

PLAINTIFF'S EXHIBIT

UC-1902

Strawite

BRA 2394

BROWNING-FERRIS INDUSTRIES NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.



No. 58095

Section I - GENERATOR (Generator completes all of Section I)

a. Generator Name: UNION CARRIDE b. Generating Location: UNION CARRIDE
c. Address: STAR ROUTE BOX 90 d. Address: 10 MILES EAST ON HIGHWAY 68
BROWNSVILLE, TEXAS 78521 BROWNSVILLE, TEXAS 78521
e. Phone No.: (512) 831-4501 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE:

T	X	2	7	4	9	3	0	2	2	4	8	1	5	7	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers:

DM - METAL DRUM	TYPE
DP - PLASTIC DRUM	
B - BAG	
BA - 6 MIL. PLASTIC BAG	
OR WRAP	
T - TRUCK	
O - OTHER	

j. Description of Waste: WASTE ASBESTOS k. Quantity: 34180 Units: P No.: 051492 TYPE: T
(NON-FRIABLE) ORM-C TWC#276030

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

BELIA CORTEZ
Generator Authorized Agent Name

[Signature]
Signature

051492
Shipment Date

Section II - TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-j)

TRANSPORTER I
a. Name: WPI TRANSPORTATION, INC. h. Name: _____
b. Address: 120 TOWER STREET j. Address: _____
CHANNELVIEW, TEXAS 77530
c. Driver Name/Title: A.R. Cox k. Driver Name/Title: _____
PRINT/TYPE
d. Phone No.: (713) 452-1504 e. Truck No.: 28 l. Phone No.: _____
f. Vehicle License No./State: R39440 i. Truck No.: _____
g. Acknowledgement of Receipt of Materials: [Signature] m. Vehicle License No./State: _____
n. Acknowledgement of Receipt of Materials: _____
o. Driver Signature: [Signature] p. Driver Signature: _____
q. Shipment Date: 051492 r. Shipment Date: _____

Section III - DESTINATION (Generator completes a-c; Destination Site completes d-f)

a. Site Name: BEY MCCARTY ROAD LANDFILL c. Phone No.: (713) BROWNING-FERRIS, INC.
b. Physical Address: 11013 OLD BEAUMONT ROAD d. Mailing Address: MCCARTY RD. LANDFILL
HOUSTON, TEXAS 77078 TDH PERMIT # 261
e. Discrepancy Indication Space: Charged 43 yds MAY 15 1992
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent: [Signature] g. Receipt Date: 051492
h. Address: 11013 OLD BEAUMONT HWY.
HOUSTON, TEXAS 77078
i. Phone No.: 713-675-6101

Section IV - ASBESTOS (Generator completes a-d; Operator completes e-j)

a. Operator's Name: UNION CARRIDE CHEMICALS & PLASTICS COMPANY INC. b. Operator's Phone No.: (512) 831-4501
c. Operator's Address: STAR ROUTE BOX 90, BROWNSVILLE, TEXAS 78521
d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's Name & Title: BELIA CORTEZ - SITE MANAGER f. Name and Address of Responsible Agency: UNION CARRIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521
g. ☐ Friable; ☒ Non-friable ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation; or both.

RETURN TO GENERATOR

BROWNING-FERRIS INDUSTRIES NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.



No. 58095

GENERATOR

a. Generator Name: UNION CARBIDE b. Generating Location: UNION CARBIDE
c. Address: STAR ROUTE BOX 90 d. Address: 10 MILES EAST ON HIGHWAY 48
BROWNSVILLE, TEXAS 78521 BROWNSVILLE, TEXAS 78521
e. Phone No.: (512) 831-4501 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE:

1	2	3	4	5	6	7	8	9	0
X		2	7	4	9	3	0	2	2
									4

1	2	3	4	5	6	7	8	9	0

 Containers:

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: WASTE ASBESTOS k. Quantity: 34180 Units: P No.: 1 TYPE: T
(NON-FRIABLE), ORM-C TWC#276030

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

BELIA CORTEZ [Signature] 05/14/92
Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator complete a-d, Transporter I complete e-o, Transporter II complete p-r)

TRANSPORTER I
a. Name: WPI TRANSPORTATION, INC. h. Name: _____
b. Address: 120 TWEE STREET i. Address: _____
CHANNELVIEW, TEXAS 77530 j. Driver Name/Title: _____
c. Driver Name/Title: A. B. Cox k. Phone No.: _____
d. Phone No.: (713) 452-1504 e. Truck No.: 28 l. Truck No.: _____
f. Vehicle License No./State: 129440 m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials.
g. [Signature] 05/14/92 n. _____
Driver Signature Shipment Date Driver Signature Shipment Date

Section III DESTINATION (Generator complete a-c, Destination site complete d-f)

a. Site Name: BFI MCCARTY ROAD LANDFILL c. Phone No.: (713) 675-6101
b. Physical Address: 11013 OLD BEAUMONT ROAD d. Mailing Address: SAMR
HOUSTON, TEXAS 77078
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. _____
Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator complete a-c, Operator complete d-f)

a. Operator's Name: UNION CARBIDE CHEMICALS & PLASTICS COMPANY INC. b. Operator's Phone No.: (512) 831-4501
c. Operator's Address: STAR ROUTE BOX 90, BROWNSVILLE, TEXAS 78521
d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY.
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's Name & Title: BELIA CORTEZ - SITE MANAGER [Signature] 05/14/92
f. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521
g. ☐ Friable; ☒ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

QWS

QUALITY WEIGHING SERVICES, INC.

8204 E. 14th. Street - Brownsville, Texas 78521 No
(Located at Port of Brownsville)

5596

Phone: 512/831-8253 Fax: 512/831-8649

TRUCK 28 TLR 311856

TRUCK LINE WPT

CUSTOMER Union Carbide

CARGO _____

11:03 AM 05 14 92

68560 lb

34380 lb TR

34180 lb NET

- ☐ \$3.00 EMPTY ONLY
- ☐ \$5.00 UP TO 65,000 GROSS
- ☒ \$6.00 65,020 TO 85,000 GROSS
- ☐ \$7.00 85,020 TO 105,000 GROSS
- ☐ \$8.50 105,020 TO 125,000 GROSS
- ☐ \$10.00 125,020 TO 145,000 GROSS
- ☐ \$25.00 145,020 AND UP

pd

#58095



A.B. Coy

Truck Driver

Certified Weigher



WPI Transportation, Inc.

P.O. Box 909
Channelview, Texas 77530-0909
(713) 452-1504

MANIFEST

55075

SERVICE ORDER NUMBER

222507

CUSTOMER: Queen Petroleum

P.O. #

RELEASE #

DATE: 5-14-92

TRAILER # 311856

TRUCK # 28

PICKUP #

OPERATOR OR DRIVER

Q.B. Carr

LABOR

JOB LOCATION:

Brownsville 2nd

DESTINATION

Houston 2nd

() VACTOR

() CYCLONE

() 70 BBL VACUUM

() 130 BBL VACUUM

() END DUMP

() DROP DECK

() ROLL-OFF

(X) VAN / SLAD

TIME SCHEDULE

LOADING

	DATE	TIME	CIRCLE ONE
LEAVE YARD			AM PM
TIME ARRIVED	<u>5-14</u>	<u>1000</u>	<u>AM</u> PM
LOADING BEGAN			AM PM
LOADING COMPLETED	<u>5-14</u>	<u>1130</u>	<u>AM</u> PM

UNLOADING

	DATE	TIME	CIRCLE ONE
TIME ARRIVED			AM PM
UNLOAD BEGAN			AM PM
UNLOAD COMPLETE			AM PM
ARRIVED YARD			AM PM

LUNCH OR NON-WORKING: OUT _____ am () pm

IN _____ am () pm

DATE	STATE NAME	ROUTES TRAVELED	ODOMETER @ STATE LINE (E OR L)
		<u>US 77 - 4559</u>	

WAS JOB COMPLETED SATISFACTORILY?

