

# RS Used Oil Services, Inc.

# SERVICE ORDER

No. 55906

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

Location Performing Service  
 25903 S. Ridgeland Ave.  
 Monee, IL 60449  
 (708) 534-9300  
 EPA ID # ILR000103184

Date: 05/19/2011

Manifest # 008132919

Route #

<b>Generator/Customer/Job Site:</b>		<b>Contractor:</b>	
Name:	CITY OF SOUTH BEND	Name:	ITEM NO. 192 DORE & ASSOCIATES
Address:	1100 PRAIRIE AVE	Address:	900 HARRY S TRUMAN PARKWAY
City, State, Zip:	SOUTH BEND IN 46801	City, State, Zip:	BAY CITY MI 48706
Phone Number:	613-220-7044	Phone Number:	800-661-2712

Purchase Order Number:	Burner's USEPA ID #:
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Quantity	Description	Unit Price	Total	Gross	Tare	Net
	Non-Hazardous Used Oil Collected					
5,000	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 [Signature] Customer Signature [Signature] Date 5/19/11

Arrival Time: \_\_\_\_\_ Begin Loading: \_\_\_\_\_ End Loading: \_\_\_\_\_ Depart Time: \_\_\_\_\_

Remarks: LARGE VAC

Next Service Date: Oil \_\_\_\_\_ Filter \_\_\_\_\_

Driver Name Z Petry Driver Signature [Signature]

<b>Office Use Only</b>		<b>Office Use Only</b>	
Payment Received From Customer Yes No (To Be Invoiced)			
Amount _____	Check Cash	Amount _____	Check Cash Credit Card

From TANK #4 SEE DRAWING

CUSTOMER

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone	4. Manifest Tracking Number <b>008132919 JJK</b>		
5. Generator's Name and Mailing Address City of South Bend 1100 Prairie Ave South Bend, IN 46601 Generator's Phone: (613) 220-7044				Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name PS Used Oil Services, Inc.			U.S. EPA ID Number ILR900103104				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address KLEAN WATERS INC 1408 SATLIN DRIVE GRIFFITH, IN 46319 Facility's Phone: 219-922-4545				U.S. EPA ID Number 81R000042E			
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.	Non-Hazardous Contaminated Liquids	001	TT	5,000	G		
2.			TT		G		
3.			TT		G		
4.							
14. Special Handling Instructions and Additional Information TICKET NO# 55906 TRANSPORTER# UPVA0758133-IL IL ID# 1970855023							
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 Duff Teasdale				Signature <i>[Signature]</i>		Month Day Year 05 19 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 Zach Berry				Signature <i>[Signature]</i>		Month Day Year 05 19 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.		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	

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY