Appendix C

Chemical Tests of Site Supply Well
**STATE OF CONNECTICUT**  
Department of Health Services  
Laboratory Division  
10 Clinton St  
P.O. Box 1689  
Hartford, CT 06144  
TELEPHONE (203) 566-5063

**INFORMATION**  
041 EAST HADDAM  
E.HADD. HIGHWAY GAR.  
ROUTE 52  
EAST HADDAM CT

**REPORT:** FINAL REPORT

<table>
<thead>
<tr>
<th>TEST</th>
<th>RESULT</th>
<th>ACCEPTABLE RANGE</th>
<th>LOW</th>
<th>ACCEPTABLE RANGE</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAMPLING POINT:</strong> SINK</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(COLLECTOR:</strong> THOMAS ARMENTANO) <strong>(TITLE:</strong> A.S.)**</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>PUBLIC WELL TREATMENT:</strong> NONE</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>REASON:</strong> POSSIBLE CONTAMINATION WITH INFILTRATION THROUGH SOIL</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>COMPLAINT:</strong> NONE</td>
<td></td>
<td></td>
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<tr>
<td><strong>SOURCE:</strong> DRILLED WELL</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>(DEPTH: 0158 FT; DIAMETER: 0158 FT) NOT EVIDENT AT THIS TIME</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>POSSIBLE POLLUTION:</strong> SEPTIC TANK</td>
<td></td>
<td></td>
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</tbody>
</table>

**DATE/TIME ANALYZED** 3/17/92 14:15

**ANALYZED BY** RG/MD

**ANALYTICAL METHOD** MEMBRANE FILTER TECHNIQUE

**TOTAL COLIFORM** ABSENT PER 100 ML

**THIS IS A FINAL REPORT.***
### Final Report

**Sample Point**: Sink  
**Collector**: Tom Armentano, Title: R.3.  
**Public Well Treatment**: None  
**Complaint**: None  
**Use**: Constant  
**Source**: Drilled Well  
**Depth**: 0185 ft, Diameter: 06in, Not Ev. at this time  
**Possible Pollution**: Septic Tank  

---

**Date/Time Analyzed**: 3/17/92 14:15  
**Analyzed By**: R.G.  
**Analytical Method**: Membrane Filter Technique  
**Total Coliform Result**: Absent  
**Per 100 mL**:  

---

This is a final report.
Client: Land-Tech Consultants
Address: 205 Playhouse Corner
Southbury, CT 06488
Attn: M. Bartos
Project Number: E00199-04
Site: 7 MAIN

Laboratory Job Number: L0007455
Invoice Number: 40959
Date Received: 30-AUG-00
Date Reported: 12-SEP-00
Delivery Method: Alpha

ALPHA SAMPLE NUMBER | CLIENT IDENTIFICATION | SAMPLE LOCATION
L0007455-01 | TAP | EAST HADDAM

I attest under the pains and penalties of perjury that, based upon my inquiry of those individuals immediately responsible for obtaining the information, the material contained in this report is, to the best of my knowledge and belief, accurate and complete. This certificate of analysis is not complete unless this page accompanies any and all pages of this report.

Authorized by: Scott McLean - Laboratory Director
### ALPHA ANALYTICAL LABORATORIES
#### CERTIFICATE OF ANALYSIS

**Laboratory Sample Number:** L0007455-01  
**Sample Matrix:** TAP  
**Condition of Sample:** Satisfactory  
**Number & Type of Containers:** 2-Amber, 1-Plastic

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<thead>
<tr>
<th>PARAMETER</th>
<th>RESULT</th>
<th>UNITS</th>
<th>RDL</th>
<th>REF</th>
<th>METHOD</th>
<th>DATES</th>
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<tbody>
<tr>
<td>Hydrocarbons, Total (IR)</td>
<td>ND</td>
<td>mg/l</td>
<td>0.95</td>
<td>4</td>
<td>418.1</td>
<td>05-Sep</td>
<td>TH</td>
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<tr>
<td>Total Metals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Arsenic, Total</td>
<td>ND</td>
<td>mg/l</td>
<td>0.010</td>
<td>3</td>
<td>200.7</td>
<td>11-Sep</td>
<td>RW</td>
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<td>Barium, Total</td>
<td>ND</td>
<td>mg/l</td>
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<td>3</td>
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<td>Cadmium, Total</td>
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<td>mg/l</td>
<td>0.005</td>
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<td>RW</td>
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<tr>
<td>Chromium, Total</td>
<td>ND</td>
<td>mg/l</td>
<td>0.01</td>
<td>3</td>
<td>200.9</td>
<td>11-Sep</td>
<td>TT</td>
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<td>Lead, Total</td>
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<td>mg/l</td>
<td>0.001</td>
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<td>200.9</td>
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<td>Mercury, Total</td>
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<td>TT</td>
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**Comments:** Complete list of References and Glossary of Terms found in Addendum I
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<th>Parameter</th>
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<th>Value 2</th>
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<td>6.2</td>
<td>8</td>
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## Alpha Analytical Laboratories
### Quality Assurance Batch Blank Analysis

**Laboratory Job Number:** L0007455

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<th>Result</th>
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<td>ND</td>
<td>0.0002</td>
<td>4</td>
<td>245.2</td>
<td>06-Sep 07-Sep AG</td>
</tr>
</tbody>
</table>
REFERENCES


GLOSSARY OF TERMS AND SYMBOLS

REF Reference number in which test method may be found.
METHOD Method number by which analysis was performed.
ID Initials of the analyst.

