

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD982184665		2. Page 1 of 2		3. Emergency Response Phone (800) 966-9282		4. Manifest Tracking Number 006916070 FLE		
		5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 485-5780		Generator's Site Address (if different than mailing address) New York State Department of Health - Griffin Laboratory 5668 State Farm Road Slingerlands, NY 12159						
6. Transporter 1 Company Name Triumvirate Environmental, Inc.		U.S. EPA ID Number MAC300018672								
7. Transporter 2 Company Name		U.S. EPA ID Number								
8. Designated Facility Name and Site Address Triumvirate Environmental (NYC), LLC 42-14 19th Avenue Astoria, NY 11105 Facility's Phone: (718) 274-3339		U.S. EPA ID Number NYD077444263								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
	X	1. UN3266, Waste Corrosive liquid, basic, inorganic, n.o.s. 8, II				001 DF		00065	P	D002 T
	X	2. UN3266, Waste Corrosive liquid, basic, inorganic, n.o.s. 8, II				001 DF		00040	P	D002 T
	X	3. UN3082, Environmentally hazardous substances, liquid, n.o.s. 9, III				001 DF		00043	P	E
		4. Non-regulated material				001 DM		00078	P	T
14. Special Handling Instructions and Additional Information 1- (1x55) NYC23032 PLC#CC1 95P 2- (1x15) NYC23032 PLC#CC2 45P 3- (1x15) NYC23032 PLC#CC3 48P 4- (1x55) NYC23032 PLC#NR1 98P										
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/Officer's Printed/Typed Name Michael Bowen Signature <i>Michael Bowen</i> Month 12 Day 11 Year 17										
TRANSPORTER	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 Calais Ambach Signature <i>Calais Ambach</i> Month 12 Day 11 Year 17 Transporter 2 Printed/Typed Name Signature Month Day Year									
DESIGNATED FACILITY	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. H141 2. H141 3. H141 4. H141										
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 Ying Zhang Signature <i>Ying Zhang</i> Month 12 Day 6 Year 17										

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD982124663		2. Page 1 of 1		3. Emergency Response Phone 966-9282		4. Manifest Tracking Number 006916071		FLE		
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 485-5789						Generator's Site Address (if different than mailing address) WADSWORTH CENTER SAFETY & SECURITY OFFICE New York State Department of Health - Griffin Laboratory 1000 Elm Farm Road Slingerlands, NY 12159						
6. Transporter 1 Company Name Triumvirate Environmental, Inc.						U.S. EPA ID Number MA C 3 0 0 0 1 8 6 7 2						
7. Transporter 2 Company Name Franks Vacuum Truck Service, Inc.						U.S. EPA ID Number NYD982792814						
8. Designated Facility Name and Site Address AES Environmental, LLC 1689 Shar-Cal Road Calvert City, KY 42029 Facility's Phone: 724-933-4100						U.S. EPA ID Number KYD985073196						
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		
						No.	Type					
	X	1. UN1992 Waste Flammable liquids, n.o.s. 3, II (Acetone, Formalin) (RQ D001F003)				001	DM	00334	P	D001	F003	
		2.										
		3.										
	4.											
14. Special Handling Instructions and Additional Information 1- (1 x 55) MGT-57252 354F 2- 3- 4-												
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 MICHAEL BOWEN						Signature <i>Michael Bowen</i>		Month 2		Day 1		
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	17. Transporter Acknowledgment of Receipt of Materials											
	Transporter 1 Printed/Typed Name Calais Zumbach						Signature <i>Calais Zumbach</i>		Month 2		Day 1	
	Transporter 2 Printed/Typed Name Thomas Henderson						Signature <i>Thomas Henderson</i>		Month 2		Day 7	
DESIGNATED FACILITY	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. 1741		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 <i>Michael Bowen</i>						Signature <i>Michael Bowen</i>		Month 2		Day 7		

FRIP: Triumvirate Environmental

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 NYD000831651	2. Page 1 of 1	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 009797690 FLE		
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-0034				Generator's Site Address (if different than mailing address) New York State Department Of Health - Bites Laboratory Empire State Plaza P.O. Box 509, Room B940 Albany, NY 12201-0509			
6. Transporter 1 Company Name Triumvirate Environmental, Inc.				U.S. EPA ID Number MAC300016872			
7. Transporter 2 Company Name Franks Vacuum Truck Service, Inc.				U.S. EPA ID Number NYD982792814			
8. Designated Facility Name and Site Address AES Environmental, LLC 1589 Shaw-Cel Road Calvert City, KY 42029 Facility's Phone: 724-933-4100				U.S. EPA ID Number NYD985073196			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes	
	X	1. UN1805, Waste Phosphoric acid solution 8, III (RQ, D002)	005 DM	02090	P	D002	T
	X	2. UN1805, Waste Phosphoric acid solution 8, III (RQ, D002)	005 DF	02090	P	D002	T
	X	3. UN1992, Waste Flammable liquids, toxic, n.o.s. 3 (61), E (Acetonitrile, Methylene Chloride) (RQ, D001/F002)	002 DM	00096	P	D001 F002 F003	E
		4.					
14. Special Handling Instructions and Additional Information 1- (5 x 55) MGT-65190 2- (5 x 55) MGT-65180 3- (2 x 55) MGT-57233 735P 4- 2300P 2300P 735P							
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 Georgia Bowerman				Signature G Bowerman		Month Day Year 12/3/17	
TRANSPORTER	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: Calais Zimbeach Signature: Calais Zimbeach Month Day Year: 12/3/17 Transporter 2 Printed/Typed Name: Therese J. Bowerman Signature: Therese J. Bowerman Month Day Year: 12/7/17						
DESIGNATED FACILITY	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. H121		2. H121		3. H141		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: Me Muesel Signature: Me Muesel Month Day Year: 12/9/17							