GENERATOR APPROVED:

RECEIVER APPROVED:

REMARKS:

TRAILER/BIN DROPPED

340-133

TRAILER/BIN PU

311856

DATE/TIME

5-14-92

DATE/TIME

SHIPPER'S SIGNATURE

[Signature]

CONSIGNEE'S SIGNATURE

DRIVER'S SIGNATURE

Q.B. Carr

ENDING MILEAGE

BEGINNING MILEAGE

444 700

TOTAL TRIP MILES

CUSTOMER SIGNATURE

CONFIRMS TIME IN PLANT

BRA 2399

No. 58091

Generator Name: **UNION CARRIDE CHEMICALS** Generating Location: **STAR ROUTE BOX 90**
 Address: **STAR ROUTE BOX 90** Address: **10 MILES EAST OF BROWNVILLE, TEXAS**
BROWNVILLE, TEXAS 78521 **BROWNVILLE, TEXAS 78521**
 Phone No.: **(512) 331-4501** Phone No.: **(512) 331-4501**

I hereby certify that the contents of this manifest are true and accurate and that the waste is properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

Generator Authorized Agent Name: **RELLA CORTES** Signature: *[Signature]* Shipment Date: **05/14/92**

Section II - TRANSPORTER

TRANSPORTER I
 a. Name: **WPI TRANSPORTATION, INC.**
 b. Address: **120 TOWER STREET**
CHANNELVIEW, TEXAS 77530
 c. Driver Name/Title: **Paul R. Cox**
 d. Phone No.: **(713) 652-1504** e. Truck No.: **27**
 f. Vehicle License No./State: **239439 TX**
 g. Acknowledgement of Receipt of Materials: *[Signature]* **05/14/92**

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 n. Acknowledgement of Receipt of Materials: _____

Section III - DESTINATION

a. Site Name: **BFI MCCARTY ROAD LANDFILL** c. Phone No.: **(713) 675-6101**
 b. Physical Address: **11015 OLD BEAUMONT ROAD** d. Mailing Address: **SAME**
HOUSTON, TEXAS 77078
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Names of Authorized Agent: _____ Signature: _____ Receipt Date: **05/14/92**

Section IV - OPERATOR

Operator Name: **UNION CARRIDE CHEMICALS** Operator's Phone No.: **(512) 331-4501**
 Operator's Address: **STAR ROUTE BOX 90** **BROWNVILLE, TEXAS 78521**
 Special Handling Instructions and additional information: **PEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY**

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this manifest are true and accurately described above for proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's Name & Title: **RELLA CORTES - SITE MANAGER** **05/14/92**
 f. Name and Address of Responsible Agency: **UNION CARRIDE - STAR ROUTE BOX 90 - BROWNVILLE, TEXAS 78521**

g. ☐ Friable ☒ Non-friable ☐ Both % friable _____ % nonfriable _____

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation.

GENERATOR RETAIN

BRA 2400

QWS

QUALITY WEIGHING SERVICES, INC.

8204 E. 14th. Street - Brownsville, Texas 78521 No

5592

(Located at Port of Brownsville)

Phone: 512/831-8253 Fax: 512/831-8649

TRUCK 27 TLR 705

TRUCK LINE WPI

CUSTOMER UNION CARBIDE

CARGO _____

9:54 AM 05 14 92

64060 lb

31960 lb TR

32100 lb NET

- ☐ \$3.00 EMPTY ONLY
- ☒ \$5.00 UP TO 65,000 GROSS
- ☐ \$6.00 65,020 TO 85,000 GROSS
- ☐ \$7.00 85,020 TO 105,000 GROSS
- ☐ \$8.50 105,020 TO 125,000 GROSS
- ☐ \$10.00 125,020 TO 145,000 GROSS
- ☐ \$25.00 145,020 AND UP

pd

58094



Truck Driver

Certified Weigher



WPI Transportation, Inc.

P.O. Box 909
Channelview, Texas 77530-0909
(713) 452-1504

MANIFEST

SERVICE ORDER NUMBER

222459

CUSTOMER: Union Carbide Inc. P.O. # _____ RELEASE # _____

DATE: 5-14-91 TRAILER # 705 TRUCK # 27 PICKUP # _____

OPERATOR OR DRIVER Paul B Co LABOR _____

JOB LOCATION: Brownsville Tx DESTINATION Hou Tx

() VACTOR () CYCLONE () 70 BBL VACUUM () 130 BBL VACUUM

() END DUMP () DROP DECK () ROLL OFF () VAN / FLAT

TIME SCHEDULE

LOADING		UNLOADING	
DATE	TIME	DATE	TIME
5-14	800		
5-14	1045		

LEAVE YARD _____ TIME ARRIVED _____ LOADING BEGAN _____ LOADING COMPLETED _____

CIRCLE ONE: AM PM AM PM AM PM AM PM

TIME ARRIVED _____ UNLOAD BEGAN _____ UNLOAD COMPLETE _____ ARRIVED YARD _____

LUNCH OR NON-WORKING: OUT _____ am () pm IN _____ am () pm

DATE	STATE NAME	ROUTES TRAVELED	ODOMETER @ STATE LINE (E OR L)
		E 10 I 37 US 77	

WAS JOB COMPLETED SATISFACTORILY? _____

GENERATOR APPROVED: _____

RECEIVER APPROVED: _____

REMARKS: _____

TRAILER/BIN DROPPED

TRAILER/BIN PU
705

DATE/TIME

DATE/TIME

SHIPPER'S SIGNATURE

CONSIGNEE'S SIGNATURE

DRIVER'S SIGNATURE

ENDING MILEAGE

BEGINNING MILEAGE 363647

TOTAL TRIP MILES

CUSTOMER SIGNATURE

CONFIRMS TIME IN PLANT

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.



No. 58093

Section I - GENERATOR (Generator completes all of Section I)

a. Generator Name: UNION CARBIDE b. Generating Location: UNION CARBIDE
c. Address: STAR ROUTE BOX 90 d. Address: 10 MILES EAST ON HIGHWAY 48
BROWNSVILLE, TEXAS 78521 BROWNSVILLE, TEXAS 78521

e. Phone No.: (512) 891-4501 f. Phone No.:

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: h. Owner's Phone No.:

i. BFI WASTE CODE: T X 2 7 4 9 3 0 2 2 4 8 1 5 7 0 Containers: DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 5 MIL. PLASTIC BAG
OR WRAP
T - TRUCK
O - OTHER

j. Description of Waste: WASTE ASBESTOS k. Quantity: 42020 Units: P No. 1 TYPE: T
(NON-FRIABLE), ORN-C, TWC#276030

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

BELLA CORTEZ

Generator Authorized Agent Name

Bella Cortez

05/11/92

Signature Date

Section II - TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-j)

TRANSPORTER I

a. Name: VPI TRANSPORTATION, INC.

b. Address: 120 TOWER STREET

CHANNELVIEW, TEXAS 77530

c. Driver Name/Title: Paul B. Coy PART/TYPE

d. Phone No.: (713) 452-1504 e. Truck No.: 27

f. Vehicle License No./State: R39 839 TX

Acknowledgement of Receipt of Materials.

g. Bella Cortez 05/11/92 Driver Signature Shipment Date

TRANSPORTER II

h. Name:

i. Address:

j. Driver Name/Title:

k. Phone No.:

l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. 05/11/92 Driver Signature Shipment Date

Section III - DESTINATION (Generator completes a-d; Destination site completes e-g)

a. Site Name: BFI MCCARTY ROAD LANDFILL

b. Physical Address: 11013 OLD BEAUMONT ROAD

HOUSTON, TEXAS 77078

c. Phone No.: (512) 891-4501

d. Mailing Address: BROWNING-PERRIS, INC.

TDH PERMIT # 261

e. Discrepancy Indication Space: Charged 43 yds

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Bella Cortez 05/11/92 Driver Signature Shipment Date

Section IV - ASBESTOS (Generator completes all of Section IV)

a. Operator's Name: UNION CARBIDE CHEMICALS

b. Operator's Phone No.: (512) 891-4501

c. Operator's Address: STAR ROUTE BOX 90 BROWNSVILLE, TEXAS 78521

d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's Name & Title: BELLA CORTEZ - SITE MANAGER 05/11/92 Date

f. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521

g. ☐ Friable; ☒ Non-friable; ☐ Both ☐ 1/4 friable ☐ 1/4 nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both

RETURN TO GENERATOR

280-720 BRA 2403

If waste is solid waste, complete Sections I, II, III and IV.
 If waste is NOT solid waste, complete only Sections I, II and III.

No. 58093

GENERATOR

a. Generator Name: UNION CARBIDE
 b. Generating Location: UNION CARBIDE
 c. Address: STAR ROUTE BOX 90
BROWNSVILLE, TEXAS 78521
 d. Address: 10 MILES EAST ON HIGHWAY 48
BROWNSVILLE, TEXAS 78521
 e. Phone No.: (512) 831-4501
 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____
 h. Owner's Phone No.: _____
 i. BFI WASTE CODE: T X 2 7 4 9 3 0 2 2 4 8 1 5 7 0
 j. Description of Waste: WASTE ASBESTOS
(NON-FRIABLE), ORM-C, TWC#276030
 k. Quantity: 42020 P 0 0 0 0 0 0 0 0
 l. TYPE: DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 8 MIL PLASTIC BAG
OR WRAP
T - TRUCK
O - OTHER
 m. UNITS: P - POUNDS
Y - YARDS
WP - CUBIC METERS
YB - CUBIC YARDS
O - OTHER
 I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

BELIA CORTEZ
 Generator Authorized Agent Name
 Signature: _____
 Shipment Date: 05/11/92

TRANSPORTER I

a. Name: WPI TRANSPORTATION, INC.
 b. Address: 120 TOWER STREET
CHANNELVIEW, TEXAS 77530
 c. Driver Name/Title: Paul B Cox
 d. Phone No.: (713) 452-1504
 e. Truck No.: 27
 f. Vehicle License No./State: R32 229 TX
 g. Acknowledgement of Receipt of Materials: _____
 h. Driver Signature: _____
 Shipment Date: 05/11/92

TRANSPORTER II

h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____
 l. Truck No.: _____
 m. Vehicle License No./State: _____
 n. Acknowledgement of Receipt of Materials: _____
 o. Driver Signature: _____
 Shipment Date: _____

DESTINATION

a. Site Name: BFI MCCARTY ROAD LANDFILL
 b. Physical Address: 11013 OLD BEAUMONT ROAD
HOUSTON, TEXAS 77078
 c. Phone No.: (713) 675-6101
 d. Mailing Address: SAME
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent: _____
 Signature: _____
 Receipt Date: _____

OPERATOR'S CERTIFICATION

a. Operator's Name: PLASTICS COMPANY INC.
 b. Operator's Phone No.: (512) 831-4501
 c. Operator's Address: STAR ROUTE BOX 90
BROWNSVILLE, TEXAS 78521
 d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's Name & Title: BELIA CORTEZ - SITE MANAGER
 f. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521
 g. ☐ Friable; ☒ Non-friable; ☐ Both; ☐ % friable; ☐ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or

GENERATOR RETAIN

BRA 2404



QUALITY WEIGHING SERVICES, INC.