LIMITATION OF LIABILITIES

Alpha Analytical, Inc. performs services with reasonable care and diligence normal to the analytical testing laboratory industry. In the event of an error, the sole and exclusive responsibility of Alpha Analytical, Inc., shall be to re-perform the work at its own expense. In no event shall Alpha Analytical, Inc. be held liable for any incidental consequential or special damages, including but not limited to, damages in any way connected with the use of, interpretation of, information or analysis provided by Alpha Analytical, Inc.

We strongly urge our clients to comply with EPA protocol regarding sample volume, preservation, cooling, containers, sampling procedures, holding times and splitting of samples in the field.
<table>
<thead>
<tr>
<th>Lab ID (Lab Use Only)</th>
<th>Client/Field Sample ID</th>
<th>Collection</th>
<th>Sample Source / Matrix</th>
<th>Analyses (write test methods above &amp; &quot;x's&quot; below for each sample to be tested)</th>
<th>Sample Remarks (below)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>TAP 9/3/04</td>
<td>D.W.</td>
<td>X</td>
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**NOTES:**

**CHAIN-OF-CUSTODY RECORD**

Matrix Analytical, Inc.
106 South Street
Hopkinton, MA 01748
Phone: (800) 362-8749
Fax: (508) 435-2497

**CONDITION OF SAMPLES UPON ARRIVAL**

- [ ] Okay
- [ ] Problem(s)
- [ ] Temp.

**DISTRIBUTION OF COPIES**

- White - Lab
- Yellow - Report
- Pink - Client
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

October 26, 2001

TOWN OFFICE COMPLEX
WAYNE GREEN
7 MAIN STREET
P O BOX K
EAST HADDAM, CT 06423

PUBLIC WATER SYSTEM: TOWN OFFICE COMPLEX
ADDRESS: 7 MAIN STREET
PWSID: CT0410264
ATTENTION: WAYNE GREEN

SUBJECT: MONITORING/REPORTING VIOLATION OF PUBLIC HEALTH CODE
SECTION 19-13-B102

The Connecticut Public Health Code (PHC) Section 19-13-B102 requires that public water systems must conduct or have conducted specific laboratory tests to monitor the water quality of their supply. Section (b) of this regulation requires the system to report to the State Department of Public Health the results of those tests no later than nine (9) days following each month that the tests are required.

The public water system named above is in violation of PHC Section 19-13-B102 for failure to monitor and/or report quarterly water quality test results for total coliform bacteria and physical parameters (pH, color, odor, turbidity) during the period of July 1, 2001 to September 30, 2001.

The system is thereby required to notify the consumer of the above violation pursuant to Section 19-13-B102(i)(2) of the PHC. A standard notification form is enclosed for your use. This public notification form must be filled out and posted in a conspicuous place where it can be viewed by all persons who may have exposure to the water at all facilities served by the water system within 90 days of the violation pursuant to Section 19-13-B102(i)(2) of the PHC. Failure to inform the public may lead to the imposition of civil penalties pursuant to Section 25-32e-1 of the Regulations of Connecticut State Agencies. A copy of the actual notification issued must be forwarded to this office no later than December 31, 2001.

Your next compliance samples for total coliform bacteria and physical parameters are due to be collected between October 1, 2001 and December 31, 2001, and the test results must be submitted to this office no later than January 9, 2002.
If you have any questions regarding this matter, please contact the Water Supplies Section’s Transient Non-Community Program at (860) 509-7333.

