RS Used Oil Services, Inc.

SERVICE ORDER

No.

55872

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

<u>Location Performing Service</u> 25903 S. Ridgeland Ave.

Monee, IL 60449 (708) 534-9300 EPA (D#U E000103184 Date: 05/18/2011

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Manifest # 813 2894

Route #

Generator/Customer/Job Site:		Contractor: Name:		TTEM NO. 190					
vaine.	CITY OF SOUTH BEND		rumo.		DORE & ASSOCIATES				
Address:	1100 PRAIRIE AVE		Address:	900 HARRY S TRUMAN PARKWAY					
City, State, Zip:	, State, Zip: SOUTH BEND		City, State, Zip: Phone Number:		BAY CIT	Υ		100 de 10	
Phone Number: 613-220-7044					609-861-	2712			
Purchase Order	Number:		Burner's	USEPA I	D #:				
Quantity	Description		Unit Price	Total	Gro	ss	Tare	Net	
	Non-Hazardous Used Oil Coll	ected							
5500gal.	Non-Hazardous Oily Water								
5.5	Non-Hazardous Contaminated	d Oil Collected							
	Service Charge								
	Hourly Charge								
	Drum(s): Used Oil Filters								
	Drum(s): Non-Hazardous So	lids/Liquids							
	On-Spec Used Oil Delivered								
Language success lie	n: I, the generator (or agent for) of this proteted under 40 CFR 261.30 - 261.33 and is n	on-hazardous acco	rding to 40 CFR 261	1- 261 2U.	i nereby decia	re mai me d	contents of t	IIIS CONSIQUINIE	
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Plea	se pri	nt or type. (Form desig	ned for use on elite (12-pitch) typewri						Form A	pproved. O	MB No. 2	2050-0039		
1		FORM HAZARDOUS ASTE MANIFEST	1. Generator ID Number	2.1	Page 1 of	3. Emergency Response		4. Manifest	Tracking Num 8132	894 894	l J.	IK		
1	5. Ge	nerator's Name and Mailir	ng Address			Generator's Site Address	(if different the	nan mailing addre	ss)					
		City,	or poutly owner									1004		
1		City of South Bend Ind. 46601												
	Gene	enerator's Phone: (e13-220-7044)												
	6. Tra	insporter 1 Company Nam	ne				S. Organi II de s	U.S. EPA ID	Number					
		BOTTO LANG.	Land Control of the C						1 1/20001C3184					
	7. Tra	PS Used Oil Services, Inc. Transporter 2 Company Name							U.S. EPA ID Number					
								1	C.O. LI AID Humber					
	8. Des	Designated Facility Name and Site Address - LLS_EPAID Number												
			AN WATERS INC											
		1409 GATUN DI					profession () not use describe as a							
		GRIFTIH, IN 4	5319 719 (7)	17 AFLAG				, 9	9180809425					
		ty's Phone:					No company	•						
	9a. HM	9a. 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Contain		11. Total				13. Waste Codes		
	TIN	1.	The state of the s			No.	No. Type		Wt./Vol.					
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ATC									1 F	-+				
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	14. Sp	pecial Handling Instruction	s and Additional Information								THOUGH L			
1														
		TICKET	rasa namanan memberakan dari berasa 🦠	MO# 55871		TRA	WSPO	TER# UP	A0758189	-IL				
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by							368029	8029						
	I	marked and labeled/placal	rded, and are in all respects in proper condi	tion for transport according	o to applica	able international and nation	cribed abov	e by the proper si	nipping name, at	nd are classif	ied, packa	ged,		
		Exporter, I certify that the	contents of this consignment conform to the	terms of the attached EP	A Acknowle	edament of Consent.								
	Gener	rator's/Offeror's Printed/Ty	imization statement identified in 40 CFR 26	2.27(a) (if I am a large qu	antity gene Sign		I quantity ge	nerator) is true.						
	Oche		peu Nallie		Sign		- marine statement			Month	Day	Year		
*	16 Inf	ternational Shipments				what so of	. (2	accord?	- W/4m	05	18	11		
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		porter signature (for expo ansporter Acknowledgmen				Date leavir	ng U.S.:							
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OF.	Transporter 1 Printed/Typed Name Signature						, year		Month	Day	Year			
NSF	Transi	porter 2 Printed/Typed Na	me - Conff		Sign	TURK T	Sand Sand	held .		05	18	11		
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Υ.	18h A	8b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number												
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AC	er i	The product of the second of t												
DF	enciment.	y's Phone:	Collists for Connected							31 ² 776, 3	Section 1	era interne		
\TE	100. 0	Signature of Alternate Facil	ity (or Generator)							Month	Day	Year		
18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator) 19. Hazardous Waste Report Management Method Codes (i.e., codes for bazardous waste treatment, disposal, and recycling s														
	19. Ha	azardous Waste Report M		azardous waste treatmen		and recycling systems)								
	1.		2.		3.			4.						
1												(0, 1, 0)		
			or Operator: Certification of receipt of hazard	dous materials covered by			18a			7.94442		283.		
	Printe	d/Typed Name			Sign	ature V				Month	Day	Year		
+														