

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

Form Approved, OMB No. 2050-0030

UNIFORM HAZARDOUS WASTE MANIFEST 1. Generator ID Number: **INR 000 129 388** 2. Page 1 of 1 3. Emergency Response Phone: **(813) 220-7044** 4. Manifest Tracking Number: **009115126 JJK**

5. Generator's Name and Mailing Address: **SOUTH BEND REDEVELOPMENT** 6. Generator's Site Address (if different than mailing address): **1100 PRAIRIE AVE SOUTH BEND, IN 46801**
 7. Generator's Phone: **(574) 235-5920**

8. Transporter 1 Company Name: **US Bulk Transport, Inc** U.S. EPA ID Number: **PAD 967 347 515**
 7. Transporter 2 Company Name: U.S. EPA ID Number:

8. Designated Facility Name and Site Address: **WAYNE DISPOSAL, INC SITE 2 LANDFILL** U.S. EPA ID Number: **MND 048 090 633**
49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111
 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			1	2	3
X	1. UN3432, Polychlorinated biphenyls, solid, 9, PCBs, ERG #171	DOT	DT	2090	K	PCB1		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information: **01. K113574WDI / PCB SOIL / ERG #171 / Storage Start Date: 12-6-11 Unique Container ID: 133A**

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/Officer's Printed/Typed Name: **ZACHARY R BELGMAN - DENVERIA** Signature: *Zachary R. Belgman* Month: **12** Day: **6** Year: **11**

16. International Shipments: Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name: **DAVE CONFER** Signature: *Dave Confer* Month: **12** Day: **6** Year: **11**
 Transporter 2 Printed/Typed Name: Signature: Month: Day: Year:

18. Discrepancy
 18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection Full Rejection
 18b. Alternate Facility (or Generator): Manifest Reference Number: 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. **PCB** 2. 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18
 Printed Name: *[Signature]* Signature: *[Signature]* Month: **12** Day: **06** Year: **11**

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

#104

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

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009115127 JJK
---	--	--------------------------	--	---

5. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT 227 W JEFFERSON SOUTH BEND, IN 46801	Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTH BEND, IN 46801
Generator's Phone: (574) 235-5920	

8. Transporter 1 Company Name US Bulk Transport, Inc	U.S. EPA ID Number PAD 987 347 515
7. Transporter 2 Company Name	U.S. EPA ID Number

9. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 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	1. UN3432, Polychlorinated biphenyls, solid, s, PGIII, ERG #171	001	DT	23832	K	PCB1		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
 01. K11357 AND I / PCB SOIL / ERG #171 / Storage Start Date: 12-6-11 Unique Container ID: 104A

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(e) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name: Zachary R. Belmont - DLE Michigan Signature: [Signature] Month: 12 Day: 6 Year: 11

16. International Shipments Import to U.S. Export from U.S. Part of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name: Robert Richardson Signature: [Signature] Month: 12 Day: 6 Year: 11
 Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy
 18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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. PCB 2. _____ 3. _____ 4. _____

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: [Signature] Month: 12 Day: 6 Year: 11

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

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009115128 JJK			
5. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT								
SOUTH BEND, IN 46801			1100 PRAIRIE AVE SOUTH BEND, IN 46801					
Generator's Phone: (574) 235-5920								
6. Transporter 1 Company Name US 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 LANDFILL								
49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 048 090 633					
Facility's Phone: (800) 592-5489								
GENERATOR	9a. HMF	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	
	X	1. UN3432, Polychlorinated biphenyls, solid, 9, PCBs, ERG #171	No.	Type	21,809	K	PCBT	
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 01. K113874WD1 / PCB SOIL / ERG #171 / Storage Start Date: 12-6-11 Unique Container ID: 144A								
15. GENERATOR/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/Offor's Printed/Typed Name FACHON R. BERGMAN - DLZABANA								
Signature <i>[Signature]</i>								
Month Day Year 12 6 11								
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry doc. Date leaving U.S.:								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name SHAWN LAWLEY								
Signature <i>[Signature]</i>								
Month Day Year 12 06 11								
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								
18b. Alternate Facility (or Generator) Manifest Reference Number: 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. PCB		2.		3.		4.		
20. Designated Facility Owner or Generator: Certification of receipt of hazardous materials covered by the manifest receipt as noted in Item 10a								
Signature <i>[Signature]</i>								
Month Day Year 12 06 11								