Sincerely,

[Signature]

Cameron Walden  
Sanitary Engineer 3  
Water Supplies Section

enc. Public Notification Form

cc: Dr. Kathryn Johnson, Acting Director of Health, Town of East Haddam
STATE OF CONNECTICUT
Department of Public Health
Division of Laboratory Services
10 Clinton St., P.O. Box 1689
Hartford, CT 06144

CONN. CLINICAL TESTING LICENSE # CL-0197
TELEPHONE: (860) 529-8500

PUBLIC WATER
EAST HADDAM TOWN SANITARIAN
THOMAS ARMENTANO R.S
TOWN HALL RT. 82
EAST HADDAM CT 06423

REPORT
FINAL REPORT

TEST(S) RESULT(S)

RES, WELL OR SPRING NAME: SINK
COLLECTOR: TREMBLAY, FERN
TITLE: BLDG OFFICIAL

*** DATE/TIME ANALYZED 3/1/02 1415
ANALYZED BY RG
ANALYTICAL METHOD COLILERT MNO-MUG FLUORESCENCE
TOTAL COLIFORM ABSENT PER 100 ML
CONF. TOTAL COLIFORM ABSENT PER 100 ML
ESCHERICHIA COLI ABSENT PER 100 ML

*** UNITS: MG/L UNLESS NOTED
NITRATE "
NITRITE UNSUITABLE

** END OF REPORT **
Appendix D

DBP Tank Registration and Other Tank Data
** UNDERGROUND STORAGE FACILITY NOTIFICATION **

**STATE OF CONNECTICUT**
Department of Environmental Protection
UNDERGROUND STORAGE FACILITIES PROGRAM
Bureau of Waste Management
79 ELM STREET, Hartford, CT 06106-5121
TEL: (860) 429-3240

FACILITY: **PUBLIC WORKS GARAGE**
SITE ADDRESS: 7 MAIN ST.
CITY OR TOWN: EAST HADDAM
STATE: CT
ZIP CODE: 06423
PHONE: 872-5093

**LOCATION OF FACILITY**
SITE NAME: PUBLIC WORKS GARAGE
NO AND STREET: 7 MAIN ST.
NEAREST INTERSECTING STREET: LUMBERYARD RD.
CITY OR TOWN: EAST HADDAM
STATE: CT
ZIP CODE: 06423
PHONE: 872-5093

**BUSINESS NAME AND MAINTENANCE ADDRESS**
MADE TO ORDER: PUBLIC WORKS DEPARTMENT
NO AND STREET: 7 MAIN ST.
CITY OR TOWN: EAST HADDAM
STATE: CT
ZIP CODE: 06423
PHONE: 872-5093

**FACILITY OWNER**
NAME: SUSAN D. MEDINA
ADDRESS: 7 MAIN ST.
CITY OR TOWN: EAST HADDAM
STATE: CT
ZIP CODE: 06423
PHONE: 872-5093

**TYPE OF OWNER**
PRIVATE ☐ STATE ☐ MUNICIPAL ☒ FEDERAL (G.S.A.) ☐

**OPERATOR/CONTACT PERSON**
NAME: PETER LINSKI
ADDRESS: 7 MAIN ST.
CITY OR TOWN: EAST HADDAM
STATE: CT
ZIP CODE: 06423
PHONE: 872-5093

**TASK ID**
DATE OF INSTALLATION (NO/P): 5/75
TOTAL CAPACITY (GAL): 30
MANUFACTURER: X
HABITABLE SPACE: X
EST. QUANTITY LEFT STORED (GAL): 5000
REFILLED: X
REMARKS: X

<table>
<thead>
<tr>
<th>TYPE OF CONTENTS</th>
<th>CHEMICAL NAME OF PRINCIPAL SUBSTANCE (NO HAZARDS)</th>
<th>CHEMICAL HAZARDOUS (NO HAZARDS)</th>
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<td>X</td>
<td>X</td>
<td>H 3 H 5/75 U</td>
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<td>U.I., Trichloroethane CAS # 75-08</td>
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<td>X</td>
<td>E 7 W 7/60 U</td>
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<td>GASOLINE</td>
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<td>H 7 H ? U</td>
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<tr>
<td>HEATING OIL #2</td>
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<td>X</td>
<td>H 7 H ? Li</td>
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**CONSTRUCTION MATERIALS**
INTERNAL: X
EXTERNAL: X

**PROTECTION E. INTERNAL**
PRINTED EXTERNAL: X
EXTERNAL: X

**INTERAL PIPING SYSTEM**
MONITORING SYSTEM: (Check All That Apply)

22. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and attached documents and that these statements are true and correct to the best of my knowledge. I acknowledge that any person who knowingly makes a false statement or falsifies any information contained in this application is guilty of a crime and will be subject to prosecution.

SIGNED: PETER LINSKI
DATE: 8/10/00

COPY 3: RETAIN FOR YOUR RECORDS.
TOWN OF EAST HADDAM
ZONING AND BUILDING APPLICATION
(Your application can not be reviewed until all required information is provided)

Permit # 0106-0100 Location Town Office 7 Main St.
Map # 17 Lot # 15 Lot Size __________ Zone ________ Subdivision ________

Owner's Name Town of East Haddam
Address P.O. Box K Main St.
     No. Street P.O. Box
     EAST HADDAM CT. 06423 Town State Zip
Contractor HIGHWAY DEPT.
Address No. Street P.O. Box
     ___________ ___________ ___________
     Town State Zip

