

135

Please print or type, (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 006175592 JJK	
5. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT 227 W. JEFFERSON AVE. SOUTH BEND, IN 46601			Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTH BEND, IN 46601			
6. Transporter 1 Company Name U.S. BULK TRANSPORT INC.		U.S. EPA ID Number PAD 987 347 515				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address WAYNE DISPOSAL INC. SITE 2 LAKE 49350 N. I-94 SERVICE DRIVE BELLEVILLE, MI, 48111			U.S. EPA ID Number MID 048 090 633			
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X	UN3432 Polychlorinated Biphenyls - Solid PG III, ERG #171	001	DT	25,438	KG	PCB1
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information O.K. 113574WDI / PCB SOIL / ERG #171. STORAGE START DATE 12-13-11 UNIQUE CONTAINER I.D. 135A						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name Charles A. Pierce		Signature <i>Charles A. Pierce</i>			Month Day Year 12 13 11	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Cane Gedel		Signature <i>Cane Gedel</i>			Month Day Year 12 13 11	
Transporter 2 Printed/Typed Name		Signature			Month Day Year	
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator)					U.S. EPA ID Number	
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator)					Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
1.	PCB					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Charles Dewitt		Signature <i>Charles Dewitt</i>			Month Day Year 12 13 11	

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB S&I
and specified on Manifest # 006175592 JTR, Line Item 1 has been landfilled on
12/13, 11 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.
(EPA I.D. # MIDD048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111
Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALIFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature:



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111