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

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 INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009115131 JJK					
5. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT 227 W JEFFERSON SOUTH BEND, IN 46601			Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTH BEND, IN 46601							
Generator's Phone: (574) 235-5920										
6. Transporter 1 Company Name US 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 LANDFILL 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. Hbl	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	1. D03432, Polychlorinated biphenyls, solid, 9, PGR11, ERG #171	001	DT	23,533	K	PCB1				
	2.									
	3.									
	4.									
14. Special Handling Instructions and Additional Information 01. K113674WDI / PCB SOIL / ERG #171 / Storage Start Date: <u>12-6-11</u> Unique Container ID: <u>128A</u>										
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/Officer's Printed/Typed Name JACOB L. BULLMAN, D.D. YOUNG								Signature <i>Jacob L. Bullman</i>		Month Day Year 12 6 11
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____										
17. Transporter Acknowledgment of Receipt of Materials										
Transporter 1 Printed/Typed Name LARRY K. JESPERSEN								Signature <i>Larry K. Jespersen</i>		Month Day Year 12 6 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										
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. PCB		2.		3.		4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest as noted in item 18										
Printed Name [Signature]								Signature <i>[Signature]</i>		Month Day Year 12 6 11

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

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 INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009115132 JJK		
5. Generator's Name and Mailing Address 227 W JEFFERSON SOUTH BEND REDEVELOPMENT			Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTH BEND, IN 46801				
Generator's Phone: (574) 235-5920							
6. Transporter 1 Company Name US 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 LANDFILL				U.S. EPA ID Number MID 048 090 633			
49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111							
Facility's Phone: (800) 562-5489							
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	1. UN3432, Polychlorinated Biphenyls, solid, n, PGHH, ERG #171	001	DT	21,791	K	PCBT	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 01. K113574ND1 / PCB SOIL / ERG #171 / Storage Start Date: <u>12/6/11</u> Unique Container ID: <u>170A</u>							
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/Officer's Printed/Typed Name SALVARI & BELLMAN - DLZ MDIANA				Signature <i>[Signature]</i>		Month Day Year 12 6 11	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Bobby Harvey				Signature <i>[Signature]</i>		Month Day Year 12 6 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							
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. PCB		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18b							
Signature <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year 12 6 11	

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

192-7

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 INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009115133 JJK
---	--	--------------------------	--	---

5. Generator's Name and Mailing Address 227 W JEFFERSON SOUTH BEND REDEVELOPMENT	Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTH BEND, IN 46601
Generator's Phone: (574) 235-5920	

6. Transporter 1 Company Name US 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 LANDFILL 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 WL/Vol.	13. Waste Codes		
		No.	Type					
X	1. UN3432, Polychlorinated biphenyls, solid, II, PGIII, ERG #171	001	DT	25,302	K	PCBT		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
 G1. K11367AND1 / PCB SOL / ERG #171 / Storage Start Date: 12-7-11 Unique Container ID: 192-7A

15. GENERATOR/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/relabeled, 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/Officer's Printed/Typed Name: **ZACHARY R. BERGMAN - DLZ IN OHIO**
 Signature: *[Signature]* Month: **12** Day: **7** Year: **11**

16. International Shipments
 Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name: **Michael Eugene Wagner** Signature: *[Signature]* Month: **12** Day: **7** Year: **11**
 Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy
 18a. Discrepancy Indication Space
 Quantity Type Residue Partial Rejection Full Rejection

18b. Alternate Facility (or Generator)
 Manifest Reference Number: _____ 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. **PCB** 2. _____ 3. _____ 4. _____

