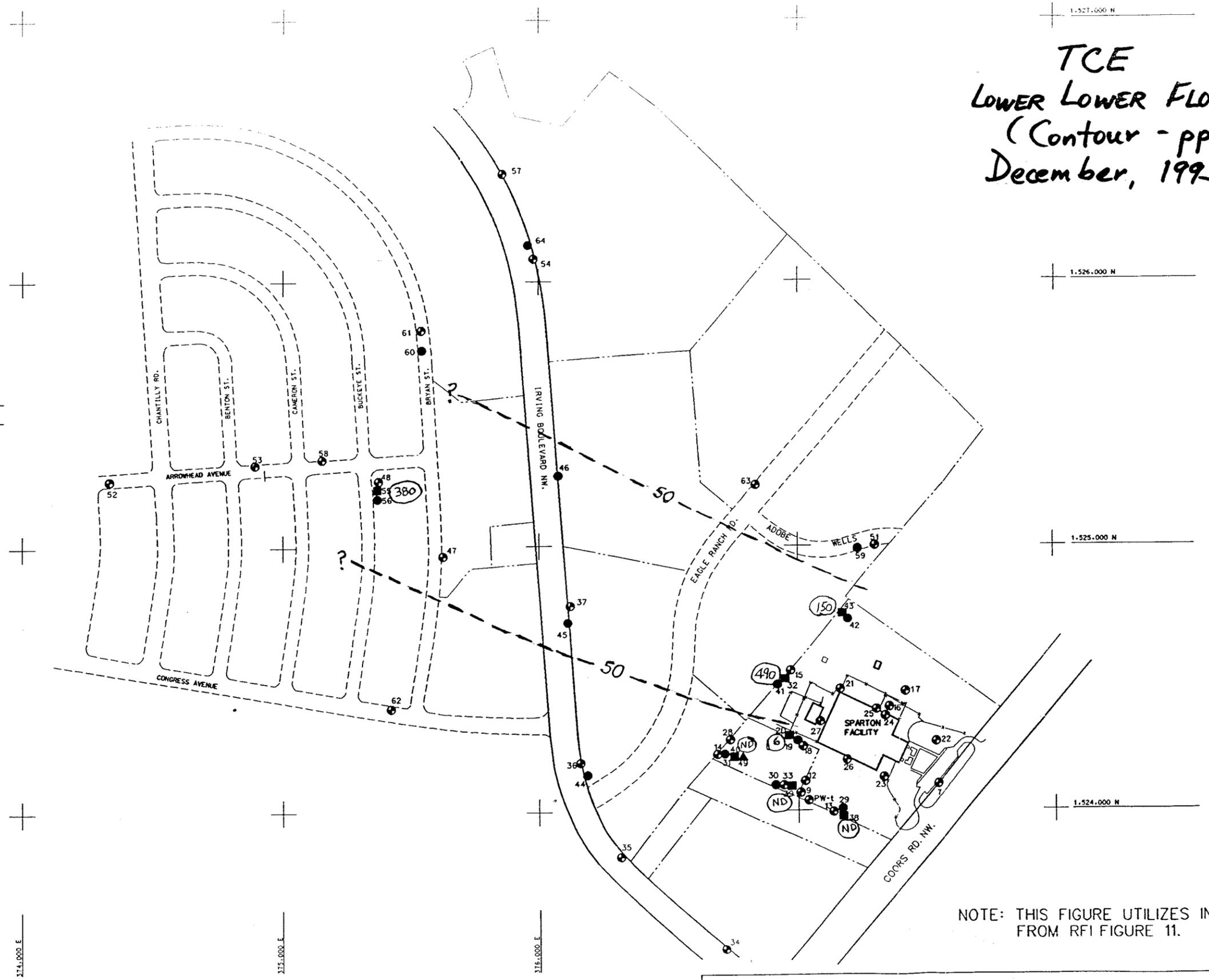
010622

TCE  
 LOWER LOWER FLOW ZONE  
 (Contour - ppb)  
 December, 1993



**LEGEND**

- UPPER FLOW ZONE WELL
- UPPER LOWER FLOW ZONE WELL
- LOWER LOWER FLOW ZONE WELL
- ▲ THIRD FLOW ZONE WELL



NOTE: THIS FIGURE UTILIZES INFORMATION FROM RFI FIGURE 11.