Phone # __________
License # __________

CONSTRUCTION: New Alteration Addition Repair Demolition Estimated Cost

BRIEF DESCRIPTION OF PROPOSED WORK: REMOVE 500 gal FUEL TANK
(paint shed)

EXISTING BUILDING: Total sq. ft of all floors ___________ sf. # of stories ________ Height ________ # of bedrooms ________
PROPOSED ADDITION / NEW BUILDING: Total sq. ft of new work ________ sf. # of stories ________ Height ________ # bedrooms (including existing) ________

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, HEATING, PLUMBING, WELL, WELL PUMP AND SEPTIC SYSTEMS

Proposed Work:
Is any work being done to the septic system? Yes ___ No ___
Is any work being done to the well? Yes ___ No ___
Is any work being done in Historic District Yes ___ No ___
Is any work being done within 75 ft. of a lake, pond, river, perennial, stream and / or soil types designates as poorly drained, very poorly drained, alluvial and floodplain? Yes ___ No ___

Signatures: Owner __________ Date __________

Other Appeals or Reviews Required / Received
______ Tax Collector ___________
______ Historic Comm. ___________
______ Variance ___________
______ Inland Wetlands ___________
______ Flood Hazard Zone ___________
______ Driveway Permit ___________

Agmt 11/5/00

APPROVED DISAPPROVED Permit Fee Paid Check # ______
Zoning Official Wayne Fine Date 11/5/00
Comments ________________________________

APPROVED DISAPPROVED Permit Fee Paid Check # ______
Building Official Wayne Fine Date 11/5/00
Comments ________________________________

Write: Building Department Yellow: Applicant Pink: Assessor Gold: Zoning Department

OFFICE USE ONLY

______________________________
______________________________
______________________________
January 12, 2000

Town of East Haddam
P.O. Box K
East Haddam, CT 06423

Subject: Disposal of Storage Tanks

Dear Sirs:

On 10 January 2000 we disposed of two tanks removed from your property located on 7 Main Street in East Haddam, Connecticut.

The tanks were as follows:

1.) one One Thousand gallon underground storage tank.
2.) one Five Hundred Fifty gallon underground storage tank.

The tanks have been disposed of according to federal, state, and local regulations and rendered unfit for further use. Frequent inspections of the Shire yard by Connecticut Department of Environmental Protection staff insure compliance with all state and federal environmental regulations.

Please feel free to call Len or Lori at 1-800-491-7726 with any questions.

Sincerely yours,

Leonard E. Wiese, Sr.
President
### Application for Plumbing Permit

**Location of Job (No. & Street):**

**Owner:** Town of East Haddam

**Applicant:** Mike More

**Plumbing Contractor:** Mike More

**Type of Work Being Done:**
- **Original Construction**
- **Alteration**
- **Addition**

**Classification:**
- **Use Group:** 
- **Construction Type:** 
- **Specific Use:** 

**Appliances:**
- Dish Washer
- Garbage Disposal
- Clothes Washer

**Fee:** $1,099.00 - $1,100.00

- **5.00 for each additional $1,000.00 or part**

### All Permits Must Be Posted And Visible From The Street

**License No.:** 203832

**Water Supply**
- **Pump Contractor:** 
- **Street:** 
- **Town:** 
- **State:** 
- **GAL MIN AT FT:** 
- **GAL PER MIN AT FT:** 
- **GAL PER MIN AT FT:** 

**Electrical Work Done By:**

### Water Heater and Water Tank

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<th>Pressure Relief</th>
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<td>Build Drain</td>
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<tr>
<td>Soil</td>
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<tr>
<td>Main Vent</td>
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<td></td>
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<tr>
<td>Waste</td>
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<td></td>
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<tr>
<td>Other Vent</td>
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<tr>
<td>Cold Supply</td>
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<td>Hot Supply</td>
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### Fixtures

<table>
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<th>Style</th>
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<tr>
<td>Bath Tub</td>
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<tr>
<td>Shower</td>
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<tr>
<td>Toilet</td>
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<td>Sink</td>
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<td>Lavatory</td>
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<td>Wash Tub</td>
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<tr>
<td>Urinal</td>
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<tr>
<td>Bidet</td>
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</table>

---

**Date: 10/31/09**

Applicant's Signature: [Signature]

Building Official: Dean F. Costello

Office Copy
Appendix E

Manifests from January 2000 Waste Removal Action
STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST PROGRAM
79 Elm St., Hartford, CT 06106-5127