8204 E. 14th. Street - Brownsville, Texas 78521 No

5495

(Located at Port of Brownsville)

Phone: 512/831-8253 Fax: 512/831-8649

TRUCK 27 TLR 34033

TRUCK LINE WPI

CUSTOMER UNION CARBIDE

CARGO _____

10:05 AM 05 11 92

74840 lb

32820 lb TR

42020 lb NET

58093

- ☐ \$3.00 EMPTY ONLY
- ☐ \$5.00 UP TO 65,000 GROSS
- ☒ \$6.00 65,020 TO 85,000 GROSS
- ☐ \$7.00 85,020 TO 105,000 GROSS
- ☐ \$8.50 105,020 TO 125,000 GROSS
- ☐ \$10.00 125,020 TO 145,000 GROSS
- ☐ \$25.00 145,020 AND UP

pd



Truck Driver

Certified Weigher



WPI Transportation, Inc.

P.O. Box 909
Channelview, Texas 77530-0909
(713) 452-1504

MANIFEST BFI 58093

SERVICE ORDER NUMBER
222457

CUSTOMER: Union Carbide Inc P.O. # _____ RELEASE # _____

DATE: 5-11-72 TRAILER # 340133 TRUCK # 27 PICKUP # _____

OPERATOR OR DRIVER Paul R. Cox LABOR _____

JOB LOCATION: Rockwall, TX DESTINATION Hou TX

() VACTOR () CYCLONE () 70 BBL VACUUM () 130 BBL VACUUM

() END DUMP () DROP DECK () ROLL OFF () VAN/FLAT

TIME SCHEDULE

LOADING

	DATE	TIME	CIRCLE ONE
LEAVE YARD			AM PM
TIME ARRIVED	<u>5-11</u>	<u>8:00</u>	<u>AM</u> PM
LOADING BEGAN			AM PM
LOADING COMPLETED	<u>5-11</u>	<u>10:15</u>	<u>AM</u> PM

UNLOADING

	DATE	TIME	CIRCLE ONE
TIME ARRIVED			AM PM
UNLOAD BEGAN			AM PM
UNLOAD COMPLETE			AM PM
ARRIVED YARD			AM PM

LUNCH OR NON-WORKING: OUT _____ am () pm IN _____ am () pm

DATE	STATE NAME	ROUTES TRAVELED	ODOMETER @ STATE LINE (E OR L)
		<u>US 57 - US 77</u>	

WAS JOB COMPLETED SATISFACTORILY? _____

GENERATOR APPROVED: _____

RECEIVER APPROVED: _____

REMARKS: _____

TRAILER/BIN DROPPED

205

TRAILER/BIN PU

340133

DATE/TIME

DATE/TIME

SHIPPER'S SIGNATURE

CONSIGNEE'S SIGNATURE

DRIVER'S SIGNATURE

ENDING MILEAGE _____

BEGINNING MILEAGE 367.442

TOTAL TRIP MILES _____

CUSTOMER SIGNATURE

CONFIRMS TIME IN PLANT

BROWNING-FERRIS INDUSTRIES NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST



No. 58092

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I - GENERATOR

a. Generator Name: UNION CARBIDE b. Generating Location: UNION CARBIDE
c. Address: STAR ROUTE BOX 90 d. Address: 10 Miles E. on Hwy 48
BROWNSVILLE, TEXAS 78521 BROWNSVILLE, TEXAS 78521
e. Phone No.: (512) 831-4501 f. Phone No.: (512) 831-4501
If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE

T X 2 7 4 9 3 0 2 2 4 8 1 5 7 0

Containers

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 5 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: WASTE ASBESTOS

k. Quantity

Units

No.

TYPE

(NON) FRIABLE, ORM-C TWC#276030

34980

P

T

UNITS

P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

RELIA CORTEZ

Generator Authorized Agent Name

Relia Cortez

05/11/92

Shipment Date

Section II - TRANSPORTER

(Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: WPI TRANSPORTATION INC.
b. Address: 120 TOWER STREET
CHANNELVIEW, TEXAS 77530
c. Driver Name/Title: A. B. Cox
d. Phone No.: (713) 452-1504 e. Truck No.: 28
f. Vehicle License No./State: 239 440
Acknowledgement of Receipt of Materials.

A. B. Cox

05/11/92

Driver Signature

Shipment Date

Driver Signature

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.

Section III - DESTINATION

(Generator complete a-c; Destination complete d-f)

a. Site Name: BFI MCCARTY ROAD LANDFILL c. Phone No.: (713) 675-6101
b. Physical Address: 11013 OLD BEAUMONT ROAD d. Mailing Address: SAME
HOUSTON, TEXAS 77078 MAY 12 1992
e. Discrepancy Indication Space: Charged 43buds

I hereby certify that the above named material has been accepted and to the best of my knowledge, this is a true and accurate description.

J. Henderson

J. Henderson

05-12-92

Name of Authorized Agent

Signature

Receipt Date

Section IV - ASBESTOS

UNION CARBIDE CHEMICALS

a. Operator's Name: PLASTICS COMPANY INC. b. Operator's Phone No.: (512) 831-4501
c. Operator's Address: STAR ROUTE BOX 90 BROWNSVILLE, TEXAS 78521

d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY.

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic regulations.

e. Operator's Name & Title: RELIA CORTEZ - SITE MANAGER

Print/Type

Relia Cortez

05/11/92

Name and Address

Operator's Signature

Date

f. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521

g. ☐ Friable; ☒ Non-friable ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

BROWNING-FERRIS INDUSTRIES NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 58092

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.



SECTION I - GENERATOR

a. Generator Name: **UNION CARBIDE** b. Generating Location: **UNION CARBIDE**
 c. Address: **STAR ROUTE BOX 90** d. Address: **10 Miles E. on Hwy 48**
BROWNSVILLE, TEXAS 78521 **BROWNSVILLE, TEXAS 78521**
 e. Phone No.: **(512) 831-4501** f. Phone No.: **(512) 831-4501**
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ h. Owner's Phone No.: _____
 i. BFI WASTE CODE: **TX 274930224 81570** Containers: **DM - METAL DRUM**
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER
 j. Description of Waste: **WASTE ASBESTOS** k. Quantity: **34980** lbs. No. **P** TYPE **T**
(NON) FRIABLE, ORM-C TWC#276030
 I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.
BELIA CORTEZ *Belia Cortez* **05/11/92**
 Generator Authorized Agent Name Signature Shipment Date

SECTION II - TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-j)

TRANSPORTER I **TRANSPORTER II**
 a. Name: **WPI TRANSPORTATION INC.** h. Name: _____
 b. Address: **TOWER STREET** i. Address: _____
CHANNELVIEW, TEXAS 77530
 c. Driver Name/Title: **A.B. Cox** j. Driver Name/Title: _____
 PRINT/TITLE PRINT/TITLE
 d. Phone No.: **(713) 452-1504** e. Truck No.: **28** k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: **R39 440** n. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials.
O.B. Cox **05/11/92** _____
 Driver Signature Shipment Date Driver Signature Shipment Date

SECTION III - DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: **BFI MCCARTY ROAD LANDFILL** c. Phone No.: **(713) 675-6101**
 b. Physical Address: **11013 OIL BEAUMONT ROAD** d. Mailing Address: **SAME**
HOUSTON, TEXAS 77078
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____

SECTION IV - ASBESTOS (Generator completes a-d; Operator completes e-f)

UNION CARBIDE CHEMICALS
 a. Operator's Name: **PLASTICS COMPANY INC.** b. Operator's Phone No.: **(512) 831-4501**
 c. Operator's Address: **STAR ROUTE BOX 90, BROWNSVILLE, TEXAS 78521**
 d. Special Handling Instructions and additional information: **WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY**
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
 e. Operator's Name & Title: **BELIA CORTEZ - SITE MANAGER** *Belia Cortez* **05/11/92**
 f. Name and Address of Responsible Agency: **UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521**
 g. ☐ Friable ☒ Non-friable ☐ Both _____ % friable _____ % nonfriable
 * Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

GENERATOR RETAIN

QWS

QUALITY WEIGHING SERVICES, INC.