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD142615263	2. Page 1 of 1	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 006916072 FLE	
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: 518-471-2034				Generator's Site Address (if different than mailing address) New York State Department Of Health - David Axlerod 120 New Scotland Avenue Albany, NY 12208		
6. Transporter 1 Company Name Trinavirate Environmental, Inc.				U.S. EPA ID Number MAC300016672		
7. Transporter 2 Company Name Franks Vacuum Truck Service, Inc.				U.S. EPA ID Number NYD982792814		
8. Designated Facility Name and Site Address AES Environmental, LLC 1689 Shar-Cai Road Calvert City, KY 42029 Facility's Phone: 774-932-4100				U.S. EPA ID Number KYD985073196		
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.
		1. UN1993 Waste Flammable liquids n.o.s. 3, II (200 Lbs. Each) (BQ) D001F003	001 55		05418	
		2.				
		3.				
		4.				
14. Special Handling Instructions and Additional Information 1. 1: 551 HGT-57234 2 3 4 438p						
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 X MICHAEL BOWEN		Signature X Michael Bowen		Month Day Year 2 1 17		
TRANSPORTER INTL	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	Transporter 1 Printed/Typed Name Calais Zumbach		Signature Calais Zumbach		Month Day Year 2 1 17	
	Transporter 2 Printed/Typed Name Thomas Henderson		Signature Thomas Henderson		Month Day Year 2 1 17	
DESIGNATED FACILITY	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. 1141	2.	3.	4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 16a						
	Printed/Typed Name Michael Bowen		Signature Michael Bowen		Month Day Year 2 1 17	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD000831651	2. Page 1 of 1	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 009797689 FLE			
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8034				Generator's Site Address (if different than mailing address) New York State Department Of Health - Biess Laboratory Empire State Plaza P.O. Box 509, Room B940 Albany, NY 12201-0509				
6. Transporter 1 Company Name Triumvirate Environmental, Inc.				U.S. EPA ID Number MAC300016672				
7. Transporter 2 Company Name Frank's Vacuum Truck Service Inc.				U.S. EPA ID Number NYD980536593				
8. Designated Facility Name and Site Address Vedha ES Technical Solutions 1 Eden Lane Flanders, NJ 07836 Facility's Phone: 973-347-1909				U.S. EPA ID Number NJ D980536593				
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	
			No.	Type				
	X	1. UN3077, Waste Environmentally hazardous substances, solid, n.o.s. 9, III (RQ: F027)	001	DF	00001	P	D017 F027 B	
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 1- (9x5) Lab Pack, PLGMV 3P 2- 3- 4-								
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 Georgia Bowerman				Signature X Georgia Bowerman		Month Day Year 12 3 17		
TRANSPORTER	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 Calais Tumbach				Signature [Signature]		Month Day Year 12 3 17	
	Transporter 2 Printed/Typed Name Edward Ubiles				Signature [Signature]		Month Day Year 12 13 17	
DESIGNATED FACILITY	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. 1141		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 Nick Carter				Signature [Signature]		Month Day Year 12 13 17		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD148615263	2. Page 1 of 1	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 006916072 FLE
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 474-8034			Generator's Site Address (if different than mailing address) New York State Department Of Health - David Axlerod 120 New Scotland Avenue Albany, NY 12208		
6. Transporter 1 Company Name Triumvirate Environmental, Inc.			U.S. EPA ID Number MAC300016672		
7. Transporter 2 Company Name Franks Vacuum Truck Service, Inc.			U.S. EPA ID Number NYD982792814		
8. Designated Facility Name and Site Address AES Environmental, LLC 1689 Shar-Cel Road Calvert City, KY 42029 Facility's Phone: 774-933-4100			U.S. EPA ID Number KYD983073106		
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity	12. Unit Wt./Vol.
		1. UN1993 Waste Flammable liquids n.o.s. 3, II (Xylene Ethanol) (80) D001F002	001 DM 05918		P
		2.			
		3.			
		4.			
13. Waste Codes D001 F003 R005					
14. Special Handling Instructions and Additional Information 1. 1 5511667-57234 2 3 4 438p					
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/Officer's Printed/Typed Name MICHAEL BOWEN			Signature [Signature]		Month Day Year 2 1 17
TRANSPORTER	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 Calais Zumbach			Signature [Signature]	
	Transporter 2 Printed/Typed Name Thomas Henderson			Signature [Signature]	
DESIGNATED FACILITY	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. 1141		2.		3.	
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by the manifest except as noted in Item 16a					
Printed/Typed Name [Signature]			Signature [Signature]		Month Day Year 2 1 17

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD000831651	2. Page 1 of 4	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 009795120 FLE		
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8034				Generator's Site Address (if different than mailing address) New York State Department Of Health - Biologics Laboratory Empire State Plaza P.O. Box 509, Room B940 Albany, NY 12201-0509			
6. Transporter 1 Company Name Triumvirate Environmental, Inc.				U.S. EPA ID Number MAC300016672			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address Triumvirate Environmental (NYC), LLC 42-14 19th Avenue Astoria, NY 11105 Facility's Phone: (718) 274-3339				U.S. EPA ID Number NYD077444263			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. UN3265, Waste Corrosive liquid, acidic, organic, n.o.s. 8, II	001	DF	00066	P	D002 U123 B
	X	2. UN3288, Waste Toxic solid, inorganic, n.o.s. 6.1, II (RQ: D011)	001	DF	00006	P	D006 D010 D011 T
	X	3. UN2920, Waste Corrosive liquids, flammable, n.o.s. 8(3), II	001	DF	00024	P	D001 D002 B
	X	4. UN2924, Waste Flammable liquids, corrosive, n.o.s. 3(8), II	001	DM	00033	P	D001 D002 F003 U122 B
14. Special Handling Instructions and Additional Information 1- (1x30) NYC23034 PLC#CC01 85P 2- (1x5) NYC23034 PLC#CC3 8P 3- (1x15) NYC23034, PLC#CC4 34P 4- (1x30) NYC23034 PLC#CC5 42P							
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/Officer's Printed/Typed Name Georgia Bwerman				Signature Gbowerman		Month Day Year 12 3 17	
TRANSPORTER	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 Calais Zumbach Signature Month Day Year 12 3 17 Transporter 2 Printed/Typed Name Signature Month Day Year						
DESIGNATED FACILITY	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) Facility's Phone: _____				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. H141 2. H141 3. H141 4. H141						
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 Ying Zhang Signature Month Day Year 12 6 17							

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number NYD000831651	22. Page 2	23. Manifest Tracking Number 009795126-PLK			
24. Generator's Name New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509							
25. Transporter _____ Company Name				U.S. EPA ID Number			
26. Transporter _____ Company Name				U.S. EPA ID Number			
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes	
X	UN2924, Waste Flammable liquids, corrosive, n.o.s. 3(2), II	001	DM	00005	P	D001 U404	D002 B
X	UN2810, Toxic liquids, organic, n.o.s. 6.1, II	001	DF	00046	P		B
X	UN1680, Waste Potassium cyanide, solid 6.1, I	001	DF	00001	P	D002 P098	B
X	UN2922, Corrosive liquids, toxic, n.o.s. 8(6.1), II	001	DF	00008	P		T
X	UN3144, Waste Nicotine preparations, liquid, n.o.s. 6.1, II	001	DF	00001	P	P075	B
X	UN2811, Waste Toxic solids, organic, n.o.s. 6.1, II	001	DF	00001	P	P127	B
X	UN2811, Waste Toxic solids, organic, n.o.s. 6.1, I (Endrin)	001	DF	00001	P	D012 P051	B
X	UN2025, Waste Mercury compounds, solid, n.o.s. 6.1, II (Chloromethyl Mercury) (RQ: D009)	001	DF	00001	P	D009	R
X	UN3077, Waste Environmentally hazardous substances, solid, n.o.s. 9, III	001	DF	00006	P	U018 U088	U022 U126 B
X	UN2025, Waste Mercury compounds, solid, n.o.s. 6.1, II (RQ: D009)	001	DF	00004	P	D009	R
32. Special Handling Instructions and Additional Information 13- (1x5) NYC23034 PLC#14 8P 14- (1x5) NYC23034 PLC#15 5- (1x5) NYC23034 PLC#CC6 7P 6- (1x30) NYC23034 PLC#CC7 58P 7- (1x5) NYC23034 PLC#CC8 : actual waste weight 100 ... 6P grams3P 8- (1x5) NYC23034 PLC#CC9 10P 9- (1x5) NYC23034 PLC#CC10 : actual waste weight 2 grams3P 10- (1x5) NYC23034 PLC#CC11 : actual waste weight 750mg3P 11- (1x5) NYC23034 PLC#CC12 : actual waste weight 750mg3P 12- (1x5) NYC23034							
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____							
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____							
35. Discrepancy							
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems) H141 H141 H141 H141 H141 H141 H141 H141 H141 H141							

