

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR 000 129 388		2. Page 1 of 1		3. Emergency Response Phone		4. Manifest Tracking Number 009062990 JJK			
		5. Generator's Name and Mailing Address SOUTH BEND REDEVELOPMENT C 227 W JEFFERSON SOUTHBEND, IN 46601						Generator's Site Address (if different than mailing address) 1100 PRAIRIE AVE SOUTHBEND, IN 46601			
6. Transporter 1 Company Name EQ INDUSTRIAL SERVICES		U.S. EPA ID Number MIO 000 263 871									
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 Wt./Vol.	13. Waste Codes					
		No.	Type								
X	1. UN3432, Polychlorinated biphenyls, solid, 9, PGIII, ERG #171	001	DT		K	PCB1					
	2.										
	3.										
	4.										
14. Special Handling Instructions and Additional Information 01. K113581WDI / PCB DEBRIS / ERG #171 / Storage Start Date: _____ Unique Container ID: _____											
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						Signature			Month	Day	Year
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						Signature			Month	Day	Year
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. 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						Signature			Month	Day	Year