

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 009062991 JJK			
5. Generator's Name and Mailing Address 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 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 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. 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	
	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. K113574WDI / PCB SOIL / 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/Offeror's Printed/Typed Name				Signature		Month Day Year		
TRANSPORTER INTL	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	Transporter 1 Printed/Typed Name				Signature		Month Day Year	
	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: _____ 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		