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CTP000023356
2. Manifest Document No. CT F 0887784
3. Generator's Name and Mailing Address: TOWN OF EAST HADDAM
   7 MAIN ST
   EAST HADDAM, CT 06423
4. Generator's Phone: B73-5020
5. Transporter 1 Company Name: Environmental Services, Inc.
6. US EPA ID Number: CTD018611802
7. Transporter 2 Company Name: 
8. US EPA ID Number: 
9. Designated Facility Name and Site Address: SAFETY-KLEEN (N.E.) INC.
   300 CANAL ST
   LAWRENCE, MA 01840
10. US EPA ID Number: 
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number):
   a. Waste Toluene, 13, UN1294 P6.2
   b. Waste Paint Related Material, 13, UN1263 P6.3
   c. Waste Paint Related Material, 13, UN1263 P6.4
   d. Waste Miscellaneous, Liquid Organic NOS.
      20/14-Dichlorobenzene, Liquid Active ingredient: Toluene
12. Containers No. Type Total Quantity
   a. 2206349 001 DM 0.0053
   b. 2206353 001 DM 0.003
   c. 2206378 002 DM 0.1105
   d. 2206391 004 DM 0.0043
13. Handling Codes for Wastes Listed Above
   a. 2206349 030
   b. 2206353 030
   c. 2206378 501
   d. 2206391 030
Point of Departure:
14. GENERATOR'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 national government regulations, and all applicable State laws and regulations.
15. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be
economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present
and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and
select the best waste management method that is available to me and that I can afford.

Peter R. Lisko
Printed/Typed Name
Signature
Date
16. TRANSPORTER 1 Acknowledgment of Receipt of Materials
Printed/Typed Name
Signature
Date
17. TRANSPORTER 2 Acknowledgment of Receipt of Materials
Printed/Typed Name
Signature
Date
18. Discrepancy Indication Space
Printed/Typed Name
Signature
Date
Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name
Signature
Date
Copy 3: FACILITY TO GENERATOR
### Material Profile

**A. Generator Information**
- Name: [Name Redacted]
- Address: [Address Redacted]
- City: [City Redacted]
- State: [State Redacted]
- Zip: [Zip Redacted]
- Phone: [Phone Redacted]
- Billing Contact: [Contact Redacted]
- Phone: [Phone Redacted]

**B. Material Composition**

<table>
<thead>
<tr>
<th>Chemical/Physical Constituents</th>
<th>Concentration (ppm)</th>
<th>Classifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Chemical A]</td>
<td>[Concentration]</td>
<td>[Classification]</td>
</tr>
<tr>
<td>[Chemical B]</td>
<td>[Concentration]</td>
<td>[Classification]</td>
</tr>
</tbody>
</table>

**C. General Material & Regulatory Information**
- Name of Material: [Material Name]
- Process Generating: [Process Name]
- Source: [Source Information]
- New Material: [New Material Status]
- Old Material: [Old Material Status]
- Hazardous Waste Code: [Code]
- Risk Category: [Category]
- EPA Register Code: [Code]
- EPA MFR Code: [Code]
- Source Code: [Code]
- System Code: [Code]

**D. Material Profile Certification**
- Safety-Kleen Use Only: [Yes/No]
- STS/STS: [Yes/No]
- N. D. E. M. O. 98 Standard: [Yes/No]
- Other: [Other Information]

**E. Reactive Characteristics**
- Exothermic: [Yes/No]
- Endothermic: [Yes/No]
- Synthesis: [Yes/No]
- Air Reactivity: [Yes/No]

**F. Material Physical Characteristics**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
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<td>Brown/Tan</td>
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<tr>
<td>Flash Point</td>
<td>[Value]</td>
</tr>
<tr>
<td>Boiling Point</td>
<td>[Value]</td>
</tr>
<tr>
<td>Density</td>
<td>[Value]</td>
</tr>
</tbody>
</table>

**G. Generator Profile Certification**
- By [Authorized Signature]
- Date: [Date]

© 1993. All Rights Reserved. Safety-Kleen Corp.
UNIFORM HAZARDOUS WASTE MANIFEST

3. Generator's Name and Mailing Address
   TOWN OF EAST HADDAM
   7 MAIN ST
   EAST HADDAM, CT 06423

4. Generator's Phone (960) 873-5020

5. Transporter 1 Company Name
   Environmental Services, Inc.
   CTD0166111802

6. US EPA ID Number
   CTG1-A

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
   SAFETY-KLEEN (N.E.), INC.
   300 CANAL ST
   LAWRENCE, MA 01840

10. US EPA ID Number

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

   a. PC Waste Flammable Liquids, Non, N.O.S. (Xylenes, Pentachlorophenol) (F027), 3, UN 1992
   b. Waste Corrosive, Liquid, Basic Inorganic (Ammonium Hydroxide, Sodium Silicate), 8, UN 3262, PEII
   c. Waste Corrosive, Liquid, Acidic Inorganic (Aluminum Chloride Solution), 8, UN 3264, PEII

12. Containers
   No.  Type  Total Quantity  Units
   0.01 DF 0.0500 P

13. Total Unit Weight
   0.01 DF 0.0500 P

   G327

15. Receiving Facility and USEPA #

16. Generator'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 national government regulations, and all applicable State laws and regulations.