8204 E. 14th. Street - Brownsville, Texas 78521 N^o 5494

(Located at Port of Brownsville)

Phone: 512/831-8253 Fax: 512/831-8649

TRUCK 28 TLR 311451

TRUCK LINE WPT

CUSTOMER UNION Carbide

CARGO _____

10:00 AM 05 11 92

69020 lb

34040 lb TR

34980 lb NET

#58092

- ☐ \$3.00 EMPTY ONLY
- ☐ \$5.00 UP TO 65,000 GROSS
- ☒ \$6.00 65,020 TO 85,000 GROSS
- ☐ \$7.00 85,020 TO 105,000 GROSS
- ☐ \$8.50 105,020 TO 125,000 GROSS
- ☐ \$10.00 125,020 TO 145,000 GROSS
- ☐ \$25.00 145,020 AND UP

pd

AB Cor



Truck Driver

Certified Weigher



WPI Transportation, Inc.

P.O. Box 909
Channelview, Texas 77530-0909
(713) 452-1504

MANIFEST

SERVICE ORDER NUMBER

222506

CUSTOMER: Union Pacific P.O. # RELEASE #

DATE: 5-11-92 TRAILER # 311451 TRUCK # 28 PICKUP #

OPERATOR OR DRIVER: A.B. Coni LABOR

JOB LOCATION: Deer Creek, Ca 21 DESTINATION: Hwy 21

() VACTOR () CYCLONE () 70 BBL VACUUM () 130 BBL VACUUM

() END DUMP () DROP DECK () ROLL OFF (X) VAN / FLAT

TIME SCHEDULE

LOADING

	DATE	TIME	CIRCLE ONE
LEAVE YARD			AM PM
TIME ARRIVED	<u>5-11</u>	<u>800</u>	☒ AM PM
LOADING BEGAN			AM PM
LOADING COMPLETED		<u>1030</u>	☒ AM PM

UNLOADING

	DATE	TIME	CIRCLE ONE
TIME ARRIVED			AM PM
UNLOAD BEGAN			AM PM
UNLOAD COMPLETE			AM PM
ARRIVED YARD			AM PM

LUNCH OR NON-WORKING: OUT am () pm IN am () pm

DATE	STATE NAME	ROUTES TRAVELED	ODOMETER @ STATE LINE (E OR L)
	<u>TX</u>	<u>11577-11519</u>	

WAS JOB COMPLETED SATISFACTORILY?

GENERATOR APPROVED:

RECEIVER APPROVED:

REMARKS:

TRAILER/BIN DROPPED

311856

TRAILER/BIN PU

311451

DATE/TIME

5-11-92

DATE/TIME

SHIPPER'S SIGNATURE

CONSIGNEE'S SIGNATURE

DRIVER'S SIGNATURE

A.B. Coni

ENDING MILEAGE

BEGINNING MILEAGE 443880

TOTAL TRIP MILES

CUSTOMER SIGNATURE

CONFIRMS TIME IN PLANT

BROWNING-FERRIS INDUSTRIES NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST



No. 58091

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: UNION CARBIDE b. Generating Location: UNION CARBIDE
c. Address: STAR ROUTE BOX 90 d. Address: 10 MILES E. ON HWY 48
BROWNSVILLE, TEXAS 78521 BROWNSVILLE, TEXAS 78521
e. Phone No.: (512) 831-4501 f. Phone No.: (512) 831-4501
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE: TX 874930224 Containers: 81570 TYPE: DM - METAL DRUM
j. Description of Waste: WASTE ASBESTOS k. Quantity: 45180 Units: P No.: 0 TYPE: T
(NON FRIABLE) ORM-C TWC#276030

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

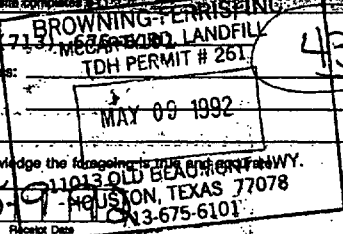
BELIA CORTEZ Belia Cortez 050892
Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-j)

TRANSPORTER I
a. Name: WPI TRANSPORTATION INC. h. Name: _____
b. Address: 120 TOWER STREET i. Address: _____
CHANNELVIEW, TEXAS 77530
c. Driver Name/Title: Paul B. Cox j. Driver Name/Title: _____
PRINT/TYPE
d. Phone No.: (713) 452-1504 e. Truck No.: 27 k. Phone No.: _____
f. Vehicle License No./State: L39439 l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
g. Paul B. Cox 050892 n. _____
Driver Signature Shipment Date Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d; Destination site completes e-g)

a. Site Name: BFI MCGARTY ROAD LANDFILL c. Phone No.: 713-675-6101
b. Physical Address: 11013 OLD BEAUMONT ROAD d. Mailing Address: _____
HOUSTON, TEXAS 77078
e. Discrepancy Indication Space: 43405
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and correct.
f. J. Wilson J. Wilson 050892
Name of Authorized Agent Signature Receipt Date



Section IV ASBESTOS (Generator completes a-d; Asbestos site completes e-g)

a. Operator's Name: UNION CARBIDE CHEMICALS & PLASTICS COMPANY INC. b. Operator's Phone No.: (512) 831-4501
c. Operator's Address: STAR ROUTE BOX 90, BROWNSVILLE, TEXAS 78521
d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY.
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's Name & Title: BELIA CORTEZ - SITE MANAGER Belia Cortez 050892
f. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521
g. ☐ Friable; ☒ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

RETURN TO GENERATOR

BROWNING-FERRIS INDUSTRIES
NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.



No. 58091

SECTION I - GENERATOR

a. Generator Name: UNION CARBIDE b. Generating Location: UNION CARBIDE
c. Address: STAR ROUTE BOX 90 d. Address: 0 MILES E. ON HWY 48
BROWNSVILLE TEXAS 78521 BROWNSVILLE, TEXAS 78521

e. Phone No.: (512) 831-4501 f. Phone No.: (512) 831-4501

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE: TX 874930224 81570 Containers: DM - METAL DRUM
DP - PLASTIC DRUM
B* - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: WASTE ASBESTOS k. Quantity: 45180 Units: P No.: 050892 TYPE: T
(NON FRIABLE) ORM-C TWC#276030

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

BELIA CORTEZ Generator Authorized Agent Name [Signature] Signature 050892 Shipment Date

SECTION II - TRANSPORTER (Generator completes a-c; Transporter I completes d-g; Transporter II completes h-i)

a. Name: WPI TRANSPORTATION INC. h. Name: _____
b. Address: 120 TOWER STREET i. Address: _____
CHANNELVIEW, TEXAS 77530

c. Driver Name/Title: Paul B. Cox j. Driver Name/Title: _____
PRINT/TYPE PRINT/TYPE

d. Phone No.: (713) 452-1504 e. Truck No.: 27 k. Phone No.: _____ l. Truck No.: _____

f. Vehicle License No./State: 3943 m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials.

g. [Signature] 050892 n. [Signature] _____
Driver Signature Shipment Date Driver Signature Shipment Date

SECTION III - DESTINATION (Generator completes a-c; Destination site completes d-f)

a. Site Name: WPI MCCARTY ROAD LANDFILL c. Phone No.: (713) 675-6101
b. Physical Address: 11013 OLD BEAUMONT ROAD d. Mailing Address: _____
HOUSTON, TEXAS 77078

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent: _____ g. Receipt Date: _____

SECTION IV - ASBESTOS (Generator completes a-c; Asbestos site completes d-f)

a. Operator's Name: UNION CARBIDE CHEMICALS & PLASTICS COMPANY INC. b. Operator's Phone No.: (512) 831-4501

c. Operator's Address: STAR ROUTE BOX 90, BROWNSVILLE, TEXAS 78521

d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's Name & Title: BELIA CORTEZ - SITE MANAGER [Signature] 050892
Print/Type Operator's Signature Date

f. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521

g. ☐ Friable; ☒ Non-friable ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

291 GENERATOR RETAIN 290-7208

QWS

QUALITY WEIGHING SERVICES, INC.

8204 E. 14th. Street - Brownsville, Texas 78521 N^o
(Located at Port of Brownsville)

5457

Phone: 512/831-8253 Fax: 512/831-8649

TRUCK 27 TLR 705

TRUCK LINE WPI

CUSTOMER Union Carbide

CARGO _____

10:28 AM 05 08 92

77140 lb

31960 lb TR

45180 lb NET

- ☐ \$3.00 EMPTY ONLY
- ☐ \$5.00 UP TO 65,000 GROSS
- ☒ \$6.00 65,020 TO 85,000 GROSS
- ☐ \$7.00 85,020 TO 105,000 GROSS
- ☐ \$8.50 105,020 TO 125,000 GROSS
- ☐ \$10.00 125,020 TO 145,000 GROSS
- ☐ \$25.00 145,020 AND UP

DL



Truck Driver *A.B. Cox*

Certified Weigher *[Signature]*



WPI Transportation, Inc.