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number NYD0000831651	22. Page 3	23. Manifest Tracking Number 009795120FLB		
24. Generator's Name New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
X	15 UN3098, Waste Oxidizing liquid, corrosive, n.o.s. 5.1(8), II	001	DF	000005	P	D001 D002 D007 B
X	16 UN2811, Waste Toxic solids, organic, n.o.s. 6.1, II	001	DF	000001	P	P050 B
X	17 UN2811, Waste Toxic solids, organic, n.o.s. 6.1, II	001	DF	000001	P	P004 B
X	18 UN2811, Waste Toxic solids, organic, n.o.s. 6.1, II	001	DF	000001	P	P047 B
X	19 UN2922, Waste Corrosive liquids, toxic, n.o.s. 8(6.1), II (RQ: D009)	001	DF	000003	P	D002 D006 D008 D009 D010 R
X	20 UN1479, Waste Oxidizing solid, n.o.s. 5.1, II	001	DF	000002	P	D001 B
X	21 UN1479, Waste Oxidizing solid, n.o.s. 5.1, II	001	DF	000002	P	D001 B
X	22 UN3099, Waste Oxidizing liquid, toxic, n.o.s. 5.1(6.1), II (RQ: D010)	001	DF	000001	P	D001 D008 D011 B
X	23 UN3082, Environmentally hazardous substances, liquid, n.o.s. 9, II	001	DF	000013	P	 B
X	24 UN2920, Waste Corrosive liquids, flammable, n.o.s. 8(3), II	001	DF	000005	P	D001 D002 B
32. Special Handling Instructions and Additional Information 15-(1x5)NYC23034 PLC#CC16 7P 16-(1x5)NYC23034 PLC#CC17 3P 17-(1x5)NYC23034 PLC#CC18 3P 18-(1x5)NYC23034 PLC#CC19 3P 19-(1x5)NYC23034 PLC#CC20 5P 20-(1x5)NYC23034 PLC#CC21 4P 21-(1x5)NYC23034 PLC#CC22 4P 22-(1x5)NYC23034 PLC#CC23 3P 23-(1x5)NYC23034 PLC#CC24 18P 24-(1x5)NYC23034 PLC#CC25 8P						
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year						
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year						
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems) H141 H141 H141 H141 H141 H141 H141 H141 H141 H141						

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number NYD000831651	22. Page 4	23. Manifest Tracking Number 0097951201E		
24. Generator's Name New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509						
25. Transporter 3 Company Name				U.S. EPA ID Number		
26. Transporter 4 Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
X	25 UN2809, Waste Mercury 8(61), III (RQ: D009)	001	DF	00009	P	D009 R
X	26 UN1935, Waste Cyanide solutions, n.o.s. 6.1, II	001	DF	00006	P	D003 B
	27 Non-regulated material	001	DM	00112	P	T
	28 Non-regulated material	001	DM	00134	P	T
X	29 UN3267, Waste Corrosive liquid, basic, organic, n.o.s. 8, II	001	DF	00031	P	D002 T
	30 Non-regulated material	001	DM	00189	P	T
	31 Non-regulated material	001	DM	00244	P	T
	32 Non-regulated material (Used Oil)	001	DM	00421	P	R
32. Special Handling Instructions and Additional Information 25-(1x5)NYC23034 PLC#CC26 3P 26-(1x5)NYC23034 PLC#CC27 8P 27-(1x55)NYC23034 PLC#BNR1 142P 28-(1x55) NYC23034 PLC#BNR2 184P 29-(1x16)NYC23034 PLC#CC02 36P 30-(1x55)NYC23034 PLC#BNR3 209P 31-(1x55)NYC23034 PLC#BNR4 264P 32-(1x55)NYC120730 441P 33- 34-						
33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year						
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year						
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems) H141 H141 H141 H141 H141 H141 H141 H141 H141 H141						

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD00008 31651	2. Page 1 of 2	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 009797688 FLE		
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8534		Generator's Site Address (if different than mailing address) New York State Department of Health - Biometrics Laboratory Empire State Plaza P.O. Box 509, Room B940 Albany, NY 12201-0509					
6. Transporter 1 Company Name Triumvirate Environmental, Inc.		U.S. EPA ID Number MAC300016672					
7. Transporter 2 Company Name Ross Transportation Services, Inc.		U.S. EPA ID Number OHD980614374					
8. Designated Facility Name and Site Address Ross Incineration Services, Inc. 35790 Giles Road Grafton, OH 44044 Facility's Phone: (440) 748-5800		U.S. EPA ID Number OHD048415665					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. UN2810, Waste Toxic liquids, organic, n.o.s. 6.1, II (RQ: D013)	001	DM	00135	P	D002 D013 D022 D032 D039 B
	X	2. UN3290, Waste Toxic solid, corrosive, inorganic, n.o.s. 6.1(8), II	001	DF	00001	P	D003 B
	X	3. UN3285, Waste Flammable liquid, toxic, corrosive, n.o.s. 3(6.1)(8) II	001	DF	00002	P	D001 D002 D003 B
	X	4. UN1744, Waste Bromine solutions 8(6.1), I Poison Inhalation Hazard Zone A DOT SP 9108	001	CF	00002	P	D002 B
14. Special Handling Instructions and Additional Information 1- (1X55)74429-05 PLC#R1 15BP 2- (1X5)74429-05 PLC#R2 3P 3- (1X5)74429-05 PLC#R3 4P 4- (1X5)74429-13 PLC#R4 4P							
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/Officer's Printed/Typed Name George A Bowerman		Signature [Signature]		Month Day Year 12 3 17			
TRANSPORTER	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 Calous Umbach Transporter 2 Printed/Typed Name Ronald C Baker		Signature [Signature] [Signature]		Month Day Year 12 3 17 12 17 17		
DESIGNATED FACILITY	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) Facility's Phone:		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. H040 2. H040 3. H040 4. H040						
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 Heather Baker Signature [Signature] Month Day Year 12 17 17							

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number NYD000831051	22. Page 2	23. Manifest Tracking Number Q09797688 HLE		
24. Generator's Name New York State Department of Health P.O. Box 500 Empire State Plaza Albany, NY 12261-0500						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit V/t/Vol.	31. Waste Codes
X	UN1538, Waste Inorganic acids, n.o.s. 8.1, I Poison Inhalation Hazard Zone B DOT SP 018	001	CF	00001	P	D001 B
X	UN3382, Toxic by inhalation liquid, n.o.s. 6.1, I (N-Nitrosodimethylamine) Poison Inhalation Hazard Zone B	001	DF	00001	P	B
X	UN1760, Waste Corrosive liquids, n.o.s. 8, II	001	DF	00003	P	D002 B
X	UN3384, Waste Toxic by inhalation liquid, flammable, n.o.s. 6.1, I (N,N-Dimethylethylamine)	001	DF	00001	P	D001 B
X	UN1409, Waste Metal hydrides, water reactive, n.o.s. 4.3, II	001	DF	00006	P	D001 D003 B
X	UN3134, Waste Water-reactive solid, toxic, n.o.s. 4.3 (6.1), II	001	DF	00001	P	D001 D003 P030 B
X	UN1362, Waste Carbon, activated 4.2, III	001	DF	00001	P	D001 D003 B
X	UN1993, Waste Flammable liquids, n.o.s. 3, II (Methanol/Butanol) (RQ-D000)	001	DF	00201	P	D001 D018 F003 F005 B
X	UN1992, Waste Flammable liquids, toxic, n.o.s. 3 (6.1), II (Methanol/Methylene Chloride) (RQ-D000)	003	DF	00645	P	D001 D018 D019 D022 F003 B
32. Special Handling Instructions and Additional Information 2241B 5 - (1 x X-00X) 74429-13 PLC#R06 3P 6 - (1 x 5) 74429-13 PLC#R06 3P 7 - (1 x 5) 74429-14 PLC#R07 5P 8 - (1 x 5) 74429-13 PLC#R06 3P 9 - (1 x 5) 74429-05 PLC#R09 3P 10 - (1 x 5) 74429-06 PLC#R10 : actual waste weight 10 grams 3P 11 - (1 x 5) 74429-14 PLC#R11 3P 12 - (1 x 55) 26513 221P 13 - (3 x 55) 26512 675P 14 -						
33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year						
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year						
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems) 41040 41040 41040 41040 41040 41040						

