PLAINTIFF'S
EXHIBIT
DUP-778

Texas Department of Water Resources
P.O. Box 13087, Capitol Station
Austin, Texas 78711

Ticket No. 005[redacted]

TEXAS WASTE SHIPPING—CONTROL TICKET

(Please Type or Print Clearly)

(Satisfies TDWR, TDH, U.S. DOT 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: E. I. DU PONT DE NEMOURS & CO., INC.

Business Address: P. O. BOX 1089, ORANGE, TEXAS 77630

Address From Which Shipment Originates: SABINE RIVER WORKS, DU PONT DRIVE, ORANGE, TEXAS

TDWR/TDH Registration No.: 30019

EPA Gen. #: TXD008079642

Emergency Phone A/C: 713 / 883-8417

DESTINATION:

Primary TSD Facility Name: E. I. DU PONT DE NEMOURS & CO.

Business Address: ~~[illegible] Works, River Road, P. O. Box 2000~~

Destination (Site) Address: ~~[illegible], LA. 70068~~ PT. ARTHUR

TDWR/TDH Permit No.: GD320

EPA TSD Fac. #: LAD001890367

Phone A/C: ~~[illegible]~~

Alternate TSD Facility Name:

Business Address:

Destination (Site) Address:

TDWR/TDH Permit No.:

EPA TSD Fac. #:

Phone A/C:

1. US DOT PROPER SHIPPING NAME	2. US DOT HAZARD CLASS	3. UN/NA NUMBER	4. QUANTITY	UNITS*	5. CONTAINER NO.	TYPE	6. TEXAS WASTE CODE
ASBESTOS	N/A			(1) 2 3 4	1	BOX	170750
				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.)

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, TDWR, and TDH: B 501 EPA-NONE X-5

Date of Shipment:

Sig. of Authorized Agent:

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

Transporter:

Business Address:

Phone Number A/C:

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

TDWR/TDH Trans. No.:

EPA Trans. No.:

Date Received:

Sig. 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:

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

TDWR/TDH Permit No.:

EPA TSD Fac. No.:

DUP 0368593

Date Received:

Sig. of Authorized Agent:

DU 000394