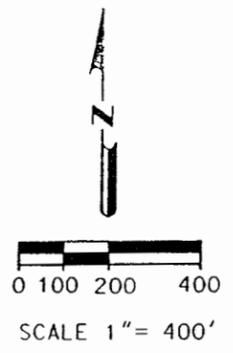


MONITOR WELL LOCATION PLAN  
 SPARTON TECHNOLOGY, INC.  
 COORS ROAD FACILITY  
 ALBUQUERQUE, NEW MEXICO

**010528**

Date
Page

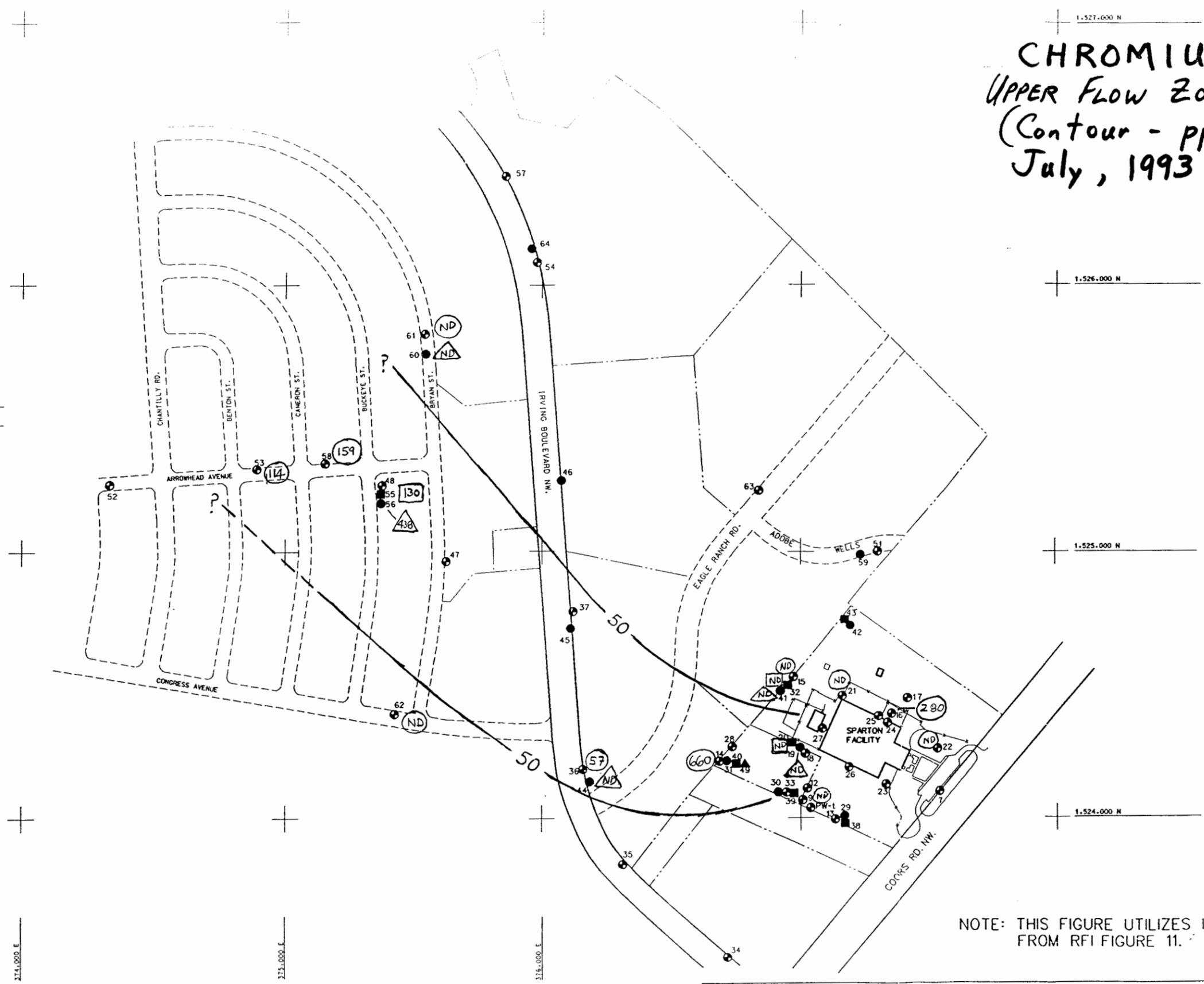
CHROMIUM  
UPPER FLOW ZONE  
(Contour - ppb)  
July, 1993



LEGEND

-  ● UPPER FLOW ZONE WELL
-  ● UPPER LOWER FLOW ZONE WELL
-  ■ LOWER LOWER FLOW ZONE WELL
-  ▲ THIRD FLOW ZONE WELL

ND = Not Detected



NOTE: THIS FIGURE UTILIZES INFORMATION FROM RFI FIGURE 11.