20. Designated Facility Owner/Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a.
 Printed/Typed Name: **David Tarnacki** Signature: *[Signature]* Month: **12** Day: **7** Year: **11**

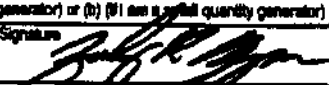
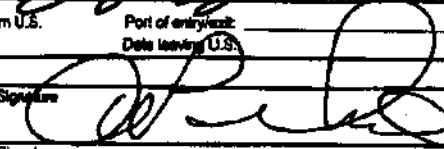

Please print or type. (Form designed for use on site (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009115135 JJK					
5. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT 227 W JEFFERSON SOUTHBEND, IN 46601 Generator's Phone: (574) 235-5920				Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTHBEND, IN 46601						
6. Transporter 1 Company Name US 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 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 048 080 633						
9a. Hbl	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			22,598	R	PCB1		
		X 1. UN3432, Polychlorinated biphenyls, solid, 9, PGIII, ERG #171	001							DT
		2.								
		3.								
4.										
14. Special Handling Instructions and Additional Information 01. K11357/MDX / PCB SOIL / ERG #171 / Storage Start Date: 12-12-11 Unique Container ID: 1704										
15. GENERATOR'S/SHIPPER'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/Shipper's Printed/Typed Name Anthony R. Beckman - DLZMIANA					Signature <i>[Signature]</i>		Month Day Year 12 12 11			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____										
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: Bobby Harvey Signature: <i>[Signature]</i> Month Day Year: 12 12 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: _____ U.S. EPA ID Number: _____										
19a. Alternate Facility (or Generator) Facility's Phone: _____ 19c. 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. PCB 2. 3. 4.										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18b Printed/Typed Name: Charles Dellitta Signature: <i>[Signature]</i> Month Day Year: 12 12 11										

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 INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009115137 JJK		
5. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT 227 W JEFFERSON SOUTH BEND, IN 46601			Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTH BEND, IN 46601				
Generator's Phone: (574) 235-5920							
6. Transporter 1 Company Name US 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 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MID 048 000 633			
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	1. UN332, Polychlorinated biphenyls, solid, 9, PGIII, ERG #171	001	DT	22,5M	K	PCB1	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 01. K11367-0401 / PCB SOIL / ERG #171 / Storage Start Date: 12-12-11 Unique Container ID: 135A							
15. GENERATOR/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 conforms 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/Offlor's Printed/Typed Name FRANK R. BERGMAN - DLZ INDIANA				Signature 		Month Day Year 12 12 11	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: Carl Geibel Signature:  Month Day Year: 12 12 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							
18b. Alternate Facility (or Generator)				Manifest Reference Number: _____ 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. PCB		2.		3.		4.	
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:  Month Day Year: 12 12 11							

GENERATOR

INTL

TRANSPORTER

DESIGNATED FACILITY

104

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 INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009115136 JJK		
5. Generator's Name and Mailing Address 227 W JEFFERSON SOUTH BEND, IN 46601 Generator's Phone: (574) 235-5920			6. Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTH BEND, IN 46601				
7. Transporter 1 Company Name US 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 49350 N I-84 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 048 090 633				
GENERATOR	9a. Hbl	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.	
	X 1.	UN3452, Polychlorinated biphenyls, solid, II, PGIII, ERG #171	No. 001	Type DT	21,310	K	
	2.						
	3.						
	4.						
13. Waste Codes PCBT							
14. Special Handling Instructions and Additional Information 01. RT13874WD1/PCB SOIL/ERG #171/Storage Start Date: 12-12-11 Unique Container ID: 104A							
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 EACHARY R BERGMAN - DE MOUNTAIN			Signature <i>E. Bergman</i>		Month Day Year 12 12 11		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry: Date leaving U.S.:							
TRANSPORTER (INTL)	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Robert Richardson			Signature <i>Robert Richardson</i>		Month Day Year 12 12 11	
Transporter 2 Printed/Typed Name			Signature		Month Day Year		
DESIGNATED FACILITY	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						
	18b. Alternate Facility (or Generator)			Manifest Reference Number:			
	Facility's Phone:			U.S. EPA ID Number			
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. PCB		2.		3.		4.	
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 Karen Kuyala			Signature <i>Karen Kuyala</i>		Month Day Year 12 12 11		