   Peter R. Linko
   Mike Garcia

17. Transporter 1 Acknowledgement of Receipt of Materials
   Signature

18. Transporter 2 Acknowledgement of Receipt of Materials
   Signature

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
   Pagina, Inc.

COPY 3: FACILITY TO GENERATOR
<table>
<thead>
<tr>
<th>Line No.</th>
<th>MATERIAL DESCRIPTION</th>
<th>Odor Problem</th>
<th>Cont. Type</th>
<th>Phy St</th>
<th>Material Quantity</th>
<th>EPA Waste Code #</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>2H-Bis(isopropylamino)6</td>
<td></td>
<td></td>
<td></td>
<td>5 gallon</td>
<td>D001,F027,D037</td>
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<td>Cont. Type</td>
<td>Phy St</td>
<td>Material Quantity</td>
<td>EPA Waste Code #</td>
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<td>----------------------------------</td>
<td>--------------</td>
<td>------------</td>
<td>--------</td>
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<tr>
<td>01</td>
<td>Ammonium Hydroxide</td>
<td>Y</td>
<td>P</td>
<td>L</td>
<td>3 x 1 gal</td>
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<tr>
<td>02</td>
<td>Sodium Silicate Solution</td>
<td>N</td>
<td>G</td>
<td>L</td>
<td>9 x 250 ml</td>
<td>D012</td>
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<tr>
<td>03</td>
<td>Sodium Carbonate</td>
<td>N</td>
<td>P</td>
<td>S</td>
<td>10 lbs</td>
<td>CROS/MAGG</td>
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<td>Line No.</td>
<td>MATERIAL DESCRIPTION</td>
<td>Odor Problem</td>
<td>Cont. Type</td>
<td>Phy St</td>
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<td>EPA Waste Codes #</td>
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<tr>
<td>01</td>
<td>Aluminum Chloride sol'n</td>
<td>N</td>
<td>S</td>
<td>L</td>
<td>10 x 250 ml</td>
<td>7002</td>
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<tr>
<td>02</td>
<td>Sodium Chloride</td>
<td>N</td>
<td>P</td>
<td>S</td>
<td>25 lb</td>
<td>P024 (R01)</td>
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NY TREAT CODE: [Signature]
Customer Notification And Certification

Generator Name/Location: Town of East Haddam
EPA I.D. Number: CTP000023
Waste Profile or ARF Designation:
Manifest Number: CTF0887783
EPA Waste Number(s): D001, F027, B067, D002

Waste Analysis Information: Attached or On file at receiving facility

[ ] UNRESTRICTED WASTE NOTIFICATION (Category 1)
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR 268, Subpart D or any applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d).

[ √ ] RESTRICTED WASTE NOTIFICATION (Category 2a)
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR 268 Subpart D. The waste; (a) must be treated to the appropriate regulatory treatment standard by the appropriate regulatory treatment method; (b) qualifies for a variance as described in Category 3 below; or meets some or all of the standards as described in Category 4 below.

[ √ ] LAB PACK CERTIFICATION (Category 6)
I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes which have not been excluded under appendix IV to 40 CFR part 263 and that this lab pack will be sent to a combustion facility in compliance with the alternative treatment standards for lab packs at 40 CFR 268.42(c). I am aware there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

SIGNATURE: 
DATE: 1-26-00
PRINT NAME: 
TITLE:

Revised 2/99
<table>
<thead>
<tr>
<th>Waste Profile or ARF</th>
<th>Category No.</th>
<th>EPA or STATE Waste Code</th>
<th>Variance Date</th>
<th>Treatability Group (WW or NWW)</th>
<th>Description/Sub Category/Waste Constituents (where required)</th>
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</thead>
<tbody>
<tr>
<td>-0.1 296</td>
<td>D001</td>
<td>F027</td>
<td></td>
<td>NWW</td>
<td>Ignitable Characteristic Waste high Temp</td>
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<tr>
<td></td>
<td></td>
<td>D037</td>
<td></td>
<td></td>
<td>Pentachlorophenol</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>NWW</td>
<td>TC for pentachlorophenol</td>
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<td>-0.2 20/6</td>
<td>D052</td>
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<td></td>
<td>NWW</td>
<td>Corrosive Characteristic Waste</td>
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<tr>
<td>-0.3 20/6</td>
<td>D002</td>
<td></td>
<td></td>
<td>NWW</td>
<td>Corrosive Characteristic Waste</td>
</tr>
</tbody>
</table>
STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST PROGRAM
70 Elm St., Hartford, CT 06106-5127

UNIFORM HAZARDOUS WASTE MANIFEST

3. Generator's Name and Mailing Address
TOWN OF EAST HADDAM
7 MAIN ST
EAST HADDAM, CT 06423

4. Generator's Phone (860) 873-5020

5. Transporer 1 Company Name
Environmental Services, Inc.

6. US EPA ID Number
CTB618813002

7. Transporer 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
SAFETY-KLEEN (N.E.), INC.
300 CANAL ST
LAWRENCE, MA 01840