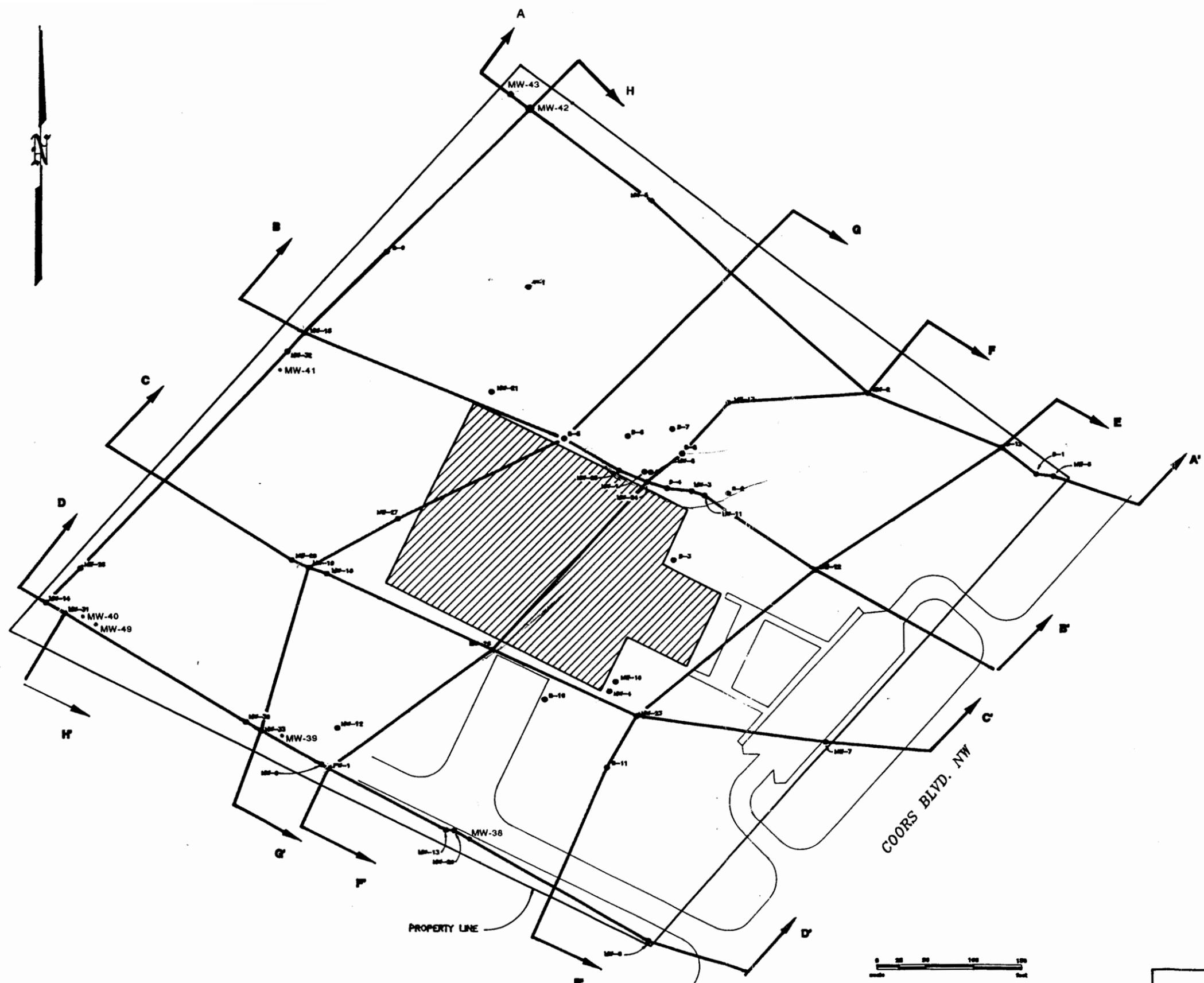


MONITOR WELL LOCATION PLAN

SPARTON TECHNOLOGY, INC.  
COORS ROAD FACILITY  
ALBUQUERQUE, NEW MEXICO

010529

Date	OCT '92
Page	FIGURE 6



**LEGEND**

- MW-1 WELL LOCATION AND NUMBER
- B-1 BORE LOCATION AND NUMBER

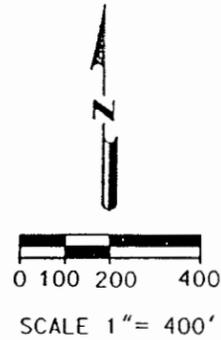
**NOTE**

1. SEDIMENT GROUPS 1, 2, & 3 (ZORLP) AND HIGHER PERMEABILITY GROUPS 4 & 5 HAVE BEEN COMBINED ON CROSS-SECTIONS FOR GREATER CLARITY AND INTERPRETATION

		Harding Lawson Associates Engineers, Geologists & Geophysicists		<b>CROSS-SECTION IDENTIFICATIONS</b> Sparta Technology, Incorporated Coors Road Facility Albuquerque, New Mexico	
SIGNATURES DR. [Signature] [Date] [Signature] [Date]	PROJECT NO. 00010,000.12	FIGURE <b>13</b>		DESCRIPTION	
REVISIONS [Signature] [Date]					