#118

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

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009115134 JJK
---	--	--------------------------	--	---

5. Generator's Name and Mailing Address 227 W JEFFERSON SOUTH BEND REDEVELOPMENT SOUTH BEND, IN 46601	6. Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTH BEND, IN 46601
Generator's Phone: (574) 235-5820	

8. Transporter 1 Company Name US 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 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111	U.S. EPA ID Number MID 048 090 633
Facility's Phone: (800) 582-5489	

9a. Hbl	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	1. UR3432, Polychlorinated biphenyls, solid, W, PGIII, ERG 171	001	DT	23,304	K	PCBT		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
 01. K115674WD1 / PCB SOIL / ERG 171 / Storage Start Date: 12-12-11 Unique Container ID: 118A

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/Officer's Printed/Typed Name Schuyler Berkman D/E MICHIGAN	Signature <i>Schuyler Berkman</i>	Month Day Year 12 12 11
--	--------------------------------------	-----------------------------------

16. International Shipments Import to U.S. Export from U.S. Not of entry/exit
 Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name A.J. Green	Signature <i>A.J. Green</i>	Month Day Year 12 12 11
Transporter 2 Printed/Typed Name	Signature	Month Day Year

18. Discrepancy
 18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection

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. PCB	2.	3.	4.
---------------	----	----	----

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 David Tarnacki	Signature <i>David Tarnacki</i>	Month Day Year 12 12 11
---	------------------------------------	-----------------------------------

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009115129 JJK		
5. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT 227 W JEFFERSON SOUTHBEND, IN 46801			Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTHBEND, IN 46801				
6. Transporter 1 Company Name US 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 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 048 090 633				
Facility's Phone: (800) 592-5489							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
	X	1. UN3432, Polychlorinated biphenyls, solid, 6, PGII, ERG #171	001	DT	21,628	K	PCBT
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 01. K113674WMI / PCB SOIL / ERG #171 / Storage Start Date: 12-6-11 Unique Container ID: 143A							
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/Officer's Printed/Typed Name Richard R. Bednar - DEINDIANA					Signature <i>[Signature]</i>		Month Day Year 12 6 11
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Jim HARVEY					Signature <i>[Signature]</i>	
Transporter 2 Printed/Typed Name					Signature		Month Day Year
DESIGNATED FACILITY	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)							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. PCB		2.		3.		4.	
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>[Signature]</i>		Month Day Year 12 6 11

#119 US Bulk

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

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009115138 JJK
----------------------------------	---	----------------	---	--

5. Generator's Name and Mailing Address 227 W JEFFERSON SOUTHBEND, IN 46801	Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTHBEND, IN 46801
---	---

6. Transporter 1 Company Name US 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 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489	U.S. EPA ID Number MID 048 000 633

9a. Hbl	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 WL/Vol.	13. Waste Codes	
		No.	Type				
X	1. UN3432, Polychlorinated biphenyls, solid, 8, PCBs, ERG #171	001	DT	21,682	K	PCBT	
	2.						
	3.						
	4.						

14. Special Handling Instructions and Additional Information 01. K113574W01 / PCB SOIL / ERG #171 / Storage Start Date: 12-12-11	Unique Container ID: 119A
---	---------------------------

15. GENERATOR/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/packaged, 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 282.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator/Officer's Printed/Typed Name ZACHARY R. BERCHAN -OLEY	Signature <i>[Signature]</i>	Month 12	Day 12	Year 11
--	---------------------------------	-------------	-----------	------------

16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.	Part of original Date leaving U.S.:
--	-------------------------------------

17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Jenl Dzardk	Signature <i>[Signature]</i>	Month 12	Day 12	Year 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

18b. Alternate Facility (or Generator)	U.S. EPA ID Number
--	--------------------

Facility's Phone:	Month	Day	Year
18c. Signature of Alternate Facility (or Generator)			

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)			
1. PCB	2.	3.	4.