P.O. Box 909
Channelview, Texas 77530-0909
(713) 452-1504

MANIFEST

SERVICE ORDER NUMBER

222456

CUSTOMER: Union Carbide P.O. # _____ RELEASE # _____

DATE: 5-8-92 TRAILER # 725 TRUCK # 27 PICKUP # _____

OPERATOR OR DRIVER: Paul R. Cox LABOR _____

JOB LOCATION: Brownsville TX DESTINATION: Houston TX

() VACTOR () CYCLONE () 70 BBL VACUUM () 130 BBL VACUUM

() END DUMP () DROP DECK () ROLL OFF () VAN / FLAT

TIME SCHEDULE

LOADING		CIRCLE ONE	UNLOADING		CIRCLE ONE
DATE	TIME		DATE	TIME	
LEAVE YARD		AM PM	TIME ARRIVED		AM PM
TIME ARRIVED	<u>5-8 8:30</u>	(AM) PM	UNLOAD BEGAN		AM PM
LOADING BEGAN		AM PM	UNLOAD COMPLETE		AM PM
LOADING COMPLETED	<u>5-8 11:00</u>	(AM) PM	ARRIVED YARD		AM PM

LUNCH OR NON-WORKING: OUT _____ am () pm IN _____ am () pm

DATE	STATE NAME	ROUTES TRAVELED	ODOMETER @ STATE LINE (E OR L)
		<u>115 59 45 77</u>	

WAS JOB COMPLETED SATISFACTORILY?

GENERATOR APPROVED:

RECEIVER APPROVED:

REMARKS:

TRAILER/BIN DROPPED

940733

TRAILER/BIN PU

725

DATE/TIME

DATE/TIME

SHIPPER'S SIGNATURE

CONSIGNEE'S SIGNATURE

DRIVER'S SIGNATURE

ENDING MILEAGE

BEGINNING MILEAGE 362001

TOTAL TRIP MILES

CUSTOMER SIGNATURE

CONFIRMS TIME IN PLANT

BROWNING-FERRIS INDUSTRIES
NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.



No. 58090

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: UNION CARBIDE b. Generating Location: UNION CARBIDE
c. Address: STAR ROUTE BOX 90 d. Address: 10 MILES E. ON HWY 48
BROWNSVILLE, TEXAS 78521 BROWNSVILLE, TEXAS 78521
e. Phone No.: (512) 831-4501 f. Phone No.: (512) 831-4501

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE

T	X	2	7	4	9	3	0	2	2	4
---	---	---	---	---	---	---	---	---	---	---

8	1	5	7	0
---	---	---	---	---

 Containers: _____
j. Description of Waste: WASTE ASBESTOS k. Quantity: 35860 Units: P No.: _____ TYPE: T
(NON FRIABLE) ORM-C WWC # 276030

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

BELIA CORTEZ 050892
Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes f-h)

TRANSPORTER I
a. Name: WPI TRANSPORTATION INC. h. Name: _____
b. Address: 120 TOWER STREET i. Address: _____
CHANNELVIEW, TEXAS 77530
c. Driver Name/Title: A.B. Cox j. Driver Name/Title: _____
PRINT/TYPE
d. Phone No.: (713) 452-1504 e. Truck No.: 28 k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: R39440 TX m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials. n. Acknowledgement of Receipt of Materials: _____
A.B. Cox 050892
Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d; Destination site completes e-g)

a. Site Name: BFI MCCARTY ROAD LANBEILL c. Phone No.: (713) 675-6101
b. Physical Address: 11013 OLD BEAUMONT ROAD d. Mailing Address: _____
HOUSTON, TEXAS 77078
e. Discrepancy Indication Space: 43YDS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and correct.
f. Wilson J. Wilson 59912
Name of Authorized Agent Signature Receipt Date
BROWNING-FERRIS INDUSTRIES
675 MCCARTY RD. LANDFILL
TDH PERMIT # 261
MAY 09 1992
11013 OLD BEAUMONT HWY.
HOUSTON, TEXAS 77078
713-675-6101 43YDS

Section IV ASBESTOS (Generator completes a-c; Operator completes d-e)

a. Operator's Name: UNION CARBIDE CHEMICALS & PLASTICS COMPANY INC. b. Operator's Phone No.: (512) 831-4501
c. Operator's Address: STAR ROUTE BOX 90 BROWNSVILLE, TEXAS 78521
d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY.
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's Name & Title: BELIA CORTEZ - SITE MANAGER 050892
Signature Date
f. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521
g. ☐ Friable; ☒ Non-friable ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

BROWNING-FERRIS INDUSTRIES NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.



No. 58090

Section I: GENERATOR (Generator completes a-d)

a. Generator Name: UNION CARBIDE b. Generating Location: UNION CARBIDE
c. Address: STAR ROUTE BOX 90 d. Address: 10 MILES E. ON HWY 48
BROWNSVILLE, TEXAS 78521 BROWNSVILLE, TEXAS 78521
e. Phone No.: (512) 831-4501 f. Phone No.: (512) 831-4501
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE:

T	X	2	7	4	9	3	0	2	2	4
---	---	---	---	---	---	---	---	---	---	---

8	1	5	7	0
---	---	---	---	---

 Containers: _____
j. Description of Waste: WASTE ASBESTOS k. Quantity: 35860 Units: P No.: _____ TYPE: T
(NON FRIABLE) ORM-C WWC # 276030

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

BELIA CORTEZ 050892
Generator Authorized Agent Signature Shipment Date

Section II: TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-j)

TRANSPORTER I
a. Name: WPI TRANSPORTATION INC. h. Name: _____
b. Address: 120 TOWER STREET i. Address: _____
CHANNELVIEW, TEXAS 77530
c. Driver Name/Title: A. B. Cox j. Driver Name/Title: _____
d. Phone No.: (713) 452-1504 e. Truck No.: 28 k. Phone No.: _____
f. Vehicle License No./State: R39440 TX l. Truck No.: _____
g. Acknowledgement of Receipt of Materials: _____ m. Vehicle License No./State: _____
A. B. Cox 050892 n. _____
Driver Signature Shipment Date Driver Signature Shipment Date

Section III: DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: BFI MCCARTY ROAD LANDFILL c. Phone No.: (713) 675-6101
b. Physical Address: 11011 OLD BEAUMONT ROAD d. Mailing Address: SAME
HOUSTON, TEXAS 77078
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. _____
Name of Authorized Agent Signature Receipt Date

Section IV: ASBESTOS (Generator completes a-d; Operator completes e-f)

a. Operator's Name: UNION CARBIDE CHEMICALS & PLASTICS COMPANY INC. b. Operator's Phone No.: (512) 831-4501
c. Operator's Address: STAR ROUTE BOX 90, BROWNSVILLE, TEXAS 78521
d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's Name & Title: BELIA CORTEZ - SITE MANAGER 050892
f. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521
g. ☐ Friable; ☒ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



QUALITY WEIGHING SERVICES, INC.

8204 E. 14th. Street - Brownsville, Texas 78521 No
(Located at Port of Brownsville)

5450

Phone: 512/831-8253 Fax: 512/831-8649

TRUCK 28 TLR 311856

TRUCK LINE WPT

CUSTOMER Union Carbide

CARGO _____

9127 AM 05 08 92

70240 lb

34380 lb TR

35860 lb NET

58090

- ☐ \$3.00 EMPTY ONLY
- ☐ \$5.00 UP TO 65,000 GROSS
- ☒ \$6.00 65,020 TO 85,000 GROSS
- ☐ \$7.00 85,020 TO 105,000 GROSS
- ☐ \$8.50 105,020 TO 125,000 GROSS
- ☐ \$10.00 125,020 TO 145,000 GROSS
- ☐ \$25.00 145,020 AND UP

PD



AB Coef

Truck Driver

Certified Weigher

EST TREC

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.



No. 58089

GENERATOR	
a. Generator Name: UNION CARBIDE	b. Generating Location: UNION CARBIDE
c. Address: STAR ROUTE BOX 90 BROWNSVILLE, TEXAS 78521	d. Address: 10 MILES E. ON HWY 48 BROWNSVILLE, TEXAS 78521
e. Phone No.: (512) 831-4501	f. Phone No.: (512) 831-4501
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE: TY 274 930224	Containers: 01570
j. Description of Waste: WASTE ASBESTOS (NON-FRIABLE) ORM-C TWC # 376030	k. Quantity: 42200 Units: P No.: 0 TYPE: T
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.	
Generator Authorized Agent Name: BELIA CORTEZ	Signature: <i>Belia Cortez</i> Date: 050692
Section II TRANSPORTER (Generator completes a or b; Transporter completes c or d; Receiver completes e or f)	
TRANSPORTER I	
a. Name: WPI TRANSPORTATION INC.	b. Address: 120 TOWER STREET CHANDLER, TEXAS 77530
c. Driver Name/Title: A.B. COPELAND	d. Phone No.: (713) 552-1504
e. Truck No.: 28	f. Vehicle License No./State: R39440 TX
g. Acknowledgement of Receipt of Materials: <i>ABCO</i>	h. Acknowledgement of Receipt of Materials: <i>050692</i>
TRANSPORTER II	
a. Name:	b. Address:
c. Driver Name/Title:	d. Phone No.:
e. Truck No.:	f. Vehicle License No./State:
Section III DESTINATION (Generator completes a or b; Receiver completes c or d; Shipper completes e or f)	
a. Site Name: BPI MCCARTY ROAD LANDFILL	
b. Physical Address: 11013 OLD BEAUMONT ROAD HOUSTON, TEXAS 77078	c. Phone No.: 713-664-8891
d. Mailing Address: SAKE	e. Date: MAY 07 1992
f. Discrepancy Indication Space: changed 43 YDS	g. Signature: <i>Henderson</i> Date: 05-17-92
Section IV ASBESTOS (Generator completes a or b; Receiver completes c or d; Shipper completes e or f)	
a. Operator's Name: PLASTICS COMPANY INC.	
b. Operator's Address: STAR ROUTE BOX 90 BROWNSVILLE, TEXAS 78521	c. Operator's Phone No.: (512) 831-4501
d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY	
Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's Name & Title: BELIA CORTEZ - SITE MANAGER	f. Signature: <i>Belia Cortez</i> Date: 050692
g. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521	h. Friction: ☐ Friction ☒ Non-friction ☐ Both
Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or to the company which is the owner of the facility.	