010530

TCE  
UPPER FLOW ZONE  
(Contours - ppb)  
December, 1993

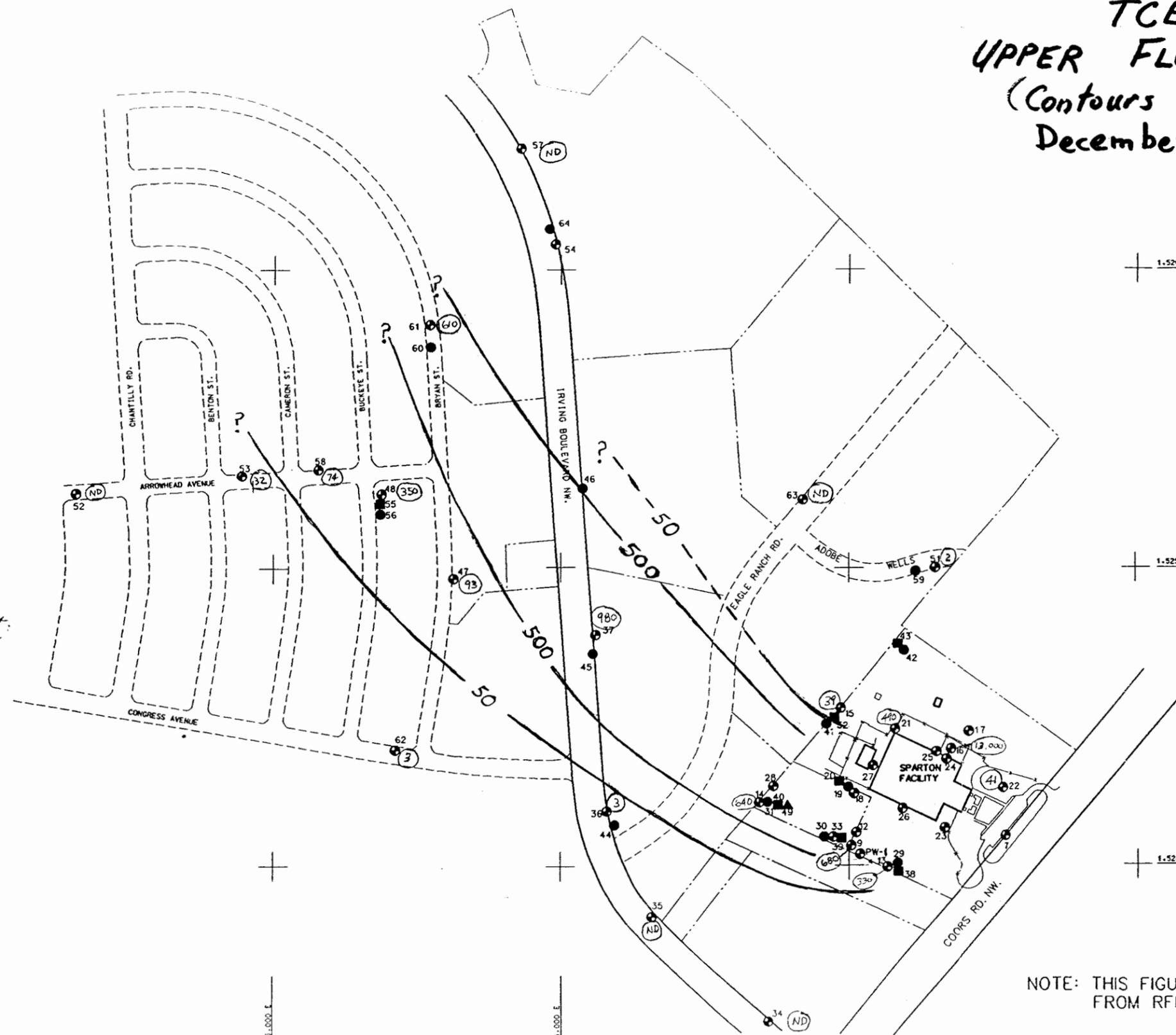


LEGEND

- UPPER FLOW ZONE WELL
- UPPER LOWER FLOW ZONE WELL
- LOWER LOWER FLOW ZONE WELL
- ▲ THIRD FLOW ZONE WELL

NOTE: The following Monitoring Wells  
Are Non functional or are  
Recovery wells for Pump & Treat:

- Pw-1
  - MW-18
  - MW-23
  - MW-24
  - MW-25
  - MW-26
  - MW-27
  - MW-28
  - MW-54 (Non functional)
- } Recovery Wells



NOTE: THIS FIGURE UTILIZES INFORMATION FROM RFI FIGURE 11.