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD000831651		2. Page 1 of 1		3. Emergency Response Phone (800) 966-9282		4. Manifest Tracking Number 009797689 FLE		
		5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8034		Generator's Site Address (if different than mailing address) New York State Department of Health - Biologics Laboratory Empire State Plaza P.O. Box 509, Room B940 Albany, NY 12201-0509						
6. Transporter 1 Company Name Triunvirate Environmental, Inc.		U.S. EPA ID Number MAC300016672								
7. Transporter 2 Company Name Frank's Vacuum Truck Service Inc.		U.S. EPA ID Number NYD982770814								
8. Designated Facility Name and Site Address Veolia ES Technical Solutions 1 Eden Lane Flanders, NJ 07836 Facility's Phone: 973-347-1909		U.S. EPA ID Number NJD980536593								
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
						No.	Type			
	X	1. UN3077, Waste Environmentally hazardous substances, solid, n.o.s. 9, III (RQ F027)				001	DF	00001	P	D017 F027
		2.								
		3.								
	4.									
14. Special Handling Instructions and Additional Information 1- (1x5) Lqd Pack PLCAVI 3P 2- 3- 4-										
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 Georgia Boverman										
Signature G Boverman										
Month Day Year 12 3 17										
INT'L	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): _____									
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name Calais Lunkach					Signature [Signature]				
Month Day Year 12 3 17										
Transporter 2 Printed/Typed Name Edward Ubbles					Signature [Signature]					
Month Day Year 12 13 17										
DESIGNATED FACILITY	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 12 13 17										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. 1141		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 Nick C. Miller					Signature [Signature]					
Month Day Year 12 13 17										

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD000831651	2. Page 1 of 1	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 009797690 FLE		
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8034			Generator's Site Address (if different than mailing address) New York State Department of Health - Biox Laboratory Empire State Plaza, P.O. Box 509, Room B940 Albany, NY 12201-0509				
6. Transporter 1 Company Name Triumvirate Environmental, Inc.			U.S. EPA ID Number MAC300018672				
7. Transporter 2 Company Name Franks Vacuum Truck Service, Inc.			U.S. EPA ID Number NYD982792814				
8. Designated Facility Name and Site Address AES Environmental, LLC 1689 Shar-Cel Road Calvert City, KY 42029 Facility's Phone: 724-933-4100			U.S. EPA ID Number KYD985073196				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1 UN1805, Waste Phosphoric acid solution 8, III (RQ: D002)	005	DM	02090	P	D002 T
	X	2 UN1805, Waste Phosphoric acid solution 8, III (RQ: D002)	005	DF	02090	P	D002 T
	X	3 UN1992, Waste Flammable liquids toxic, n.o.s. 3(6.1), II (Acetonitrile Methylene Chloride) (RQ: D001/F002)	002	DM	00096	P	D001 F002 F003 B
		4.					
14. Special Handling Instructions and Additional Information 1- (5 x 55) MGT-65190 2- (5 x 55) MGT-65180 3- (2 x 55) MGT-57233 735P 4- 7300P 7300P 735P							
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 George Bowerman				Signature G Bowerman		Month Day Year 2 3 17	
TRANSPORTER	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 Calais Zimbach				Signature Calais Zimbach		Month Day Year 2 3 17
Transporter 2 Printed/Typed Name Triumvirate Environmental				Signature Triumvirate Environmental		Month Day Year 2 3 17	
DESIGNATED FACILITY	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. H121		2. H121		3. H141		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 M. M...				Signature M. M...		Month Day Year 2 09 17	

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD148615263	2. Page 1 of 1	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 010426816 FLE		
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 (518) 473-8034			Generator's Site Address (if different than mailing address) 120 New Scotland Avenue Albany, NY 12208				
6. Transporter 1 Company Name Triumvirate Environmental, Inc.			U.S. EPA ID Number MAC300016672				
7. Transporter 2 Company Name Franks Vacuum Truck Service, Inc.			U.S. EPA ID Number NYD982792814				
8. Designated Facility Name and Site Address AES Environmental, LLC 1689 Sher-Cel Road Calvert City, KY 42029 724-933-4100			U.S. EPA ID Number KYD985073196				
Facility's Phone:							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
X	1. UN1993, Waste Flammable liquids, n.o.s. 3, II (Xylene, Ethanol) (RQ: D001, F003)	001	DM	00413	P	D001	F003 F005
X	2. NA1993, Combustible liquids, n.o.s. III (Ethanol, Water)	001	DF	00273	P		B
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1- (1 x 65) MGT-57234 2- (1 x 30) MGT-60829 423p 293P							
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/Officer's Printed/Typed Name X William BATESH		Signature X William Batesh			Month Day Year 5 1 17		
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 Calais Lumbach		Signature Calais Lumbach			Month Day Year 5 1 17		
Transporter 2 Printed/Typed Name Thomas Henderson		Signature Thomas Henderson			Month Day Year 5 1 17		
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. H141		2. H141		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 ME MINSER		Signature ME MINSER			Month Day Year 5 1 17		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD000831651	2. Page 1 of 4	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 010426857 FLE		
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8024				Generator's Site Address (if different than mailing address) New York State Department Of Health - Buzzi Laborato Empire State Plaza P o Box 509, Room B940 Albany, NY 12201-0509			
6. Transporter 1 Company Name Triumvirate Environmental, Inc.				U.S. EPA ID Number MAC300016872			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address Triumvirate Environmental (NYC), LLC 42-14 19th Avenue Astoria, NY 11105 Facility's Phone: (718) 274-3339				U.S. EPA ID Number NYD07744203			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. UN3264, Waste Corrosive liquid, acidic, inorganic, n.o.s. 8, II (RQ: D002)	001	DF	00199	P	D002 I
	X	2. UN2810, Waste Toxic liquids, organic, n.o.s. 6.1, II	001	DF	00008	P	D008 D016 U060 U070 U079 B
	X	3. UN3286, Waste Flammable liquid, toxic corrosive, n.o.s. 3(6.1)(8) II	001	DM	00001	P	D001 D002 B
	X	4. UN3266, Waste Corrosive liquid, basic, inorganic, n.o.s. 8, II	001	DF	00001	P	D002 T
14. Special Handling Instructions and Additional Information 1 - (1X55) NYC23034 PLC#T1 219P 2 - (1X55) NYC23034 PLC#T2 10P 3 - (1X55) NYC23034 PLC#T3 3P 4 - (1X55) NYC23034 PLC#T4 3P							
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 Georgia Bowerman				Signature G Bowerman		Month Day Year 15 2 17	
TRANSPORTER	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 Signature Month Day Year Calais Zumbach 15 2 17 Transporter 2 Printed/Typed Name Signature Month Day Year						
DESIGNATED FACILITY	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. H141 2. H141 3. H141 4. H141						
	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 Ying Zhang 15 5 17						
	DESIGNATED FACILITY TO GENERATOR						

