

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

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

Date: 05/23/2011

Manifest # 813293D

Route #

Generator/Customer/Job Site:

Name: CITY OF SOUTH BEND
Address: 1100 PRAIRIE AVE
City, State, Zip: SOUTH BEND IN 48001
Phone Number: 613-220-7044

Contractor:

Name: DORE & ASSOCIATES
Address: 800 HARRY S TRUMAN PARKWAY
City, State, Zip: BAY CITY MI 48706
Phone Number: 609-881-2712

ITEM # 195

Purchase Order Number: Burner's USEPA ID #:

Table with 7 columns: Quantity, Description, Unit Price, Total, Gross, Tare, Net. Rows include Non-Hazardous Used Oil Collected, Non-Hazardous Oily Water (5500 gal), 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: Jeffery C. Tardien Customer Signature: [Signature] Date: 5-23-11

Arrival Time: 7:09 Begin Loading: End Loading: Depart Time: 8:45

Remarks: LARGE VAC Next Service Date: Oil Filter

Driver Name: D Leggett Driver Signature: [Signature]

Office Use Only Payment Received From Customer Yes No (To Be Invoiced) Amount Check Cash Credit Card

From TANK #5 -> 2000 gallons
From TANK #4 -> 3500 gallons.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone 708-534-9300	4. Manifest Tracking Number <b>008132930 JJK</b>	
5. Generator's Name and Mailing Address City of South Bend 1100 Prairie Ave. South Bend Ind. 46601				Generator's Site Address (if different than mailing address)		
Generator's Phone: 413-227-7044				U.S. EPA ID Number ILR000103184		
6. Transporter 1 Company Name PS Used Oil Services, Inc.				U.S. EPA ID Number		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address KLEAN WATERS INC 1408 GATLIN DRIVE GRIFFITH, IN 46319				U.S. EPA ID Number 51R0000425		
Facility's Phone: 219 422-4545						
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 WL/Vol.	13. Waste Codes
		No.	Type			
1.	Haz. Hazardous Contaminated Liquid	001	TT	5500	G	
2.			TT		G	
3.			TT		G	
4.						
14. Special Handling Instructions and Additional Information  TICKET W0855967 TRANSPORTER# UPW0758188-IL IL ID# 1970885023						
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 Jeffrey Teague				Signature <i>[Signature]</i>		Month Day Year 05 23 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.: _____ Transporter signature (for exports only): _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Dore Leggett				Signature <i>[Signature]</i>		Month Day Year 05 23 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: _____ U.S. EPA ID 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.	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

TRANSPORTER INT'L

DESIGNATED FACILITY