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>[Signature]</i>	Month 12	Day 12	Year 11
--	---------------------------------	-------------	-----------	------------

Please print or type. (Form designed for use on 8 1/2 (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR 000 128 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009115130 JJK			
5. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT 227 W JEFFERSON SOUTHBEND, IN 46801			Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTHBEND, IN 46801					
Generator's Phone: (574) 235-5820			U.S. EPA ID Number PAD 987 347 515					
6. Transporter 1 Company Name US Bulk Transport, Inc			U.S. EPA ID Number					
7. Transporter 2 Company Name			U.S. EPA ID Number					
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 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. HSI	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 WL/VOL	13. Waste Codes		
		No.	Type					
X	1. UN3432, Polychlorinated biphenyls, solid, B, PGIII, ERG #171	001	DT	21,10	K	PCB1		
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 01. K113674ND1 / PCB SOIL / ERG #171 / Storage Start Date: 12-6-11 Unique Container ID: 192-7 A								
15. GENERATOR/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/Offero's Printed/Typed Name ZACHARY R. BELGMAN - OLENDIANA					Signature <i>[Signature]</i>	Month Day Year 12 6 11		
16. International Shipment: <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of embarkment: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Michael Eugene Wagner					Signature <i>[Signature]</i>	Month Day Year 12 6 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: _____ U.S. EPA ID Number _____								
18b. Alternate Facility (or Generator)								
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. PCB	2.	3.	4.					
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>[Signature]</i>	Month Day Year 12 6 11		

Please print or type. (Form designed for use on 6-line (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR 000 129 368	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009068302 JJK					
5. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT C. 227 W JEFFERSON SOUTHBEND, IN 46601 Generator's Phone: (574) 235-5920			Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTHBEND, IN 46601							
6. Transporter 1 Company Name U.S. Bulk Transport				U.S. EPA ID Number PA0987347575						
7. Transporter 2 Company Name				U.S. EPA ID Number						
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 048 090 633							
GENERATOR	9a. Hbl	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes			
	X	UN3432, Polychlorinated biphenyls, solid, 9, PGHI, ERG #171	001		22,662	K	PCBT			
	2.									
	3.									
	4.									
14. Special Handling Instructions and Additional Information 15. K113574W01 / PCB SOIL / ERG #171 / Storage Start Date: <u>12-12-11</u> Unique Container ID: <u>105A</u>										
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 EACHARY P. BERGMAN-OLD HONOR						Signature <i>[Signature]</i>			Month Day Year 12 12 11	
16. International Shipment <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ Transporter signature (for exports only): _____										
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name Kenneth O. Arz				Signature <i>[Signature]</i>		Month Day Year 12 12 11			
Transporter 2 Printed/Typed Name				Signature		Month Day Year				
DESIGNATED FACILITY	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. PCB			2.			3.			4.	
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 David Ternati						Signature <i>[Signature]</i>		Month Day Year 12 13 11		

#103

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

Form Approved. OMB No. 2060-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (613) 220-7044	4. Manifest Tracking Number 009068303 JJK		
6. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT 227 W JEFFERSON SOUTH BEND, IN 46801			7. Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTH BEND, IN 46801				
8. Generator's Phone: (574) 235-5820							
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 LANDFILL 48350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MI0 048 090 633			
Facility's Phone: (800) 592-5489							
9a. Hbl	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 WL/Nst.	13. Waste Codes	
		No.	Type				
X	UN3432, Polychlorinated biphenyls, solid, 6, PGII, ERG #171	001	DT	21,754	K	PCB1	
2.							
3.							
4.							
14. Special Handling Instructions and Additional Information 01. K113674WD1 / PCB SOIL / ERG #171 / Storage Start Date: <u>12-12-11</u> Unique Container ID: <u>103A</u>							
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 ZACHARY R. BERGMAN-DEZINFIANA				Signature <i>[Signature]</i>		Month Day Year 12 12 11	
18. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name ORIG PASUR				Signature <i>[Signature]</i>		Month Day Year 12 12 11	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
16. Discrepancy							
16a. 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: _____							
18c. Alternate Facility (or Generator)						U.S. EPA ID Number	
Facility's Phone: _____							
16c. 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. PCB		2.		3.		4.	
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 Laura Tomasi				Signature <i>[Signature]</i>		Month Day Year 12 13 11	