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number NYD000831651	22. Page 2	23. Manifest Tracking Number 010426857 FLE	
24. Generator's Name New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509					
25. Transporter 3 Company Name				U.S. EPA ID Number	
26. Transporter 4 Company Name				U.S. EPA ID Number	
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.
					31. Waste Codes
X	5 UN2922, Waste Corrosive liquids, toxic, n.o.s. 8(6.1), II	001	DF	000001 P	D002 T
X	6 UN1325, Waste Flammable solids, organic, n.o.s. 4.1, II	001	DF	000001 P	D001 B
X	7 UN1791, Waste Hypochlorite solutions 8, II	001	DF	000001 P	D002 T
X	8 UN2923, Corrosive solids, toxic, n.o.s. 8(6.1), II	001	DF	000001 P	B
X	9 UN3077, Waste Environmentally hazardous substances, solid, n.o.s. 9, III	001	DF	000001 P	D020 U036 U111 U200 B
X	10 UN2928, Toxic solids, corrosive, organic, n.o.s. 6.1(8), II	001	DF	000001 P	T
X	11 UN3077, Environmentally hazardous substances, solid, n.o.s. 9, III	001	DF	000002 P	B
X	12 UN3495, Iodine 8(6.1), III	001	DF	000001 P	T
X	13 UN2810, Toxic liquids, organic, n.o.s. 6.1, II	001	DF	000008 P	B
X	14 UN2811, Waste Toxic solids, organic, n.o.s. 6.1, II	001	DF	000001 P	D012 P020 P051 P066 P070 B
32. Special Handling Instructions and Additional Information 5 - (1 x 5) NYC23034 PLC#T5 3P 6 - (1 x 5) NYC23034 PLC#T6 3P 7 - (1 x 5) NYC23034 PLC#T7 3P 8 - (1 x 5) NYC23034 PLC#T8 3P 9 - (1 x 5) NYC23034 PLC#T9 3P 10 - (1 x 5) NYC23034 PLC#T10 3P 11 - (1 x 5) NYC23034 PLC#T11 4P 12 - (1 x 5) NYC23034 PLC#T12 3P 13 - (1 x 15) NYC23034 PLC#T13 16P 14 - (1 x 5) NYC23034 PLC#T14 : actual waste weight 2 grams 3P					
33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year					
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year					
35. Discrepancy					
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems)					
H141 H141 H141 H141 H141					
H141 H141 H141 H141 H141					

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number NYD000831651	22. Page 3	23. Manifest Tracking Number 010426857 ELE		
24. Generator's Name New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509						
25. Transporter 3 Company Name				U.S. EPA ID Number		
26. Transporter 4 Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
X	15 UN2757, Waste Carbamate pesticides, solid, toxic 6.1, II	001	DF	000001	P	P203 B
X	16 UN2811, Waste Toxic solids, organic, n.o.s. 6.1, I (Lindane)	001	DF	000001	P	D013 U129 B
X	17 UN3432, Polychlorinated biphenyls, solid 9, III	001	DF	000001	K	B007 T
X	18 UN2810, Toxic liquids, organic, n.o.s. 6.1, I (Ethidium Bromide)	001	DF	000001	P	B
X	19 UN3093, Waste Corrosive liquids, oxidizing, n.o.s. 8(5.1), II	001	DF	000002	P	D001 D002 B
X	20 UN3093, Waste Corrosive liquids, oxidizing, n.o.s. 8(5.1), II	001	DF	000003	P	D002 B
X	21 UN3287, Waste Toxic liquid, inorganic, n.o.s. 6.1, II	001	DF	000001	P	D007 T
X	22 UN2922, Waste Corrosive liquids, toxic, n.o.s. 8(6.1), II (RQ: D004, D011)	001	DF	000036	P	D002 D004 D005 D006 D007 T
X	23 UN2922, Waste Corrosive liquids, toxic, n.o.s. 8(6.1), II (RQ: D009)	001	DF	000003	P	D002 D009 R
X	24 UN1849, Waste Sodium sulfide, hydrated 8, II	001	DF	000001	P	D003 B
32. Special Handling Instructions and Additional Information 15 - (1 x 5) NYC23034 PLC#T15 : actual waste weight 300mg3P 16 - (1 x 5) NYC23034 PLC#T16 3P 17 - (1 x 5) NYC23034 PLC#T17 (Out Of Service Date- 5/2/2017) 2K 18 - (1 x 5) NYC23034 PLC#T18 3P 19 - (1 x 5) NYC23034 PLC#T19 4P 20 - (1 x 5) NYC23034 PLC#T20 5P 21 - (1 x 5) NYC23034 PLC#T21 3P 22 - (1 x 16) NYC23034 PLC#T22 45P 23 - (1 x 5) NYC23034 PLC#T23 5P 24 - (1 x 5) NYC23034 PLC#T24 3P						
TRANSPORTER	33. Transporter Acknowledgment of Receipt of Materials					
	Printed/Typed Name	Signature	Month	Day	Year	
TRANSPORTER	34. Transporter Acknowledgment of Receipt of Materials					
	Printed/Typed Name	Signature	Month	Day	Year	
DESIGNATED FACILITY	35. Discrepancy					
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems)					
	H1411 H1411 H1411 H1411 H1411					
	H1411 H1411 H1411 H1411 H1411					

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number NYD000831651	22. Page 4	23. Manifest Tracking Number 010426857 HLE		
24. Generator's Name New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12261-0509						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
X	UN2920, Waste Corrosive liquids, flammable, n.o.s. 8(3), II	001	DF	00010	P	D001 D002 U123 B
X	UN1444, Waste Ammonium persulfate 5.1, III	001	DF	00001	P	D001 B
X	UN3265, Waste Corrosive liquid, acidic, organic, n.o.s. 8, II	001	DF	00006	P	D002 B
X	UN3264, Waste Corrosive liquid, acidic, inorganic, n.o.s. 8, II	001	DF	00115	P	D002 T
X	UN2922, Waste Corrosive liquids, toxic, n.o.s. 8(6.1), II	001	DF	00001	P	D002 B
X	UN2922, Waste Corrosive liquids, toxic, n.o.s. 8(6.1), II	001	DF	00022	P	D002 D003 B
	31 Non-Regulated Material	002	DM	00439	P	 T
X	UN2922, Waste Corrosive liquids, toxic, n.o.s. 8(6.1), II (RQ: D009)	001	DF	00003	P	D009 U151 R
X	UN1950, Waste Aerosols, 2.1	001	DF	00002	P	D001 B
32. Special Handling Instructions and Additional Information 25 - (1 x 5) NYC23034 PLC#T25 12P 26 - (1 x 5) NYC23034 PLC#T26 3P 27 - (1 x 5) NYC23034 PLC#T27 8P 28 - (1 x 30) NYC23034 PLC#T28 135P 29 - (1 x 5) NYC23034 PLC#T29 3P 30 - (1 x 16) NYC23034 PLC#T30 32P 31 - (2 x 55) NYC23034 PLC#TNR1, TNR2 539P 32 - (1 x 5) NYC23034 PLC#T31 5P 33 - (1 x 5) NYC23034 PLC#T32 4P 34 -						
TRANSPORTER	33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name		Signature		Month	Day Year
	34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name		Signature		Month	Day Year
DESIGNATED FACILITY	35. Discrepancy					
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems) H141 H141 H141 H141 H141					

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD000831651	2. Page 1 of 2	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 010426858 FLE		
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8034				Generator's Site Address (if different than mailing address) New York State Department of Health - Bizzis Laboratory Empire State Plaza P.O. Box 509, Room B940 Albany, NY 12201-0509			
6. Transporter 1 Company Name Triumvirate Environmental, Inc.				U.S. EPA ID Number MAC300016672			
7. Transporter 2 Company Name Ross Transportation Services, Inc.				U.S. EPA ID Number OHD980614374			
8. Designated Facility Name and Site Address Ross Incineration Services, Inc. 36790 Giles Road Grafton, OH 44044 Facility's Phone: (440) 748-5800				U.S. EPA ID Number OHD048415665			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. UN3254, Waste Tributylphosphane 4.2, I	001	DF	00001	P	D001 D003 E
	X	2. UN2928, Waste Toxic solids, corrosive, organic, n.o.s. 6.1(8), II	001	DF	00001	P	D003 B
	X	3. UN1760, Waste Corrosive liquids, n.o.s. 8, II	001	DF	00001	P	D002 B
	X	4. UN2646, Waste Hexachlorocyclopentadiene 6.1, I Poison Inhalation Hazard Zone B	001	DF	00001	P	U130 B
14. Special Handling Instructions and Additional Information 1 - (1x5) 74429-04 PLC#TR1 6P 2 - (1x5) 74429-14 PLC#TR2 6P 3 - (1x5) 74429-14 PLC#TR3 6P 4 - (1x5) 74429-13 PLC#TR4 6P							
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 Georgia Bowerman				Signature G. Bowerman		Month Day Year 15/12/17	
TRANSPORTER	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						
DESIGNATED FACILITY	Transporter 1 Printed/Typed Name Claus Zumbach				Signature Claus Zumbach		Month Day Year 15/12/17
	Transporter 2 Printed/Typed Name Rick Gregg				Signature Rick Gregg		Month Day Year 05/03/17
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. H040		2. H040		3. H040		4. H040	
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 Heather Baker				Signature Heather Baker		Month Day Year 15/09/17	