MONITOR WELL LOCATION PLAN

SPARTON TECHNOLOGY, INC.  
COORS ROAD FACILITY  
ALBUQUERQUE, NEW MEXICO

010531

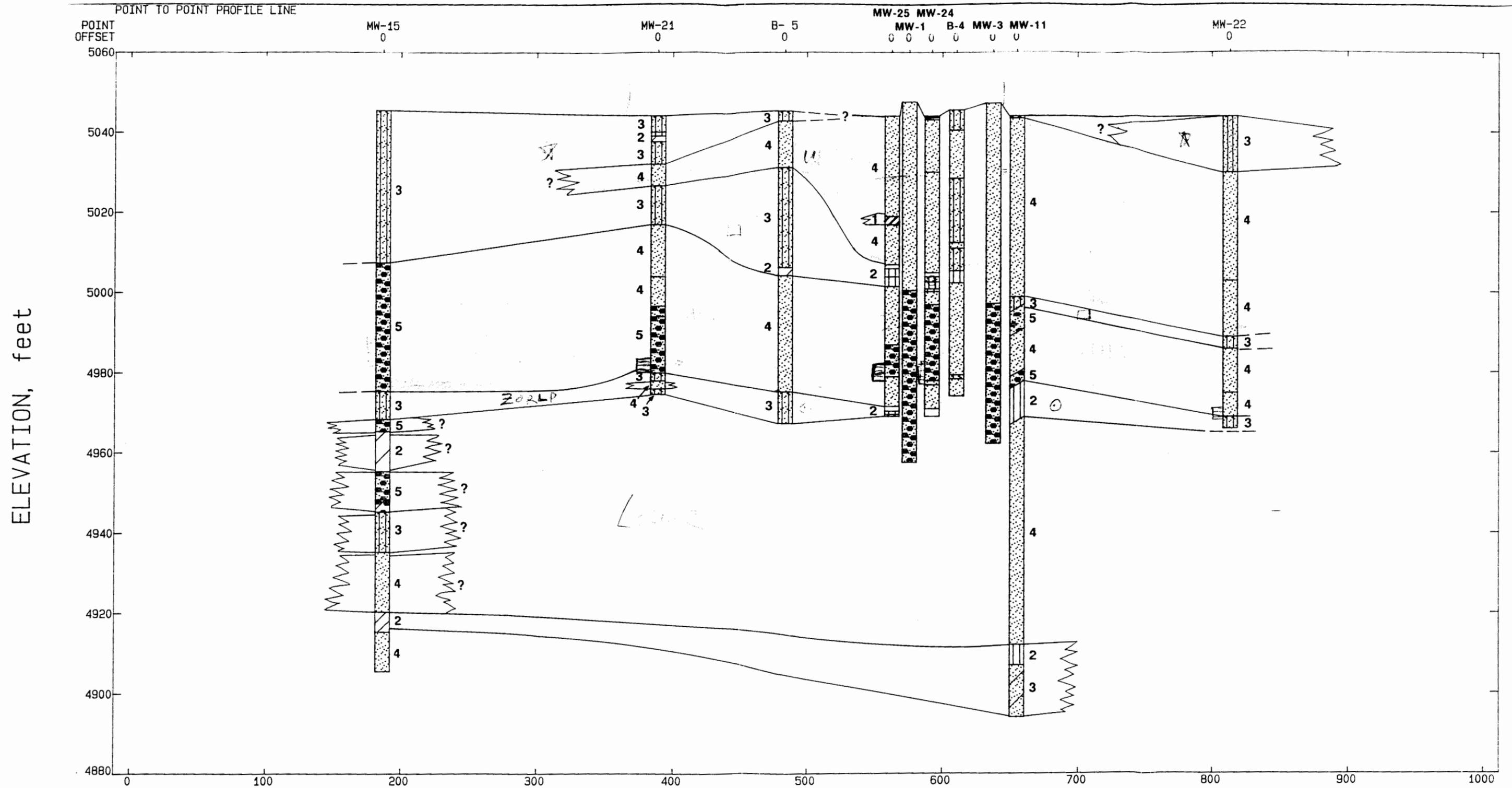
Date

Page









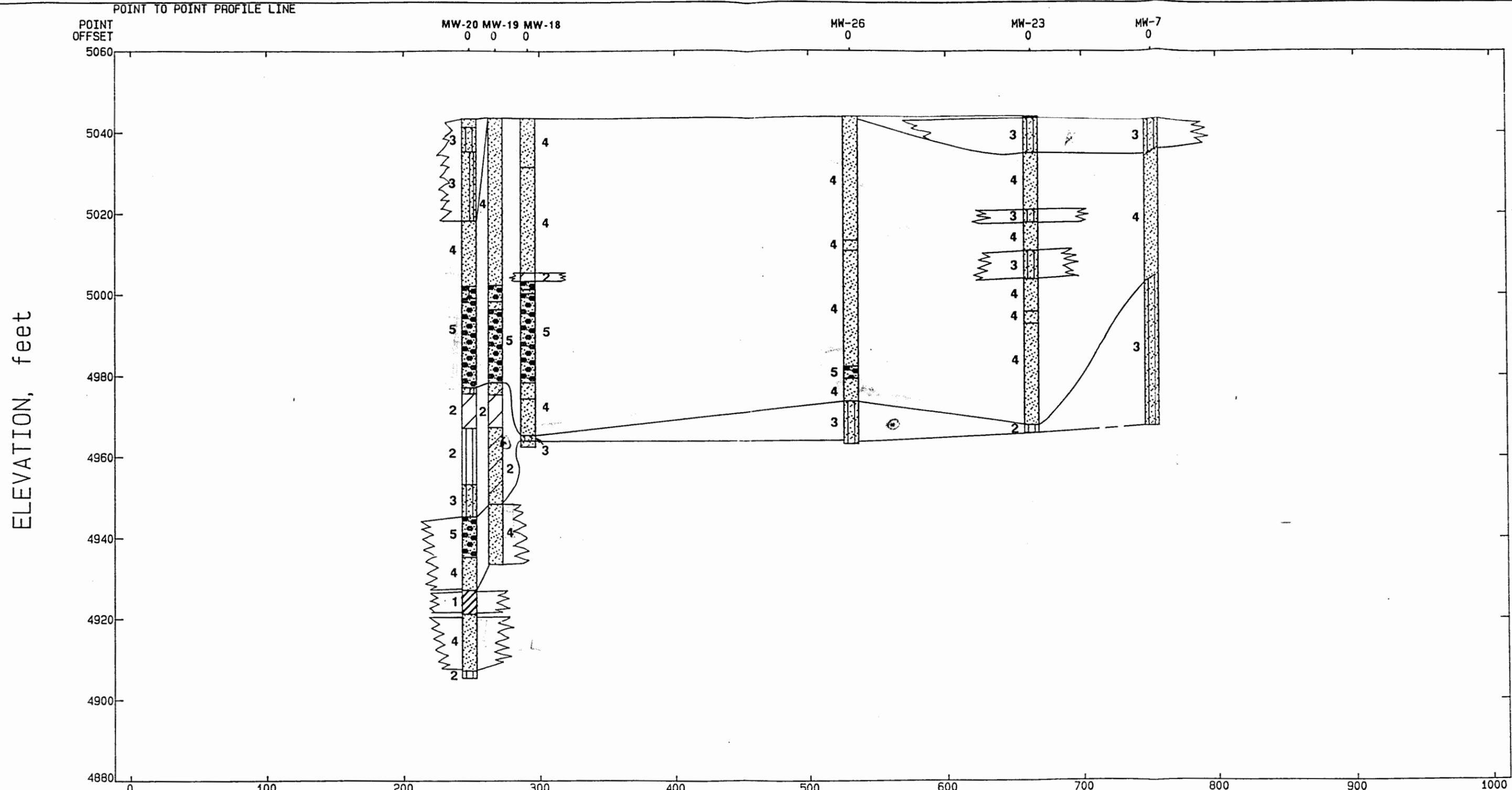
NOTES: 1) SEDIMENT GROUPS 1,2 AND 3 (ZORLP) AND HIGHER PERMEABILITY GROUPS 4 AND 5 HAVE BEEN COMBINED ON CROSS-SECTIONS FOR GREATER CLARITY AND INTERPRETATION.  
 2) FIGURE 2 ALSO HAS AN ENLARGED DETAIL FOR GREATER CLARITY AND INTERPRETATION.

July 24, 1989

Sparton Technology Inc. - Albuquerque, New Mexico  
 SUBSURFACE PROFILE B-B'

HARDING LAWSON ASSOCIATES - Houston, Texas

010545 **FIGURE 16**



NOTES: 1) SEDIMENT GROUPS 1,2 AND 3 (ZORLP) AND HIGHER PERMEABILITY GROUPS 4 AND 5 HAVE BEEN COMBINED ON CROSS-SECTIONS FOR GREATER CLARITY AND INTERPRETATION.