MAD0000504A47

10. US EPA ID Number

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
a. State Regulated Oil Waste
   None

b. State Regulated Oil Waste
   None

12. Containers
   No.  Type
   a. 01 DM 000.55 G

13. Total Quantity
   01 DM 000.55 G

14. Container
   a. 01 DM 000.55 G

15. Handling Codes for Wastes Listed Above
   a. 50

16. Generator'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 national government regulations, and all applicable State laws and regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Peter R. Linko 01/5/00

Transporter 1 Acknowledgement of Receipt of Materials
Mike Garcia 01/8/00

Transporter 2 Acknowledgement of Receipt of Materials

Discrepancy Indication Space

Simone Lampe 01/27/00

Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

COPY 3: FACILITY TO GENERATOR
MATERIAL PROFILE

A. GENERATOR INFORMATION

- Generator Name: [Redacted]
- Facility Address: [Redacted]
- Billing Address: [Redacted]
- Phone: [Redacted]
- Fax: [Redacted]
- Technical Contact: [Redacted]
- Phone: [Redacted]
- Generator Location: [Redacted]
- SEQ ID: [Redacted]
- US EPA ID # T1109939005

B. SHIPPING INFORMATION

- DOT Number Requested: [Redacted]
- DOT Customer Requested: [Redacted]
- Hazard Class / Division #: [Redacted]
- UN Number: [Redacted]
- Packing Group (PCG): [Redacted]
- Resource Unit: [Redacted]
- Net Weight: [Redacted]
- Quantity: [Redacted]
- Hazmat Label: [Redacted]
- Remarks: [Redacted]

C. GENERAL MATERIAL & REGULATORY INFORMATION

- Type of Material: [Redacted]
- Process Generating the Material: [Redacted]
- Color: [Redacted]

D. MATERIAL COMPOSITION

- Chemical Constituents List: [Redacted]
- Chemical Constituents & Composition: [Redacted]

E. REACTIVE CHARACTERISTICS

- Reactive Characteristics: [Redacted]

F. MATERIAL PHYSICAL CHARACTERISTICS @ 70°F.

- Tm. Initial: [Redacted]
- Tm. Final: [Redacted]
- Tm. Reactivity: [Redacted]
- Odor: [Redacted]
- Specific Gravity: [Redacted]
- Flash Point: [Redacted]
- Viscosity: [Redacted]
- Specific Conductivity: [Redacted]

G. GENERATOR PROFILE CERTIFICATION

- Generator Certification: [Redacted]
**A. GENERATOR INFORMATION**

<table>
<thead>
<tr>
<th>Generator Name</th>
<th>Town of East Haddam, CT</th>
<th>Facility Address</th>
<th>Billing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Contact</td>
<td>T. Lutke</td>
<td>Phone</td>
<td>Fax</td>
</tr>
<tr>
<td>Generator Location</td>
<td>Difference from Facility Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIC Code</td>
<td>CBEC</td>
<td>50 9411</td>
<td>EPA ID</td>
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</tbody>
</table>

**B. SHIPPING INFORMATION**

<table>
<thead>
<tr>
<th>Hazard Class / Division</th>
<th>QMV or QMA</th>
<th>Regulated or Non-Regulated</th>
<th>Shipping Containers</th>
</tr>
</thead>
<tbody>
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<td>Class</td>
<td>Division</td>
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<td>✓</td>
</tr>
<tr>
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<td>Division</td>
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<tr>
<td>Class</td>
<td>Division</td>
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</table>

**C. GENERAL MATERIAL & REGULATORY INFORMATION**

<table>
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<tr>
<th>Name of Material</th>
<th>Process Generated</th>
<th>User</th>
<th>User</th>
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</thead>
<tbody>
<tr>
<td>User</td>
<td>User</td>
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<td></td>
</tr>
</tbody>
</table>

**D. MATERIAL COMPOSITION**

<table>
<thead>
<tr>
<th>Chemical/Physical Constituents</th>
<th>LOI %</th>
<th>LOI %</th>
<th>LOI %</th>
<th>LOI %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical Constituents &amp; Impurities</td>
<td>25 - 30</td>
<td>25 - 30</td>
<td>25 - 30</td>
<td>25 - 30</td>
</tr>
</tbody>
</table>

**E. REACTIVE CHARACTERISTICS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**F. MATERIAL PHYSICAL CHARACTERISTICS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
<td>Value</td>
</tr>
</tbody>
</table>

**G. GENERATOR PROFILE CERTIFICATION**

I hereby certify that I am an authorized agent of the generator and warrant on behalf of the generator that the information supplied on this form and on any attachments or supplements hereto is complete and accurate, and that all known or suspected hazards of the material(s) described herein have been disclosed. I agree that if the sample test results indicate a discrepancy with any information supplied on this form, that other Safety-Kleen facilities may take further testing and evaluation in accordance with the terms and conditions of the contract between Safety-Kleen and the generator, and that the terms of this contract may be amended accordingly.