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD000831651		2. Page 1 of 1	3. Emergency Response Phone (800) 966-9282		4. Manifest Tracking Number 010426860 FLE			
		5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8034		Generator's Site Address (if different than mailing address) New York State Department Of Health - Bizes Laborato Empire State Plaza P.O. Box 509, Room B940 Albany, NY 12201-0509						
6. Transporter 1 Company Name Triumvirate Environmental, Inc.		U.S. EPA ID Number MAC300016672								
7. Transporter 2 Company Name Franks Vacuum Truck Service, Inc.		U.S. EPA ID Number NYD982792814								
8. Designated Facility Name and Site Address AES Environmental, LLC 1689 Star-Cal Road Calvert City, KY 42029 Facility's Phone: 724-932-4100		U.S. EPA ID Number KYD985073196								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes	
	X	1. UN1993 Waste Flammable liquids n.o.s. 3, II (Acetonitrile, Methanol) (EQ: D001 F003)			002 DM		00824	P	D001	F003
	X	2. UN1801 Waste Phosphoric acid solution 8, III			002 DF		00064	P	D002	
		3.								
		4.								
14. Special Handling Instructions and Additional Information 1- (2 x 55) MGT-57235 854P 2- (2 x 16) MGT-66886 74P 3- 4-										
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/Officer's Printed/Typed Name Georgia Bowerman										
Signature G Bowerman										
Month Day Year 5 2 17										
INT'L	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	Transporter 1 Printed/Typed Name Calais Zumbach									
	Signature Calais Zumbach									
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name Thomas Henderson									
	Signature Thomas Henderson									
Month Day Year 5 9 17										
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. H41 2. H121 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 KE MUMFORD										
Signature KE MUMFORD										
Month Day Year 5 11 17										

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD982184665	2. Page 1 of 1	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 010432583 FLE	
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 485-6789			Generator's Site Address (if different than mailing address) New York State Department of Health - Griffin Laboratory 5668 State Farm Road Slingerlands, NY 12159			
6. Transporter 1 Company Name Triunvirate Environmental, Inc.			U.S. EPA ID Number MAC300016672			
7. Transporter 2 Company Name Franks Vacuum Truck Service, Inc.			U.S. EPA ID Number NYD982792814			
8. Designated Facility Name and Site Address AES Environmental, LLC 1689 Shar-Cal Road Calvert City, KY 42029 Facility's Phone: 724-933-4100			U.S. EPA ID Number KYD985073196			
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.
			No.	Type		
	X	1. UN1993 Waste Flammable liquids n.o.s. 3, II (Acetone Formalin) (RQ: D001F003)	0-01	DM	00305	P
		2.				
		3.				
		4.				
13. Waste Codes D001 F003						
14. Special Handling Instructions and Additional Information 1- (1 X 55) MGT-57232 325P 2- 3- 4-						
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/Officer's Printed/Typed Name X Corey J Bennett		Signature [Signature]		Month Day Year 7 18 17		
TRANSPORTER INT'L	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 Calais Zumbach		Signature [Signature]		Month Day Year 7 18 17	
	Transporter 2 Printed/Typed Name Michael D Meelin Jr.		Signature [Signature]		Month Day Year 7 25 17	
DESIGNATED FACILITY	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. H91		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]		Signature [Signature]		Month Day Year 7 27 17		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD148615263	2. Page 1 of 1	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 010432584 FLE			
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8034				Generator's Site Address (if different than mailing address) New York State Department Of Health - David Axlerod 130 New Scotland Avenue Albany, NY 12208				
6. Transporter 1 Company Name Triumvirate Environmental, Inc.				U.S. EPA ID Number MAC300016672				
7. Transporter 2 Company Name Franks Vacuum Truck Service, Inc.				U.S. EPA ID Number NYD982792814				
8. Designated Facility Name and Site Address AES Environmental, LLC 1689 Shar-Cal Road Calvert City, KY 42029 Facility's Phone: 724-933-4100				U.S. EPA ID Number KYD985073196				
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	
			No.	Type				
	X	UN1992, Waste Flammable liquids, n.o.s. 3, II (Xylene, Ethanol) (EQ D001F003)	0101	DM-00333	P			D001 F003 F005
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 1- (1 x 65) MGT-S7234 355P 2- 3- 4-								
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 William Battest				Signature William Battest		Month Day Year 7 18 17		
TRANSPORTER	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 Alais Zimbach				Signature Alais Zimbach		Month Day Year 7 18 17	
	Transporter 2 Printed/Typed Name Michael D Merlin Jr.				Signature Michael D Merlin Jr.		Month Day Year 7 25 17	
DESIGNATED FACILITY	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. H41		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 The Munsey				Signature The Munsey		Month Day Year 7 27 17		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD000831651	2. Page 1 of 3	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 010967412 FLE		
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8034				Generator's Site Address (if different than mailing address) New York State Department Of Health - Bizzig Laboratory Empire State Plaza P.O. Box 509, Room B940 Albany, NY 12201-0509			
6. Transporter 1 Company Name Triumvirate Environmental, Inc.				U.S. EPA ID Number MAC300016672			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address Triumvirate Environmental (NYC), LLC 42-14 19th Avenue Astoria, NY 11105 Facility's Phone: (718) 274-3339				U.S. EPA ID Number NYD077444263			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. UN2920, Waste Corrosive liquids, flammable, n.o.s. 8(3), II	001	DF	00001	P	D001 D002 B
	X	2. UN2031, Waste Nitric acid 8(5.1), II	001	DF	00010	P	D001 D002 B
	X	3. UN3098, Waste Oxidizing liquid, corrosive, n.o.s. 5.1(8), II	001	DF	00002	P	D001 D002 D007 B
	X	4. UN3099, Waste Oxidizing liquid, toxic, n.o.s. 5.1(6.1), II	001	DF	00001	P	D001 D007 B
14. Special Handling Instructions and Additional Information 1- (1x5) NYC23034 PLC#CE1 4P 2- (1x16) NYC23034 PLC#CE2 14P 3- (1x5) NYC23034 PLC#CE3 6P 4- (1x5) NYC23034 PLC#CE4 4P							
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 X Georgia Bowerman				Signature X Georgia Bowerman		Month Day Year 17 19 17	
TRANSPORTER	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: Edwin Tirado Signature: Month Day Year: 17 19 17 Transporter 2 Printed/Typed Name: Signature: Month Day Year:						
DESIGNATED FACILITY	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. H141		2. H141		3. H141		4. H141	
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: Ying Zhang Signature: Month Day Year: 17 12 17							