134

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009068304 JJK					
5. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT C 227 W JEFFERSON SOUTH BEND, IN 46601 Generator's Phone: (574) 235-5920				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 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 048 090 633						
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	1UN3432, Polychlorinated biphenyls, solid, 9, PGIII, ERG #171				001	DT	22,036	PCB1
		2								
		3								
4										
14. Special Handling Instructions and Additional Information 01. K113674WD1 / PCB SOIL / ERG #171 / Storage Start Date: 2-12-11 Unique Container ID: 134 A										
15. GENERATOR/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/Offlor's Printed/Typed Name E. BELMAN-DLZ INDIANA				Signature <i>[Signature]</i>		Month Day Year 12 12 11				
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____										
17. Transporter Acknowledgment of Receipt of Materials										
Transporter 1 Printed/Typed Name ART Pollock				Signature <i>[Signature]</i>		Month Day Year 12 12 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										
18b. Alternate Facility (or Generator) _____ Manifest Reference Number: _____ U.S. EPA ID Number _____										
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. PCB		2.		3.		4.				
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 Tanya Cowley				Signature <i>[Signature]</i>		Month Day Year 12 13 11				

169

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009068305 JJK		
5. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT CO 227 W JEFFERSON SOUTHBEND, IN 46601 Generator's Phone: (574) 235-5820				Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTHBEND, 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 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 048 090 633			
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	1UN3432, Polychlorinated biphenyls, solid, 9, PGIII, ERG #17+	001	DT	21,827	K	PCB1	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 01. K113674WD1 / PCB SOIL / ERG #171 / Storage Start Date: 8-12-11 Unique Container ID: 169A							
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/Offor's Printed/Typed Name ZACHARY R. BECKMAN - DLZKHOIQA				Signature 		Month Day Year 12 12 11	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry: Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Chad C. Capps				Signature 		Month Day Year 12 12 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							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
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. PCB		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest according to item 15a				Signature 		Month Day Year 12 12 11	

TK 198

Please print or type. (Form designed for use on 8 1/2 (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009068301 JJK		
5. Generator's Name and Mailing Address 227 W JEFFERSON SOUTHBEND, IN 46601 Generator's Phone: (574) 235-5620			6. Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTHBEND, IN 46601				
8. Transporter 1 Company Name US Bulk transport				U.S. EPA ID Number 987 347 515			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address 49350 N I-94 SERVICE DRIVE BELLVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 048 090 633				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1UN3432, Polychlorinated biphenyle, solid, 9, PGIII, ERG #171	001	DT	22970	K	PCB1
14. Special Handling Instructions and Additional Information K113574WDI / PCB SOIL / ERG #171 / Storage Start Date: 12-12-11 Unique Container ID: 198A							
15. GENERATOR'S/SUFFEROR'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 agreement 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/Officer's Printed/Typed Name ZACHARY R BELLMAN-DLEWICZAK				Signature <i>Zach R. Bellman</i>		Month Day Year 12 12 11	
TRANSPORTER INTL	16. International Shipment <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit Date leaving U.S.:				
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <i>James Lee Hyde Sr</i>		Signature <i>James Lee Hyde Sr</i>		Month Day Year 12 12 11		
DESIGNATED FACILITY	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) Facility's Phone:		U.S. EPA ID Number				
	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. PCB		2.		3.			
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a <i>Timothy Conway</i>				Signature <i>Timothy Conway</i>		Month Day Year 12 13 11	