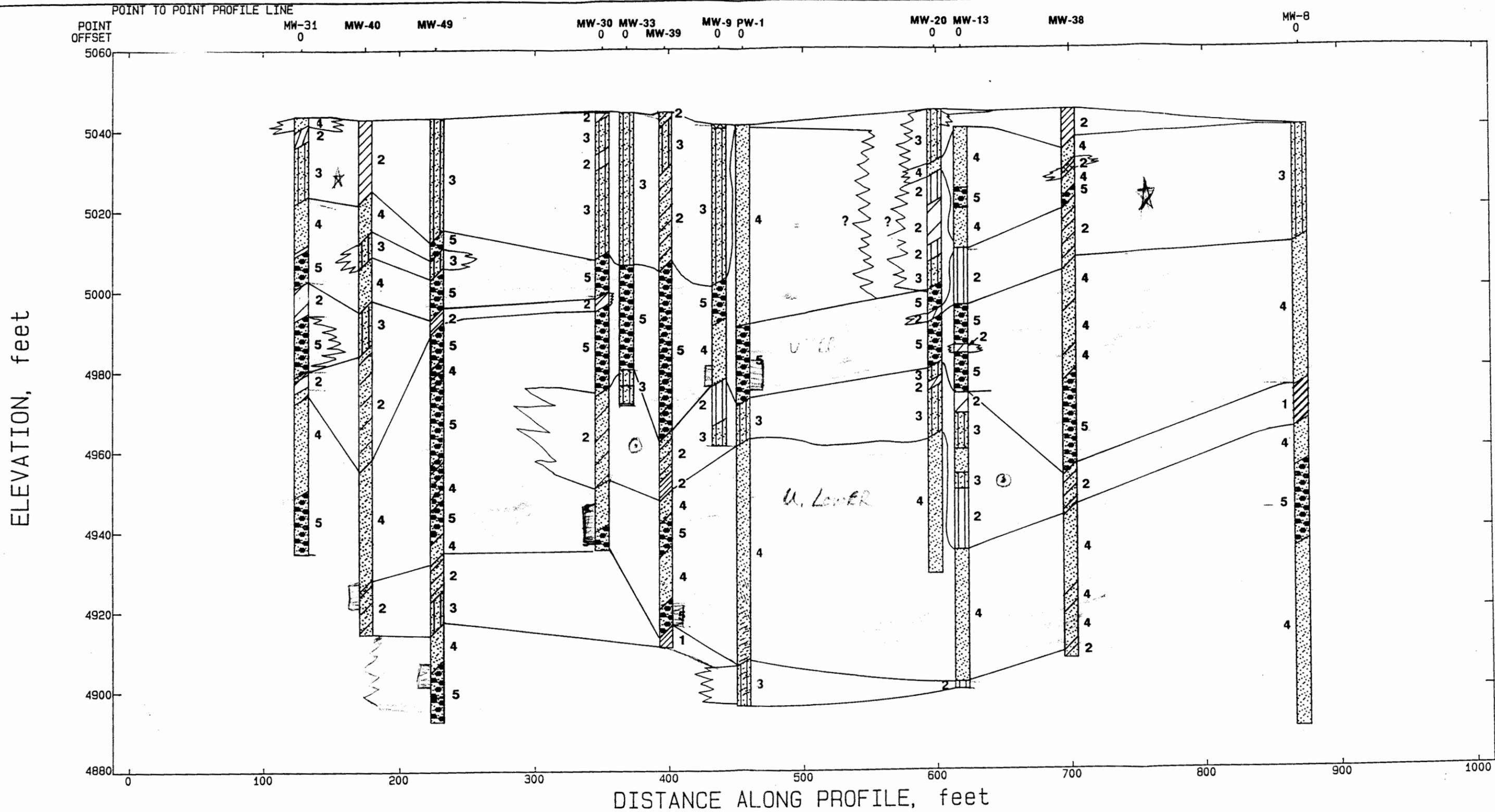
July 24, 1989

Sparton Technology Inc. - Albuquerque, New Mexico  
 SUBSURFACE PROFILE C-C'

