

- 105A -

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

Form Approved. OMB No. 2050-0039

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 009109081 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 US 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 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, PGIH, ERG #171		001	DT	23,732	K	PCB1
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 01. K113574WD1 / PCB SOIL / ERG #171 / Storage Start Date: 12/13/11 Unique Container ID: 105A								
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 ZACHARY R. BEBMAN - DLZ INDIANA				Signature <i>Zachary R. Bebman</i>		Month Day Year 12 13 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 Kenneth O Ake				Signature <i>Kenneth O Ake</i>		Month Day Year 12 13 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 _____								
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 David Tornacki				Signature <i>David Tornacki</i>		Month Day Year 12 13 11		

RECEIVED
JAN 12 2012

CERTIFICATE OF DISPOSAL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as PCB S&I/d
and specified on Manifest # 009109031 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