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number NYD0000831651	22. Page 2	23. Manifest Tracking Number 010967412FLR		
24. Generator's Name New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509						
25. Transporter <u>3</u> Company Name				U.S. EPA ID Number		
26. Transporter <u>4</u> Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
X	UN1479, Waste Oxidizing solid, n.o.s. 5.1, II	001	DF	00002	P	D001 B
X	UN1779, Waste Formic acid 8(3), II	001	DF	00007	P	D001 D002 U123 B
X	UN2922, Waste Corrosive liquids, toxic, n.o.s. 8(6.1), II	001	DF	00001	P	D002 D009 R
X	UN2809, Waste Mercury 8(6.1), III	001	DF	00001	P	D009 U151 R
X	UN3287, Toxic liquid, inorganic, n.o.s. 6.1, II	001	DF	00003	P	B
X	UN3506, Mercury contained in manufactured articles 8(6.1)	001	DF	00018	P	R
X	UN1824, Waste Sodium hydroxide solution 8, II	001	DF	00001	P	D002 T
X	UN3082, Environmentally hazardous substances, liquid, n.o.s. 9, II	001	DF	00001	P	B
X	UN2810, Waste Toxic liquids, organic, n.o.s. 6.1, II	001	DF	00006	P	D022 U044 U188 B
X	UN2810, Toxic liquids, organic, n.o.s. 6.1, II	001	DF	00016	P	B
32. Special Handling Instructions and Additional Information 5-(1x5)NYC23034 PLC#CE5 6P 6-(1x5)NYC23034 PLC#CE6 11P 7-(1x5)NYC23034 PLC#CE7 4P 8-(1x5)NYC23034 PLC#CE8 2P 9-(1x5)NYC23034 PLC#CE9 7P 10-(1x30)NYC23034 PLC#CE10 33P 11-(1x5)NYC23034 PLC#CE11 4P 12-(1x5)NYC23034 PLC#CE12 4P 13-(1x5)NYC23034 PLC#CE13 10P 14-(1x15)NYC23034 PLC#CE14 32P						
TRANSPORTER	33. Transporter <u>2</u> Acknowledgment of Receipt of Materials					
	Printed/Typed Name		Signature		Month	Day Year
TRANSPORTER	34. Transporter <u>2</u> Acknowledgment of Receipt of Materials					
	Printed/Typed Name		Signature		Month	Day Year
DESIGNATED FACILITY	35. Discrepancy					
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems)					
H141 H141 H141 H141 H141						
H141 H141 H141 H141 H141						

EPA Form 8700-22A (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR

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 NYD000831651	2. Page 1 of 2	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 010967599 FLE																									
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8034			Generator's Site Address (if different than mailing address) New York State Department Of Health - Bixas Laborate Empire State Plaza P.O. Box 509, Room B940 Albany, NY 12201-0509																											
6. Transporter 1 Company Name Triumvirate Environmental, Inc.			RECEIVED NOV 10 2017 WADSWORTH CENTER SAFETY & SECURITY OFFICE		J.S. EPA ID Number MAC300016672																									
7. Transporter 2 Company Name Ross Transportation Services					U.S. EPA ID Number OHD980614274																									
8. Designated Facility Name and Site Address Ross Incineration Services, Inc. 36750 Giles Road Crafter, OH 44044 Facility's Phone: (440) 748-5800			U.S. EPA ID Number OHD048415665																											
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.																								
	X	1. UN1426, Waste Sodium borohydride 4.3, I	001	DF	00003	P																								
	X	2. UN3382, Waste Toxic by inhalation liquid, n.o.s. 6.1, I (N-Nitrosodimethylamine) Poison Inhalation Hazard Zone B	001	DF	00001	P																								
	X	3. UN2640, Waste Hexachlorocyclopentadiene 6.1, I Poison Inhalation Hazard Zone B	001	DF	00001	P																								
	X	4. UN1993, Waste Flammable liquids, n.o.s. 3, II	001	DF	00007	P																								
13. Waste Codes <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D001</td> <td>D003</td> <td></td> </tr> <tr> <td></td> <td></td> <td>E</td> </tr> <tr> <td>P082</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>E</td> </tr> <tr> <td>U130</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>E</td> </tr> <tr> <td>D001</td> <td>F003</td> <td></td> </tr> <tr> <td></td> <td></td> <td>E</td> </tr> </table>							D001	D003				E	P082					E	U130					E	D001	F003				E
D001	D003																													
		E																												
P082																														
		E																												
U130																														
		E																												
D001	F003																													
		E																												
14. Special Handling Instructions and Additional Information 1- (1 X 5) 74429-05 PLQ#R1 5P 2- (1 X 5) 74429-13 PLQ#R2 Actual waste weight 250mg3P 3- (1 X 5) 74429-13 PLQ#R3 3P 4- (1 X 5) 74429-14 PLQ#R4 5P																														
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 X Georgia Bowlerman			Signature X Georgia Bowlerman		Month Day Year 10 12 17																									
TRANSPORTER INT'L	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	Transporter 1 Printed/Typed Name X Morgan Mac Donald			Signature X Morgan Mac Donald		Month Day Year 10 12 17																								
	Transporter 2 Printed/Typed Name X Jerry White			Signature X Jerry White		Month Day Year 10 12 17																								
DESIGNATED FACILITY	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. H040		2. H040		3. H040		4. H040																								
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 X Amber Phillips			Signature X Amber Phillips		Month Day Year 10 12 17																									

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number	22. Page	23. Manifest Tracking Number		
		NYD0000831051	2	010907599 RLE		
24. Generator's Name New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509						
25. Transporter <u>7</u> Company Name				U.S. EPA ID Number		
26. Transporter <u>4</u> Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
X	5 UN1760, Waste Corrosive liquids, n.o.s. 8, II	001	DF	000003	P	D002 B
X	6 UN3265, Waste Corrosive liquid, acidic, organic, n.o.s. 8, II	001	DF	000002	P	D002 B
X	7 UN1992, Waste Flammable liquids, toxic, n.o.s. 3(6.1), II (Methanol Methylene Chloride) (80:20:0)	002	DF	00406	P	D001 D018 D019 D022 F003 B
X	8 UN2922, Waste Corrosive liquids, toxic, n.o.s. 8(6.1), II	001	DF	000001	P	D002 D003 B
X	9 UN2923, Waste Corrosive solids, toxic, n.o.s. 8(6.1), II	001	DF	000025	P	D003 B
32. Special Handling Instructions and Additional Information 8-(1x5)74429-14 PLC#105 5P 8-(1x5)74429-08 4P 7-(2x55)28512 455P 8-(1x5)74429-05 PLC#17 5P 8-(1x16)74429-06 PLC#18 35P 10- 11- 12- 13- 14-						
33. Transporter's Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year						
34. Transporter's Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year						
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems) H040 H040 H040 H040 H040						

FRIP: Triunvirate Environmental

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 NYD000831651	2. Page 1 of 4	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 010367603 FLE			
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509				Generator's Site Address (if different than mailing address) New York State Department of Health - Bixas Laborato Empire State Plaza P.O. Box 509, Room B940 Albany, NY 12201-0509				
6. Transporter 1 Company Name Triunvirate Environmental, Inc.				U.S. EPA ID Number MAC200016672				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address Triunvirate Environmental (NYC), LLC 42-14 19th Avenue Astoria, NY 11105				U.S. EPA ID Number NYD077444263				
Facility's Phone: (718) 274-3339								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		1 Non-regulated material	001	DM	00204	P		
	X	2 UN2810, Waste Toxic liquids, organic, n.o.s. 6.1, II	001	DF	00120	P	D007 D008 D012 D013 D014 B	
	X	3 UN3099, Waste Oxidizing liquid, toxic, n.o.s. 5.1(6.1), II	001	DF	00007	P	D001 D007 D008 D011 B	
	X	4 UN3286, Waste Flammable liquid, toxic, corrosive, n.o.s. 3(6.1)(8) II	001	DM	00001	P	D001 D002 B	
		14. Special Handling Instructions and Additional Information 1- (1X55) NYC23034 PLC#NF 234P 2- (1X55) NYC23034 PLC#TI 140F 3- (1X5) NYC23034 PLC#T2 16P 4- (1X5) NYC23034 PLC#F3 5P						
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 X Georgia Bowerman		Signature <i>Georgia Bowerman</i>		Month 10		Day 12		
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	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Morgan MacDonald		Signature <i>Morgan Mac Donald</i>		Month 10		Day 12	
	Transporter 2 Printed/Typed Name		Signature		Month		Day	
DESIGNATED FACILITY	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. H1111		2. H1111		3. H1111		4. H1111		
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 Gino Castro		Signature <i>Gino Castro</i>		Month 10		Day 16		

