

25903 South Ridgeland Ave.
Monee, Illinois 60449
(708) 534-9300 Fax: (708) 534-9400
EPA ID # ILR000103184
DOT # 758189

Location Performing Service
25903 S. Ridgeland Ave.
Monee, IL 60448
(708) 534-9300
EPA ID # ILR000103184

Date: 05/19/2011
Manifest # 8132921
Route #

Generator/Customer/Job Site:
Name: CITY OF SOUTH BEND
Address: 1100 PRAIRIE AVE
City, State, Zip: SOUTH BEND IN 46601
Phone Number: 013-220-7044

Contractor:
Name: ITEM NO. 194
DORE & ASSOCIATES
Address: 900 HARRY S TRUMAN PARKWAY
City, State, Zip: BAY CITY MI 48708
Phone Number: 609-661-2712

Purchase Order Number: Burner's USEPA ID #:

Quantity	Description	Unit Price	Total	Gross	Tare	Net
	Non-Hazardous Used Oil Collected					
5500 gal.	Non-Hazardous Oily Water					
	Non-Hazardous Contaminated Oil Collected					
	Service Charge					
	Hourly Charge					
	Drum(s): Used Oil Filters					
	Drum(s): Non-Hazardous Solids/Liquids					
	On-Spec Used Oil Delivered					

Generator Certification: I, the generator (or agent for) of this product, hereby certify that the waste identified on this document does not contain or has not come in contact with a hazardous waste listed under 40 CFR 261.30 - 261.33 and is non-hazardous according to 40 CFR 261.1- 261.20. I hereby declare that the contents of this consignment are fully and accurately described by the 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, including applicable state regulations. I hereby certify that to the best of our knowledge, this company and facility does not generate waste that would require submittals of a Special Waste Disposal Request Form. Additionally, upon generating such wastes, we will notify in writing RS Used Oil Services, Inc. and submit all request forms. Disposal of such materials will be performed upon approval of RS Used Oil Services, Inc. Used oil contained within non-hazardous special waste collected in LA is subject to regulation by the LA DEQ under LAC Gov. Chapter 41, Subpart C. Emergency Response Number: National 1-800-424-8802 T.N.R.C.C. 1-512-239-1000

I hereby certify that the above description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of compositions or properties exists and that the waste is not designated a hazardous waste by the USEPA or any state agency pursuant to the RCRA of 1976 or contains PCB's regulated by TSCA, 40 CFR 761.

Customer agrees to pay a late charge of 1% per month on any invoice, which is not paid within 30 days of invoice date. Customer also agrees to pay any attorney's fees and court costs in the event it becomes necessary to initiate legal proceedings to collect the invoice.

Printed Customer Name William G Fite Customer Signature [Signature] Date 5-19-11
Arrival Time: 7:20 Begin Loading: _____ End Loading: _____ Depart Time: 8:25

Remarks: LARGE VAC Next Service Date: Oil _____ Filter _____

Driver Name D Leggott Driver Signature [Signature]

Office Use Only Payment Received From Customer Yes No (To Be Invoiced) Amount _____ Check Cash _____	Office Use Only Amount _____ Check Cash Credit Card _____
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From Tank #5 SEE DRAWING CUSTOMER

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	2. Page 1 of 1	3. Emergency Response Phone	4. Manifest Tracking Number 008132920 JJK		
5. Generator's Name and Mailing Address <i>City of South Bend 1100 Hoising Ave South Bend, IN 46601</i>				Generator's Site Address (if different than mailing address)			
Generator's Phone: <i>(612) 210-7044</i>							
6. Transporter 1 Company Name <i>DS Used Oil Services, Inc.</i>				U.S. EPA ID Number <i>ILR000103184</i>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <i>CLEAN WATERS INC 1400 GATLIN DRIVE GRIFFITH, IN 46319</i>				U.S. EPA ID Number <i>9100000425</i>			
Facility's Phone: <i>219 823-4545</i>							
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				
1.	<i>Non-Hazardous Commercial Liquids</i>	<i>001</i>	<i>TT</i>	<i>5.000</i>	<i>G</i>		
2.			<i>TT</i>		<i>G</i>		
3.			<i>TT</i>		<i>G</i>		
4.			<i>TT</i>		<i>G</i>		
Special Handling Instructions and Additional Information <i>TICKET NO# 5595 TRANSPORTER# UPV0755155-IL IL ID# 1970055029</i>							
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/Offoror's Printed/Typed Name <i>William G. [Signature]</i>				Signature <i>[Signature]</i>		Month Day Year <i>05 17 11</i>	
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 <i>Zach Patry</i>				Signature <i>[Signature]</i>		Month Day Year <i>05 19 11</i>	
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)							
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				Signature		Month Day Year	