170

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 INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 006175591 JJK	
5. Generator's Name and Mailing Address 227 W. Jefferson Ave South Bend, IN 46601		6. Generator's Address (if different than mailing address) 1100 Prairie Ave. South Bend, IN 46601		Generator's Phone		
6. Transporter 1 Company Name U.S. Bulk Transport Inc.		7. Transporter 2 Company Name		U.S. EPA ID Number PAD 987 847 515		
8. Designated Facility Name and Site Address 49350 N I-94 SERVICE DRIVE BELLEVILLE, IN		9. Facility's Phone 1200 592-5489 4811		U.S. EPA ID Number MID 048 090 633		
GENERATOR	9a. 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
	X 1. UN 3432 Polychlorinated biphenyls - solid PG III, ERG #171	No. 001	Type DT	22,036	K	PCB
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 01-K113574 WDI / PCB SOIL / ERG # 171 Storage start date 12-15-11 Unique Container I.D. 170A						
15. GENERATOR/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/Officer's Printed/Typed Name Charles A. Pierce		Signature Charles A. Pierce		Month Day Year 12 15 11		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Bobby Harvey Signature Bobby Harvey Month Day Year 12 15 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						
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. PCB 2. 3. 4.						
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 Charles DeWitt Month Day Year 12 13 11						

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

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 Phone: _____

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.**

7. Transporter 2 Company Name: _____

U.S. EPA ID Number: **PAID 989 347 515**

8. Designated Facility Name and Site Address: **WAYNE DISPOSAL INC SITE 2 LANSING MI 48111**

4350 N. I-94 SERVICE DRIVE BELLEVILLE, MI 48111

Facility's Phone: **(800) 592-5489**

U.S. EPA ID Number: _____

9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

10. Containers

No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
1	001 DT	25,438	KG	PCB1	
2					
3					
4					

14. Special Handling Instructions and Additional Information: **MID 048 090 633**

14. Special Handling Instructions and Additional Information: **01. K13574WD1 / 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/Offor's Printed/Typed Name: **Charles A. Pierce**

Signature: _____

16. International Shipments: Import to U.S. Export from U.S.

Transporter signature (for exports only): **Charles A. Pierce**

Month: **12** Day: **13** Year: **11**

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **Carol Geddel**

Signature: _____

Transporter 2 Printed/Typed Name: _____

Signature: _____

Port of entry/exit: _____ Date leaving U.S.: _____

Month: **12** Day: **13** Year: **11**

18. Discrepancy

18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection Full Rejection

18b. Alternate Facility (or Generator)

Facility's Phone: _____ Manifest Reference Number: _____ U.S. EPA ID Number: _____

18c. Signature of Alternate Facility (or Generator): _____

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. **PCB** 2. _____ 3. _____ 4. _____

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: _____

Month: **12** Day: **13** Year: **11**

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

- 105A -

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: **INR 000 129 388**
 2. Page 1 of 1
 3. Emergency Response Phone: **(813) 220-7044**
 4. Manifest Tracking Number: **009109081 JJK**

5. Generator's Name and Mailing Address: **SOUTH BEND REDEVELOPMENT SOUTH BEND, IN 48601**
 6. Generator's Phone: **(574) 235-5920**
 7. Generator's Site Address (if different than mailing address): **1100 PRAIRIE AVE SOUTH BEND, IN 48601**

8. Transporter 1 Company Name: **US Bulk Transport, Inc**
 U.S. EPA ID Number: **PAD 987 347 515**
 9. Transporter 2 Company Name: _____
 U.S. EPA ID Number: _____

8. Designated Facility Name and Site Address: **WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111**
 U.S. EPA ID Number: **MID 048 060 633**
 Facility's Phone: **(800) 592-5489**

9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

Se. Hbl	10. Containers	11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes	
				No.	Type
X	001	DT	23,732	K	PCB1