HARDING LAWSON ASSOCIATES - Houston, Texas

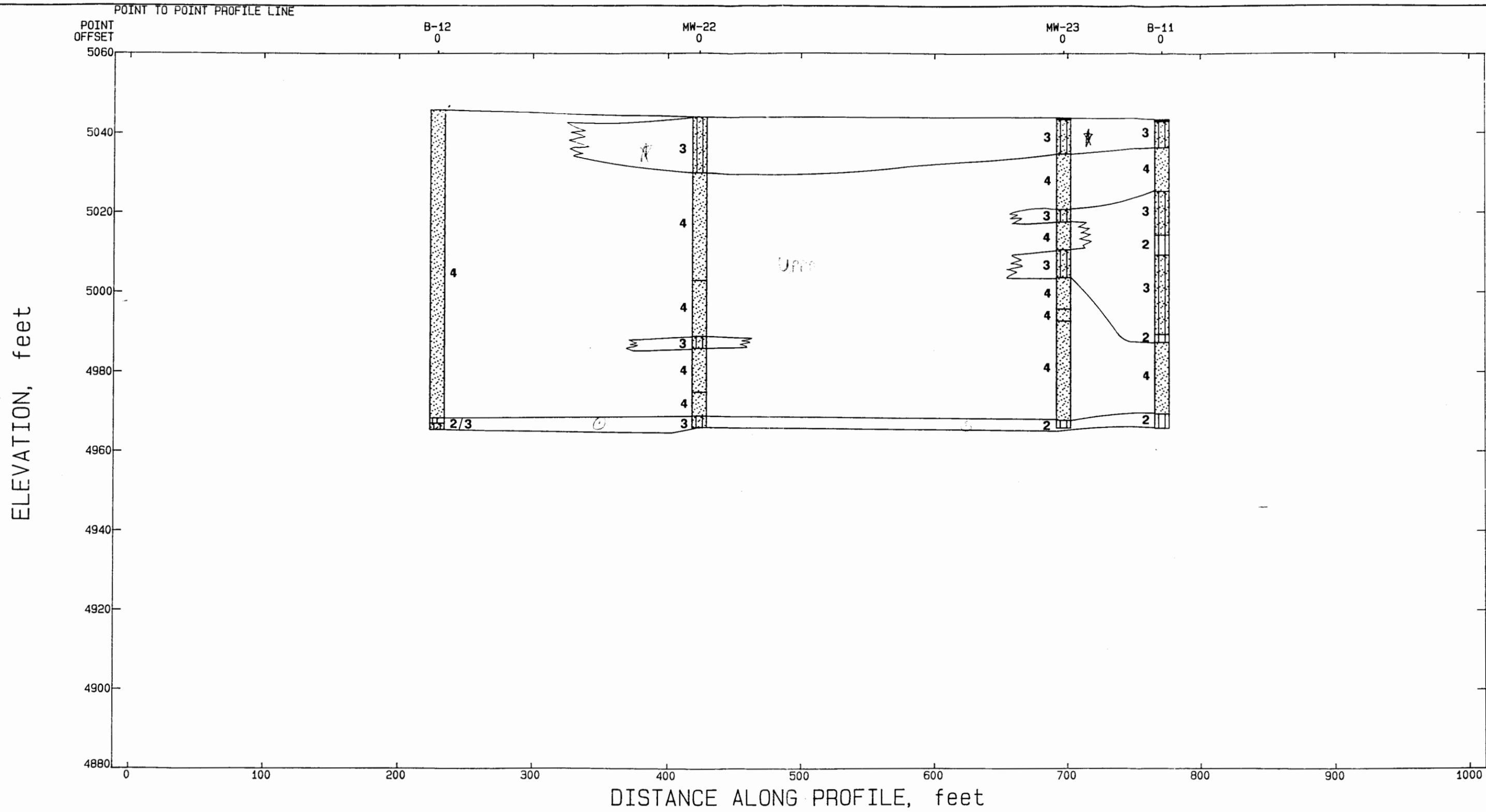
FIGURE 18

010546



Sparton Technology Inc. - Albuquerque, New Mexico  
 SUBSURFACE PROFILE D-D'