RETURN TO GENERATOR

BRA 2419

If waste is asbestos waste, complete Sections I, II, III and IV.
 If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 58089

a. Generator Name: **UNION CARRIDE**
 b. Generating Location: **UNION CARRIDE**
 c. Address: **STAR ROUTE BOX 90**
BROWNSVILLE, TEXAS 78521
 d. Phone No.: **(512) 831-4501**
 e. Address: **10 MILES E. ON HWY 48**
BROWNSVILLE, TEXAS 78521
 f. Phone No.: **(512) 831-4501**

If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI Waste Code: **1 7 4 0 0 0 0 0**
 j. Description of Waste: **WASTE ASBESTOS**
(NON-FRITABLE) ORM-6 TWC 1-276030
 k. Quantity: **42200** l. Units: **P** m. Type: **T**

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

n. Signature: **SELIA CORTIZ** o. Shipment Date: **050692**
 Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

Section II - TRANSPORTER (Generator completes 1-4; Transporter I completes 5-7; Transporter II completes 8-10)

a. Name: **WPI TRANSPORTATION INC.** b. Name: _____
 c. Address: **120 TOWER STREET** d. Address: _____
CHANNELVIEW, TEXAS 77530
 e. Driver Name/Title: **A.B. COX** f. Driver Name/Title: _____
 g. Phone No.: **(713) 452-1504** h. Phone No.: _____
 i. Vehicle License No./State: **239440 TX** j. Vehicle License No./State: _____
 k. Acknowledgement of Receipt of Materials. l. Acknowledgement of Receipt of Materials.

m. Signature: **A.B. COX** n. Signature: _____
 Driver Signature _____ Shipment Date **050692** Driver Signature _____ Shipment Date _____

Section III - DESTINATION (Generator completes 1-4; Destination completes 5-7)

a. Site Name: **BPI MCCARTHY ROAD LANDFILL** c. Phone No.: **(713) 675-6101**
 b. Physical Address: **11013 OLD BRAUMONT ROAD** d. Mailing Address: **SAME**
HOUSTON, TEXAS 77078

e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent: _____ g. Signature: _____ h. Receipt Date: _____

Section IV - SPECIAL HANDLING INSTRUCTIONS (Generator completes 1-4; Special Handling completes 5-7)

a. Operator's Name: **PLASTICS COMPANY INC.** b. Operator's Phone No.: **(512) 831-4501**
 c. Operator's Address: **STAR ROUTE BOX 90** d. Address: **BROWNSVILLE, TEXAS 78521**
 e. Special Handling Instructions and additional information: **WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY**

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

f. Operator's Name & Title: **SELIA CORTIZ - SITE MANAGER** g. Signature: **SELIA CORTIZ** h. Date: **050692**
 i. Name and Address of Responsible Agency: **UNION CARRIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521**

j. ☐ Fritable; ☒ Non-fritable; ☐ Both k. % fritable: _____ % nonfritable: _____

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or b

BRA 2420

QWS

QUALITY WEIGHING SERVICES, INC.

8204 E. 14th. Street - Brownsville, Texas 78521 No 5389
(Located at Port of Brownsville)

Phone: 512/831-8253 Fax: 512/831-8649

TRUCK 28 TLR 311854/311457

TRUCK LINE WPI

CUSTOMER UNION CARBIDE

CARGO _____

8:01 AM 05 06 92

~~54000 lb~~

11:49 AM 05 06 92

76240 lb

34040 lb TR

42200 lb NET

- ☐ \$3.00 EMPTY ONLY
- ☐ \$5.00 UP TO 65,000 GROSS
- ☒ \$6.00 65,020 TO 85,000 GROSS
- ☐ \$7.00 85,020 TO 105,000 GROSS
- ☐ \$8.50 105,020 TO 125,000 GROSS
- ☐ \$10.00 125,020 TO 145,000 GROSS
- ☐ \$25.00 145,020 AND UP

Pd



AB Coy

Truck Driver

Certified Weigher

Est Tare

BROWNING-FERRIS INDUSTRIES
NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.



No. 58088

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: UNION CARBIDE b. Generating Location: UNION CARBIDE
c. Address: STAR ROUTE BOX 90 d. Address: 40 MILES E. ON HWY 48
BROWNSVILLE, TEXAS 78521 BROWNSVILLE, TEXAS 78521
e. Phone No.: (512) 831-4501 f. Phone No.: (512) 831-4501
If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE:

T	Y	2	7	4	9	3	0	2	2	4	8	1	5	7	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers:

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

j. Description of Waste: WASTE ASBESTOS k. Quantity: 40300 Units: P No.: 050692 TYPE: T
(NON FRIABLE) ORM-C TWC #276030

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

BELIA CORTEZ

Generator Authorized Agent Name

Signature

Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-n)

TRANSPORTER I
a. Name: WPI TRANSPORTATION INC. h. Name: _____
b. Address: 120 TOWER STREET i. Address: _____
CHANNELVIEW, TEXAS 77530
c. Driver Name/Title: _____ j. Driver Name/Title: _____
d. Phone No.: (713) 45281504 e. Truck No.: 27 k. Phone No.: _____
l. Vehicle License No./State: R39439 m. Vehicle License No./State: _____
n. Acknowledgement of Receipt of Materials. _____
g. Driver Signature: [Signature] Shipment Date: 050692 h. Driver Signature: _____
Shipment Date: _____

Section III DESTINATION (Generator completes a-c; Destination site completes d-f)

a. Site Name: RPI MCCARTY ROAD LANBELL c. Phone No.: _____
b. Physical Address: 11013 OLD BEAUMONT ROAD d. Mailing Address: BROWNING-FERRIS, INC.
HOUSTON, TEXAS 77078 MCCARTY RD LANDFILL
e. Discrepancy Indication Space: changed to 53105 TDH PERMIT # 261
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. [Signature] [Signature] 11013 OLD BEAUMONT HWY.
Name of Authorized Agent Signature Receipt Date 713-675-6101
HOUSTON, TEXAS 77078

Section IV ASBESTOS (Generator completes a-c; Operator completes d-f)

a. Operator's Name: UNION CARBIDE CHEMICALS & PLASTICS COMPANY INC. b. Operator's Phone No.: (512) 831-4501
c. Operator's Address: STAR ROUTE BOX 90 BROWNSVILLE, TEXAS 78521
d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's Name & Title: BELIA CORTEZ - SITE MANAGER [Signature] 050692
f. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521
g. ☐ Friable; ☒ Non-friable ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

BROWNING-FERRIS INDUSTRIES
NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.



No. **58088**

Section I - GENERATOR

a. Generator Name: UNION CARBIDE		b. Generating Location: UNION CARBIDE	
c. Address: STAR ROUTE BOX 90		d. Address: 40 MILES E ON HWY 49	
BROWNSVILLE, TEXAS 78521		BROWNSVILLE, TEXAS 78521	
e. Phone No.: (512) 831-4501		f. Phone No.: (512) 831-4501	
If owner of the generating facility differs from the generator, provide:			
g. Owner's Name:		h. Owner's Phone No.:	
i. BFI WASTE CODE			
j. Description of Waste: WASTE ASBESTOS			
k. Quantity: 40300			
l. Units: P			
m. Type: T			
n. Containers: DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 8 MIL PLASTIC BAG or WRAP T - TRUCK O - OTHER			
o. (NON FRIABLE) ORM-C TWC 4776030			
p. I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.			
q. BELIA CORTEZ		r. Signature: <i>Belia Cortez</i>	
Generator Authorized Agent Name		Signature	
s. 050692		t. Shipment Date	

Section II - TRANSPORTER (Generator completes a-c; Transporter I completes e-g; Transporter II completes h-i)

TRANSPORTER I		TRANSPORTER II	
a. Name: WPI TRANSPORTATION INC.		h. Name:	
b. Address: 120 TOWER STREET		i. Address:	
CHANNELVIEW, TEXAS 77530			
c. Driver Name/Title:		j. Driver Name/Title:	
d. Phone No.: (713) 45281504		k. Phone No.:	
e. Truck No.: 27		l. Truck No.:	
f. Vehicle License No./State: R39439		m. Vehicle License No./State:	
g. Acknowledgement of Receipt of Materials.		n. Acknowledgement of Receipt of Materials.	
o. Signature: <i>Paul B. Carl</i>		p. Signature:	
q. Shipment Date: 050692		r. Shipment Date:	

Section III - DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: BFI MCCARTY ROAD LANBETILL		c. Phone No.: (713) 675-6101	
b. Physical Address: 11013 OLD BEAUMONT ROAD		d. Mailing Address:	
HOUSTON, TEXAS 77078		same	
e. Discrepancy Indication Space:			
f. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
g. Name of Authorized Agent		h. Signature	
i. Receipt Date			

Section IV - ASBESTOS (Operator completes a-c; g. Operator completes d-f)

a. Operator's Name: UNION CARBIDE CHEMICALS & PLASTICS COMPANY INC.		b. Operator's Phone No.: (512) 831-4501	
c. Operator's Address: STAR ROUTE BOX 90		d. Operator's Address: BROWNSVILLE, TEXAS 78521	
e. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY			
f. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
g. Operator's Name & Title: BELIA CORTEZ - SITE MANAGER		h. Signature: <i>Belia Cortez</i>	
i. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521		j. Date: 050692	
k. ☐ Friable; ☒ Non-friable; ☐ Both % friable % nonfriable			

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

QWS

QUALITY WEIGHING SERVICES, INC.

