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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			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 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 048 090 633				
Facility's Phone: (300) 592-5489 48111							
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	UN 3432, Polychlorinated biphenyls - solid PG-III, ERG #171	001	DT	32, 036	K	PCB 1	
2.							
3.							
4.							
14. Special Handling Instructions and Additional Information 01-K113574 WDI / PCB SOIL / ERG # 171 Storage Start Date 12-12-11 Unique Container I.D. <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/Offeror's Printed/Typed Name Charles A. Nieme			Signature <i>Charles A. Nieme</i>		Month 12	Day 13	Year 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>Bobby Harvey</i>		Month 12	Day 13	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							
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 <i>Charles DeWitt</i>		Month 12	Day 13	Year 11

GENERATOR

TRANSPORTER INT'L

TRANSPORTER

DESIGNATED FACILITY

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB Solid and specified on Manifest # 006175591 JTK, Line Item 1 has been landfilled on 12/13/11 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111
Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy. I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.



Authorized Signature: _____



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111