FIGURE 19



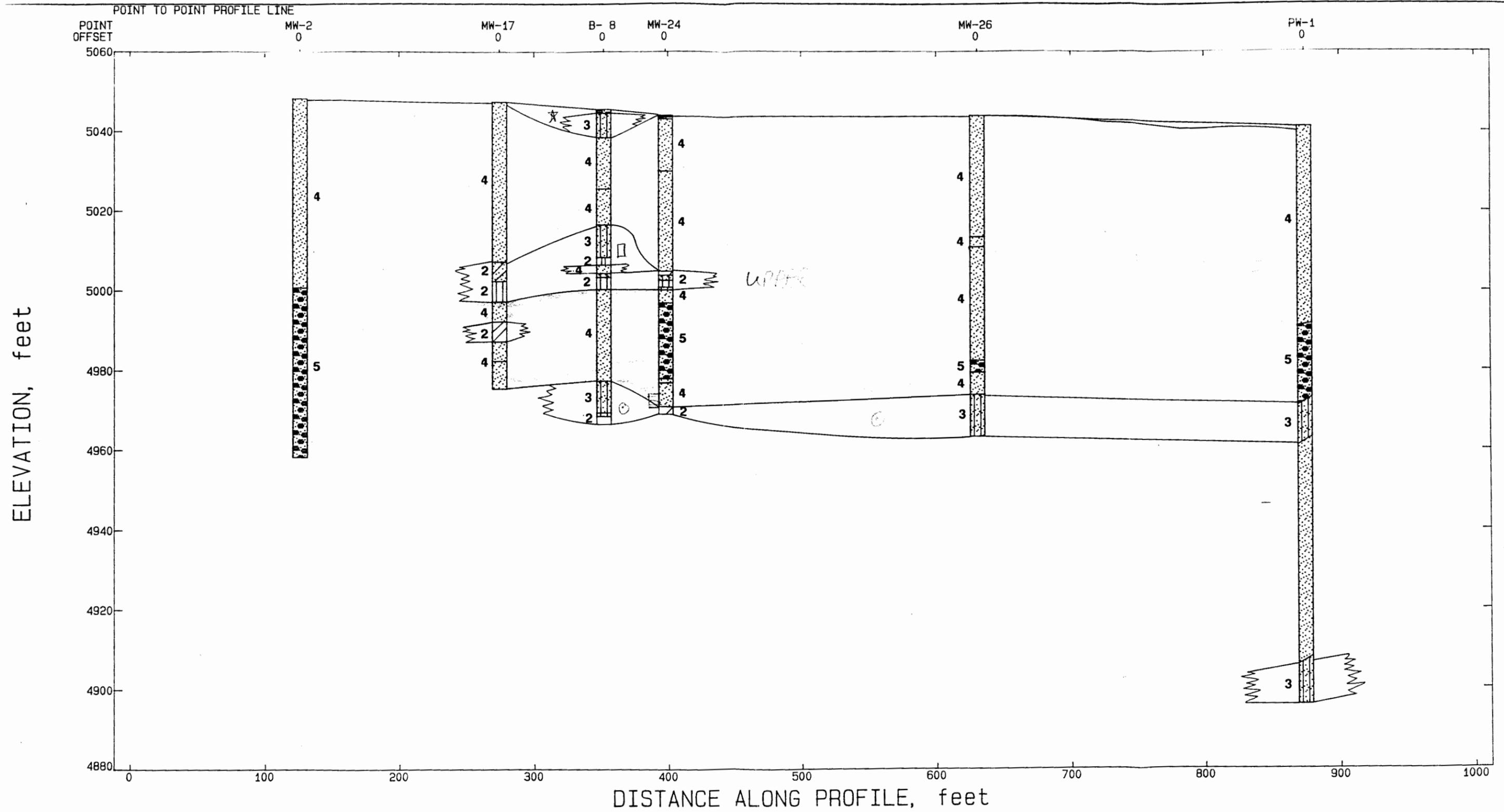
July 24, 1989

Sparton Technology Inc. - Albuquerque, New Mexico  
SUBSURFACE PROFILE E-E'

HARDING LAWSON ASSOCIATES - Houston, Texas

FIGURE 20

010548



July 24, 1989

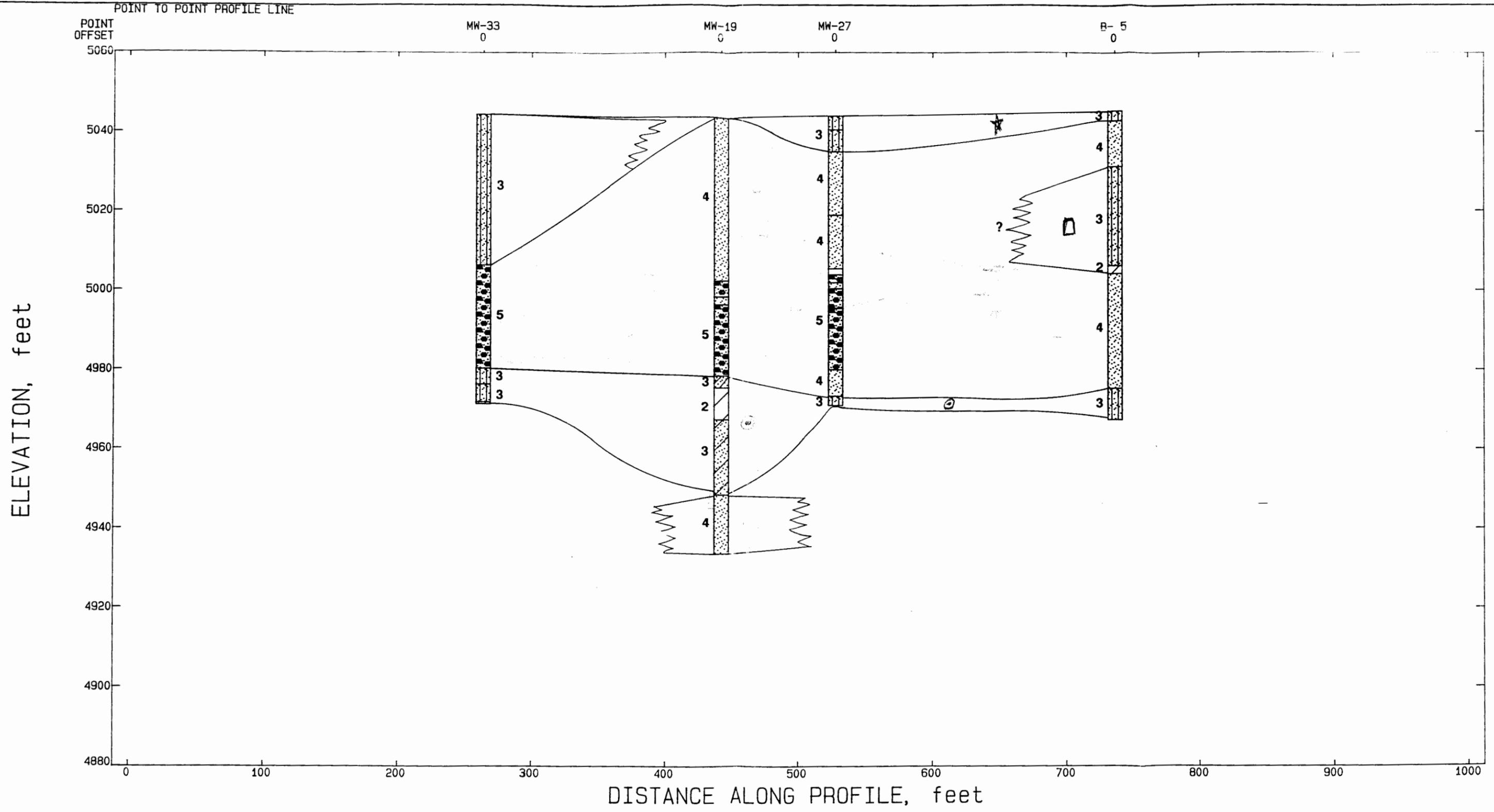
Sparton Technology Inc. - Albuquerque, New Mexico  
 SUBSURFACE PROFILE F-F'

HARDING LAWSON ASSOCIATES - Houston, Texas

010549

FIGURE

21



July 24, 1989

Sparton Technology Inc. - Albuquerque, New Mexico  
 SUBSURFACE PROFILE G-G'

HARDING LAWSON ASSOCIATES - Houston, Texas

010550

FIGURE 22



**TO VIEW THE MAP AND/OR  
MAPS WITH THIS DOCUMENT,  
PLEASE CALL THE  
HAZARDOUS WASTE BUREAU  
AT 505-476-6000 TO MAKE AN  
APPOINTMENT**