8204 E. 14th. Street - Brownsville, Texas 78521 No

5387

(Located at Port of Brownsville)

Phone: 512/831-8253 Fax: 512/831-8649

TRUCK 27 TLR 705/34133

TRUCK LINE WPT

CUSTOMER UNION CARBIDE

CARGO _____

58088

7:59 AM 05 06 92

~~31960 lb~~

11:09 AM 05 06 92

73120 lb

32820 lb TR

40300 lb NET

- ☐ \$3.00 EMPTY ONLY
- ☐ \$5.00 UP TO 65,000 GROSS
- ☒ \$6.00 65,020 TO 85,000 GROSS
- ☐ \$7.00 85,020 TO 105,000 GROSS
- ☐ \$8.50 105,020 TO 125,000 GROSS
- ☐ \$10.00 125,020 TO 145,000 GROSS
- ☐ \$25.00 145,020 AND UP

Pd



Truck Driver

Certified Weigher

EST TARE

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.



No. 58086

Section I - GENERATOR (Generator completes this section)

a. Generator Name: UNION CARBIDE b. Generating Location: UNION CARBIDE
c. Address: STAR ROUTE BOX 90 d. Address: 10 MILES E. ON HWY 48
BROWNSVILLE, TEXAS 78521 BROWNSVILLE, TEXAS 78521
e. Phone No.: (512) 831-4501 f. Phone No.: (512) 831-4501
If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE: TK 2174 930224 Containers: 8 TYPE: DM - METAL DRUM
BA - 8 MIL PLASTIC BAG
j. Description of Waste: WASTE ASBESTOS k. Quantity: 42800 Units: P No.: 0 TYPE: T
(NON FRIABLE) ORM-C TWC # 276030

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

Signature: Bella Cortez Date: 050492
Generator Authorized Agent Name: _____ Signature: _____ Shipment Date: _____

Section II - TRANSPORTER (Generator completes a-c; Transporter I completes d-g; Transporter II completes h-j)

TRANSPORTER I
a. Name: WPI TRANSPORTATION INC. h. Name: _____
b. Address: 120 TOMER STREET i. Address: _____
CHANNELVIEW, TEXAS 77530
c. Driver Name/Title: A.B. Cox j. Driver Name/Title: _____
d. Phone No.: (713) 452-1504 k. Phone No.: _____
e. Truck No.: 28 l. Truck No.: _____
f. Vehicle License No./State: R39440 TX m. Vehicle License No./State: _____
n. Acknowledgement of Receipt of Materials: _____
o. Driver Signature: A.B. Cox Date: 050492 p. Driver Signature: _____ Date: _____

Section III - DESTINATION (Generator completes a-c; Transporter I completes d-g; Transporter II completes h-j)

a. Site Name: BFI MCCARTY ROAD LANDFILL c. Phone No.: 635-6101
b. Physical Address: 11012 OLD BEAUMONT ROAD d. Mailing Address: MCCARTY RD LANDFILL
HOUSTON, TEXAS 77078 TDH PERMIT # 261
e. Discrepancy Indication Space: _____
f. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
Signature: Henderson Date: MAY 05 1992
Signature: Henderson Date: 4103 DILL BEAUMONT HWY.
HOUSTON, TEXAS 77078

Section IV - ASBESTOS (Generator completes this section)

a. Operator's Name: PLASTICS COMPANY INC. b. Operator's Phone No.: (512) 831-4501
c. Operator's Address: STAR ROUTE BOX 90, BROWNSVILLE, TEXAS 78521
d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this manifest are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Operator's Name & Title: BELLA CORTEZ - SITE MANAGER Date: 050492
f. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521
g. ☐ Friable; ☒ Non-friable ☐ Both % friable _____ % nonfriable _____

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation.

BRA 2427

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.		No. 58086
SECTION I - ORIGINATOR		
a. Generator Name: <u>UNION CARRIDE</u>	b. Generating Location: <u>UNION CARRIDE</u>	
c. Address: <u>STAR ROUTE BOX 90</u> <u>BROWNSVILLE, TEXAS 77821</u>	d. Address: <u>10 MILES E. ON HWY 78</u> <u>BROWNSVILLE, TEXAS 77821</u>	
e. Phone No.: <u>(512) 831-4501</u>	f. Phone No.: <u>(512) 831-4501</u>	
If owner of the generating facility differs from the generator, provide:		
g. Owner's Name: _____	h. Owner's Phone No.: _____	
i. BFI Waste Code: <u>2 7 4 9 3 0 2 2 4</u>	j. Description of Waste: <u>WASTE ASBESTOS</u> <u>(NON FRIABLE) ORM-C TWC # 276030</u>	
k. Quantity: <u>42800</u>		l. Units: <u>P</u> TYPE: <u>T</u>
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 280.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.		
m. Generator Authorized Agent Name: <u>BELIA CORTIZ</u> Signature: <u>Belia Cortiz</u>		n. Shipment Date: <u>050492</u>
SECTION II - TRANSPORTER		
TRANSPORTER I		TRANSPORTER II
a. Name: <u>WPI TRANSPORTATION INC.</u>	h. Name: _____	
b. Address: <u>120 TOWER STREET</u> <u>CHANNELVIEW, TEXAS 77530</u>	i. Address: _____	
c. Driver Name/Title: <u>A.B. Cox</u>	j. Driver Name/Title: _____	
d. Phone No.: <u>(713) 452-1504</u>	k. Phone No.: _____	
e. Truck No.: <u>28</u>	l. Truck No.: _____	
f. Vehicle License No./State: <u>R39440-TX</u>	m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		
g. Driver Signature: <u>A.B. Cox</u>	n. Driver Signature: _____	
SECTION III - DESTINATION		
a. Site Name: <u>BFI MCCARTY ROAD LANDFILL</u>		
b. Physical Address: <u>11012 OLD BRAUNFORD ROAD</u> <u>HOUSTON, TEXAS 77078</u>		
c. Phone No.: <u>(713) 675-6101</u>		
d. Mailing Address: _____		
e. Discrepancy Indication Space: _____		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____		
SECTION IV - ASBESTOS		
a. Operator's Name: <u>UNION CARRIDE CHEMICALS & PLASTICS COMPANY INC.</u>		
b. Operator's Address: <u>STAR ROUTE BOX 90, BROWNSVILLE, TEXAS 77821</u>		
c. Operator's Phone No.: <u>(512) 831-4501</u>		
d. Special Handling Instructions and additional information: <u>WEAR CLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY</u>		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		
e. Operator's Name & Title: <u>BELIA CORTIZ - SITE MANAGER</u> Signature: <u>Belia Cortiz</u>		
f. Name and Address of Responsible Agency: <u>UNION CARRIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 77821</u>		
g. ☐ Friable; ☒ Non-friable; ☐ Both _____ % friable _____ % nonfriable		
* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or the		

BRA 2428

QWS

QUALITY WEIGHING SERVICES, INC.

8204 E. 14th. Street - Brownsville, Texas 78521
(Located at Port of Brownsville)

Phone: 512/831-8253 Fax: 512/831-8649

No 5262

TRUCK 28 TLR 31145

TRUCK LINE WPI

CUSTOMER Union Carbide

CARGO _____

7:55 AM 05 04 92

34040 lb

58086

- ☐ \$3.00 EMPTY ONLY
- ☐ \$5.00 UP TO 65,000 GROSS
- ☒ \$6.00 65,020 TO 85,000 GROSS
- ☐ \$7.00 85,020 TO 105,000 GROSS
- ☐ \$8.50 105,020 TO 125,000 GROSS
- ☐ \$10.00 125,020 TO 145,000 GROSS
- ☐ \$25.00 145,020 AND UP

Pd

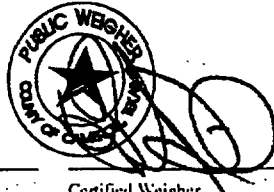
12:13 PM 05 04 92

76940 lb

34040 lb TR

42800 lb NET

QBCoy



Truck Driver

Certified Weigher

BROWNING-FERRIS INDUSTRIES
NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST



No. 58087

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I - GENERATOR (Generator completes all of Section I)

a. Generator Name: UNION CARBIDE b. Generating Location: UNION CARBIDE
c. Address: STAR ROUTE BOX 90 d. Address: 10 MILES E. ON HWY 48
BROWNSVILLE, TEXAS 78521 BROWNSVILLE, TEXAS 78521
e. Phone No.: (912) 831-4501 f. Phone No.: (512) 831-4501
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____
i. BFI WASTE CODE:

T	X	2	7	4	9	3	0	2	2	4	8	1	5	7	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Containers: _____
j. Description of Waste: WASTE ASBESTOS k. Quantity: 44960 Units: P No.: _____ TYPE: T
(NON FRIABLE) ORM-C TWC # 276030

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

BELIA CORTEZ Belia Cortez 050492
Generator Authorized Agent Name Signature Shipment Date

Section II - TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-n)

TRANSPORTER I
a. Name: WBI TRANSPORTATION INC.
b. Address: 120 TOWER STREET
CKANNHVIEW, TEXAS 77530
c. Driver Name/Title: Raul B. Cox
d. Phone No.: (713) 45201504 e. Truck No.: 27
f. Vehicle License No./State: R 39439 TX
g. Acknowledgement of Receipt of Materials: _____
h. Signature: Raul B. Cox 050492
i. Shipment Date: _____
TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
n. Acknowledgement of Receipt of Materials: _____

Section III - DESTINATION (Generator completes a-d; Destination completes e-g)

a. Site Name: BFI MCCARTY ROAD LANDFILL c. Phone No.: 713 675 6101
b. Physical Address: 11013 OLD BEAUMONT ROAD d. Mailing Address: SAME
HOUSTON, TEXAS 77078
e. Discrepancy Indication Space: _____
f. I hereby certify that the above named material has been accepted and to the best of my knowledge is true and accurate.
g. Signature: Henderson Henderson 050492
h. Name of Authorized Agent Signature Receipt Date

Section IV - ASBESTOS (Generator completes a-c; Asbestos completes d-f)

a. Operator's Name: UNION CARBIDE CHEMICALS & PLASTICS COMPANY INC. b. Operator's Phone No.: (512) 831-4501
c. Operator's Address: STAR ROUTE BOX 90, BROWNSVILLE, TEXAS 78521
d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY.
e. Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
f. Operator's Name & Title: BELIA CORTEZ - SITE MANAGER g. Signature: Belia Cortez 050492
h. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521
i. ☐ Friable; ☒ Non-friable; ☐ Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

BROWNING-FERRIS INDUSTRIES
NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.



No. 58087

Section I - GENERATOR

a. Generator Name: UNION CARBIDE		b. Generating Location: UNION CARBIDE																	
c. Address: STAR ROUTE BOX 90		d. Address: 10 MILES E. ON HWY 48																	
BROWNSVILLE, TEXAS 78521		BROWNSVILLE, TEXAS 78521																	
e. Phone No.: (812) 831-4501		f. Phone No.: (512) 831-4501																	
If owner of the generating facility differs from the generator, provide:																			
g. Owner's Name:		h. Owner's Phone No.:																	
i. BFI WASTE CODE: <table border="1"><tr><td>T</td><td>X</td><td>2</td><td>7</td><td>4</td><td>9</td><td>3</td><td>0</td><td>2</td><td>2</td><td>4</td><td>8</td><td>1</td><td>5</td><td>7</td><td>0</td></tr></table>				T	X	2	7	4	9	3	0	2	2	4	8	1	5	7	0
T	X	2	7	4	9	3	0	2	2	4	8	1	5	7	0				
j. Description of Waste: WASTE ASBESTOS				k. Quantity: 44960				Units: P				No.: 7				TYPE: T			
(NON FRIABLE) ORM-C TWC # 276030																			
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.																			
BELIA CORTEZ				Signature: <i>Belia Cortez</i>				Shipment Date: 050492											
Generator Authorized Agent Name				Signature				Shipment Date											

TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 5 MIL PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II - TRANSPORTER (Generator completes a-d; Transporter I completes e-o; Transporter II completes h-n)

TRANSPORTER I				TRANSPORTER II			
a. Name: WPI TRANSPORTATION INC.				h. Name:			
b. Address: 120 TOWER STREET				i. Address:			
CHANNELVIEW, TEXAS 77530							
c. Driver Name/Title: Paul B. Cox				j. Driver Name/Title:			
d. Phone No.: (713) 45291504				k. Phone No.:			
e. Truck No.: 27				l. Truck No.:			
f. Vehicle License No./State: R 39439 TX				m. Vehicle License No./State:			
Acknowledgement of Receipt of Materials:				Acknowledgement of Receipt of Materials:			
g. Signature: <i>Paul B. Cox</i>				n. Driver Signature:			
Shipment Date: 050492				Shipment Date:			

Section III - DESTINATION (Generator completes a-d; destination site completes e-i)

a. Site Name: BPI MCARTY ROAD LANDFILL		c. Phone No.: (713) 575-6101	
b. Physical Address: 11013 OLD BEAUMONT ROAD		d. Mailing Address: SAME	
HOUSTON, TEXAS 77078			
e. Discrepancy Indication Space:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
f. Name of Authorized Agent		Signature	
		Receipt Date	

Section IV - ASBESTOS (Generator completes a-d; Operator completes e-i)

a. Operator's Name: UNION CARBIDE CHEMICALS		b. Operator's Phone No.: (512) 831-4501	
c. Operator's Address: STAR ROUTE BOX 90		BROWNSVILLE, TEXAS 78521	
d. Special Handling Instructions and additional information: WEAR GLOVES, GLASSES OR OTHER PROTECTIVE EQUIPMENT AS NECESSARY			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
e. Operator's Name & Title: BELIA CORTEZ - SITE MANAGER		Signature: <i>Belia Cortez</i>	
f. Name and Address of Responsible Agency: UNION CARBIDE - STAR ROUTE BOX 90 - BROWNSVILLE, TEXAS 78521		Date: 050492	
g. ☐ Friable; ☒ Non-friable; ☐ Both _____ % friable _____ % nonfriable			

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

QWS

QUALITY WEIGHING SERVICES, INC.

8204 E. 14th. Street - Brownsville, Texas 78521

(Located at Port of Brownsville)

Phone: 512/831-8253 Fax: 512/831-8649

No. 5261

TRUCK 27 TLR 34-133

TRUCK LINE WPT

CUSTOMER Union Carbide

CARGO _____

7:53 AM 05 04 92

32820 lb

#58087

- ☐ \$3.00 EMPTY ONLY
- ☐ \$5.00 UP TO 65,000 GROSS
- ☒ \$6.00 65,020 TO 85,000 GROSS
- ☐ \$7.00 85,020 TO 105,000 GROSS
- ☐ \$8.50 105,020 TO 125,000 GROSS
- ☐ \$10.00 125,020 TO 145,000 GROSS
- ☐ \$25.00 145,020 AND UP

PD

10:09 AM 05 04 92

77780 lb

32820 lb TR

44960 lb NET

Truck Driver

P.B. Cox



Certified Weigher



WPI Transportation, Inc.

P.O. Box 909
Channelview, Texas 77530-0909
(713) 462-1504

MANIFEST

SERVICE ORDER NUMBER

222454

CUSTOMER: Union Chemical Inc. P.O. # _____ RELEASE # _____

DATE: 5-4-92 TRAILER # 240123 TRUCK # 27 PICKUP # _____

OPERATOR OR DRIVER: Paul R. Co. LABOR _____

JOB LOCATION: Lawrenceville, Ga. DESTINATION: Mass. City

() VACTOR () CYCLONE () 70 BBL VACUUM () 130 BBL VACUUM

() END DUMP () DROP DECK () ROLL OFF () VAN () FLAT

TIME SCHEDULE

LOADING			UNLOADING		
DATE	TIME	CIRCLE ONE	DATE	TIME	CIRCLE ONE
LEAVE YARD		AM PM	TIME ARRIVED		AM PM
TIME ARRIVED	<u>5-4</u> <u>8:00</u>	☒ AM ☐ PM	UNLOAD BEGAN		AM PM
LOADING BEGAN		AM PM	UNLOAD COMPLETE		AM PM
LOADING COMPLETED	<u>5-4</u> <u>1:45</u>	AM ☒ PM	ARRIVED YARD		AM PM

LUNCH OR NON-WORKING: OUT _____ am () pm IN _____ am () pm

DATE	STATE NAME	ROUTES TRAVELED	ODOMETER @ STATE LINE (E OR L)

WAS JOB COMPLETED SATISFACTORILY? _____

GENERATOR APPROVED: _____

RECEIVER APPROVED: _____

REMARKS: Discrepancy on traps coming load

TRAILER/BIN DROPPED

240123

TRAILER/BIN PU

705

DATE/TIME

DATE/TIME

SHIPPER'S SIGNATURE

CONSIGNEE'S SIGNATURE

DRIVER'S SIGNATURE

ENDING MILEAGE

BEGINNING MILEAGE 360430

TOTAL TRIP MILES

CUSTOMER SIGNATURE
CONFIRMS TIME IN PLANT