14. Special Handling Instructions and Additional Information: **01. K113574WDI / PCB SOIL / ERG #171 / Storage Start Date: 12/13/11**
 Unique Container ID: **105A**

15. GENERATOR'S/CERTIFIER'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/Officer's Printed/Typed Name: **ZACHARY R. BEGEMAN - DLZ INDIANA**
 Signature: *Zachary R. Begeman*
 16. International Shipments: Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____
 Month Day Year: **12 13 11**

17. Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name: **Ronald A. Arc**
 Signature: *Ronald A. Arc*
 Transporter 2 Printed/Typed Name: _____
 Signature: _____
 Month Day Year: **12 17 11**

18. Discrepancy
 18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection Full Rejection

18b. Alternate Facility (or Generator)
 Facility's Phone: _____ U.S. EPA ID Number: _____
 18c. Signature of Alternate Facility (or Generator): _____

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
 1. **PCB** 2. _____ 3. _____ 4. _____
 Month Day Year: **12 15 11**

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: **David Tomacki**
 Signature: *David Tomacki*
 Month Day Year: **12 15 11**

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

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

#103

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009109080 JJK		
5. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT CO 227 W JEFFERSON SOUTH BEND, IN 46801 Generator's Phone: (574) 235-5920			Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTH BEND, IN 46801				
6. Transporter 1 Company Name US 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 LANDFILL 40350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 562-5489				U.S. EPA ID Number MID 048 090 633			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes
	X	1. UR3432, Polychlorinated biphenyls, solid, 9, PGII, ERG #171	001	DT	18,770	K	PCB1
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 01. K113574WD1 / PCB SOIL / ERG #171 / Storage Start Date: 12/13/11 Unique Container ID: 103A							
15. GENERATOR/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/Officer's Printed/Typed Name FRANCIS P. BECKMAN DELAWARE						Signature <i>Francis P. Beckman</i>	
18. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.						Port of entry/exit Date leaving U.S.:	
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name DREG RASLER						Signature <i>DREG RASLER</i>	
Transporter 2 Printed/Typed Name						Signature	
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							
18b. Alternate Facility (or Generator)						Manifest Reference Number: U.S. EPA ID Number	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. PCB		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 16a							
Printed/Typed Name David Tarnelli						Signature <i>David Tarnelli</i>	
						Month Day Year 12 13 11	

1169

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 INR 000 129 388	2. Page 1 of 1	3. Emergency Response Phone (813) 220-7044	4. Manifest Tracking Number 009109079 JJK
---	---	-------------------	---	---

5. Generator's Name and Mailing Address 227 W JEFFERSON SOUTHBEND, IN 46601 Generator's Phone: (574) 235-5920	6. Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTHBEND, IN 46601
--	--

7. Transporter 1 Company Name US 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 49350 N I-84 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489	U.S. EPA ID Number MID 048 090 833
--	---------------------------------------

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 WL/Vol.	13. Waste Codes		
		No.	Type					
X	1. UN3432, Polychlorinated biphenyls, solid, 9, PGIII, ERG #171	001	DT	21,047	K	PCB1		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information 01. K113674WDI / PCB SOIL / ERG #171 / Storage Start Date: 12/13/11 Unique Container ID: 1169A
--

15. GENERATOR/SHIPPER'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/Shipper's Printed/Typed Name ZALHADY R. BELLMAN-DLZ INDIANA	Signature <i>Zalhady R. Bellman</i>	Month Day Year 12 13 11
---	--	--------------------------------

16. International Shipments: <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.	Part of entry/exit: _____
--	---------------------------

17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Chad C. Cooper	Signature <i>Chad C. Cooper</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
-----------------	--

18b. Alternate Facility (or Generator)	Manifest Reference Number: _____ 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. PCB	3. _____	4. _____
---	--------	----------	----------

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18b Printed/Typed Name Charles DeWitt	Signature <i>Charles DeWitt</i>	Month Day Year 12 14 11
---	------------------------------------	--------------------------------

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)