**Comments**

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**Section II continues on the next page for Elemental Constituents**
Material Profile

A. GENERATOR INFORMATION
- Generator Name: [Name]
- Billing Company: [Name]
- City/State/Zip: [City/State/Zip]
- Technical Contact: [Name]
- Phone: [Phone]
- Generator Name: [Name]
- Billing Company: [Name]
- City/State/Zip: [City/State/Zip]
- Technical Contact: [Name]
- Phone: [Phone]

B. COMPLIANCE INSTRUCTIONS
- This waste contains [Listen to waste]
- Check of SEC Transportation Service is required
- Check if SEC Transportation Service is required

C. GENERAL MATERIAL & REGULATORY INFORMATION
- Name of Material: [Name]
- Private Generator: [Yes/No]
- User: [User]
- Description: [Description]
- Regulated or Licensed Radioactive Waste: [Yes/No]
- Radioactive Waste: [Yes/No]
- Hazardous Waste: [Yes/No]
- Non-Hazardous Waste: [Yes/No]
- SARA Title III: [Yes/No]
- SARA Title V: [Yes/No]

D. MATERIAL COMPOSITION
- I. Chemical/Physical Constituents: List all detectable components by chemical name, including physical material, e.g. solvent, adhesive.

E. REACTIVE CHARACTERISTICS
- React IV: [Yes/No]
- React V: [Yes/No]
- React VI: [Yes/No]
- React VII: [Yes/No]

F. MATERIAL PHYSICAL CHARACTERISTICS
- Temperature: [Temperature]
- Pressure: [Pressure]
- Density: [Density]
- Specific Gravity: [Specific Gravity]
- Flash Point: [Flash Point]
- Boiling Point: [Boiling Point]
- Vapour Pressure: [Vapour Pressure]
- Solubility: [Solubility]

G. GENERATOR PROFILE CERTIFICATION
- I certify that the waste is [Regulated/Non-Regulated]
- [Signature]
- [Date]

H. SAFETY-KLEAN USE ONLY
- [Signature]

I. SAFETY-KLEAN AUTHORIZED PERSONAL USE
- [Signature]

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Customer Notification And Certification

Generator Name/Location: Town of East Haddam, East Haddam, CT
EPA I.D. Number: CT0887785
Waste Profile or ARF Designation: 2206390
Manifest Number: CT0887785
EPA Waste Number(s): MA01, MA04, CR02, CR0A

Waste Analysis Information: Attached or On file at receiving facility

☐ UNRESTRICTED WASTE NOTIFICATION (Category 1)
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR 268, Subpart D or any applicable prohibitions set for in 40 CFR 268.32 or RCRA Section 3004 (d).

☐ RESTRICTED WASTE NOTIFICATION (Category 2a)
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR 268 Subpart D. The waste; (a) must be treated to the appropriate regulatory treatment standard by the appropriate regulatory treatment method; (b) qualifies for a variance as described in Category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

☐ LAB PACK CERTIFICATION (Category 6)
I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes which have not been excluded under appendix IV to 40 CFR part 268 and that this lab pack will be sent to a combustion facility in compliance with the alternative treatment standards for lab packs at 40 CFR 268.42(c).
I am aware there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

☐ The waste associated with this manifest shipment is disposal restricted in the state of New York and is subject to 6NYCRR Part 376. The treatment standards listed in the Notification must be applied for waste disposed in New York state if the state standards are more stringent than federal standards listed in 40 CFR Part 268. New York Certification statement(s) and specific treatment standards are listed on the following page(s) where applicable.

SIGNATURE: [Signature]
DATE: 1/26/00
PRINT NAME: [Print Name]
TITLE: [Title]

Revised 10/94
<table>
<thead>
<tr>
<th>Waste Profile or ARP</th>
<th>Category No.</th>
<th>EPA or STATE Waste Code</th>
<th>Variance Date</th>
<th>Treatability Group (WW or NWW)</th>
<th>Description/Sub Category/Waste Constituents (where required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2206599</td>
<td>1</td>
<td>MA01 C102</td>
<td></td>
<td>WW</td>
<td>N/A</td>
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<tr>
<td>2206485</td>
<td>1</td>
<td>MA01 C102</td>
<td></td>
<td>WW</td>
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<td>2206390</td>
<td>1</td>
<td>MA44 C204</td>
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<td>WW</td>
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<tr>
<td>2206390</td>
<td>1</td>
<td>MA44 C204</td>
<td></td>
<td>WW</td>
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</tr>
</tbody>
</table>

Manifest: 00-05-01

Revised 10/94

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