TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0338527

Authorization Number 811595

Victor Products Division
Dana Corporation (Company Name) — 5750 W. Roosevelt Road (Address) — ILDO NON-HAZARDOUS

Chicago (City) — Illinois (State) — 60650 (Zip) — 031500003 (Generator Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) — 201 W. 115th St. South Holland, Ill., 60473 (Hauler Address) — S.W.H. Registration Number 0079

ILDO 69506160

Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Land and Lakes (Facility Name) — 2000 E. 122nd St. (Address) — 031500034 (Site Number)

Chicago (City) — Illinois (State) — 60633 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Asbestos Waste — WASTE PHASE: Solid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: 88 Boxes — HAZARD CLASS: Non-Hazardous — WEIGHT FOR D.O.T. USE 23540 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: ____ — 1 GALLONS (Circle One) 2 CU. YDS. ____

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

P.O. 96133
Rel. 1130

DATE: ____ (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) ____ (Authorized Signature) — DATE: ____

(2) ____ (Authorized Signature) — DATE: ____

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

____ (Authorized Signature) — DATE: ____

COMMENTS OR SPECIAL INSTRUCTIONS: ____

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

VPD-189-0001911

GENERATOR COPY - PART 6

DANA-002