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number NYD000831651	22. Page 2	23. Manifest Tracking Number 010967603 ELE		
24. Generator's Name New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509						
25. Transporter <u>3</u> Company Name				U.S. EPA ID Number		
26. Transporter <u>4</u> Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
X	5 UN1286, Waste Triethylamine 3(6), II	001	DM	00001	P	D001 D002 U404 B
X	6 UN1687, Waste Sodium azide 6.1, II	001	DF	00002	P	P105 B
X	7 UN3495, Iodine 8(6.1), III	001	DF	00001	P	T
X	8 UN2809, Waste Mercury 8(6.1), III	001	DF	00001	P	D009 R
X	9 UN2922, Waste Corrosive liquids, toxic, n.o.s. 8(6.1), II	001	DF	00001	P	D002 D009 R
X	10 UN2810, Waste Toxic liquids, organic, n.o.s. 6.1, II	001	DF	00003	P	D008 U007 U012 U141 U144 B
X	11 UN3287, Toxic liquid, inorganic, n.o.s. 6.1, II	001	DF	00001	P	B
X	12 UN3287, Waste Toxic liquid, inorganic, n.o.s. 6.1, II	001	DF	00001	P	D006 D007 T
X	13 UN3082, Environmentally hazardous substances, liquid, n.o.s. 9, II	001	DF	00015	P	B
X	14 UN2810, Toxic liquids, organic, n.o.s. 6.1, II	001	DF	00025	P	B
32. Special Handling Instructions and Additional Information 5-(1x5)NYC23034 PLC#7A 7P 6-(1x5)NYC23034 PLC#7B : ACTUAL WASTE WEIGHT - 25 GRAMS 7P 7-(1x5)NYC23034 PLC#7C 7P 8-(1x5)NYC23034 PLC#7D 7P 9-(1x5)NYC23034 PLC#7E 7P 10-(1x5)NYC23034 PLC#7F 10P 11-(1x5) NYC23034 PLC#7G 6P 12-(1x5)NYC23034 PLC#7H 7P 13-(1x5)NYC23034 PLC#7I 25P 14-(1x5)NYC23034 PLC#7J						
33. Transporter <u>3</u> Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
34. Transporter <u>4</u> Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems) H141 H141 H141 H141 H141 H141 H141 H141 H141 H141						

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number NYD000831651	22. Page 3	23. Manifest Tracking Number 010967603 ME			
24. Generator's Name New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509							
25. Transporter <u>3</u> Company Name				U.S. EPA ID Number			
26. Transporter <u>4</u> Company Name				U.S. EPA ID Number			
GENERATOR	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
	X	15 UN3264, Waste Corrosive liquid, acidic, inorganic, n.o.s. 8, II	001	DF	00001	P	D002 T
	X	16 UN3264, Waste Corrosive liquid, acidic, inorganic, n.o.s. 8, II	001	DF	00130	P	D002 T
	X	17 UN3266, Waste Corrosive liquid, basic, inorganic, n.o.s. 8, II	001	DF	00045	P	D002 T
	X	18 UN2922, Waste Corrosive liquids, toxic, n.o.s. 8(6.1), II	001	DF	00001	P	D002 B
	X	19 UN2031, Waste Nitric acid 8(5.1), II	001	DF	00003	P	D001 D002 B
	X	20 UN1325, Waste Flammable solids, organic, n.o.s. 4.1, II	001	DF	00045	P	D001 D018 B
	X	21 UN2809, Waste Mercury 8(6.1), III	001	DF	00001	P	D009 R
	X	22 UN3139, Waste Oxidizing liquid, n.o.s. 5.1, II	001	DF	00004	P	D001 E
	X	23 UN2811, Waste Toxic solids, organic, n.o.s. 6.1, II	001	DF	00020	P	D004 D005 D006 D007 D008 B
X	24 UN3139, Waste Oxidizing liquid, n.o.s. 5.1, II	001	DF	00009	P	D001 E	
32. Special Handling Instructions and Additional Information 15 - (1x5) NYC23034 PLC#14 6P 16 - (1x55) NYC23034 PLC#15 150P 17 - (1x30) NYC23034 PLC#16 50P 18 - (1x5) NYC23034 PLC#17 7P 19 - (1x5) NYC23034 PLC#18 9P 20 - (1x30) NYC23034 PLC#19 65P 21 - (1x5) NYC23034 PLC#20 6P 22 - (1x5) NYC23034 PLC#21 10P 23 - (1x15) NYC23034 PLC#22 30P 24 - (1x5) NYC23034 PLC#23 15P							
TRANSPORTER	33. Transporter <u>3</u> Acknowledgment of Receipt of Materials Printed/Typed Name		Signature		Month	Day	Year
	34. Transporter <u>4</u> Acknowledgment of Receipt of Materials Printed/Typed Name		Signature		Month	Day	Year
DESIGNATED FACILITY	35. Discrepancy						
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems) H141 H141 H141 H141 H141						

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number NYD000831651	22. Page 4	23. Manifest Tracking Number 010967603 NLE			
24. Generator's Name New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509							
25. Transporter <u>3</u> Company Name				U.S. EPA ID Number			
26. Transporter <u>4</u> Company Name				U.S. EPA ID Number			
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes	
X	25 UN287, Waste Toxic liquid, inorganic, n.o.s. 6.1, II	001	DF	00010	P	D004 D005 D006 D007 D008 R	
X	26 UN1935, Waste Cyanide solutions, n.o.s. 6.1, II	001	DF	00001	P	D003 P098 B	
X	27 UN2922, Waste Corrosive liquids, toxic, n.o.s. 8(6.1), II	001	DF	00002	P	D002 D003 D006 D007 D008 T	
X	28 UN3082, Environmentally hazardous substances, liquid, n.o.s. 9, II	001	DF	00007	K	B003 L	
X	29 UN1992, Waste Flammable liquids, toxic, n.o.s. 3(6.1), II	001	DM	00001	K	D001 B003 L	
X	30 UN3077, Environmentally hazardous substances, solid, n.o.s. 9, III	001	DF	00005	K	B007 L	
32. Special Handling Instructions and Additional Information 25 - (1 x 5) NYC23034 PLC#T25 16P 26 - (1 x 5) NYC23034 PLC#T26 6P 27 - (1 x 5) NYC23034 PLC#T29 7P 28 - (1 x 5) NYC23034 PLC#T30 : OUT OF SERVICE 10/12/2017 10K 29 - (1 x 5) NYC23034 PLC#T31 : OUT OF SERVICE 10/12/2017 3K 30 - (1 x 16) NYC23034 PLC#T32 : OUT OF SERVICE 10/12/2017 10K 31 - 32 - 33 - 34 -							
TRANSPORTER	33. Transporter <u>3</u> Acknowledgment of Receipt of Materials Printed/Typed Name		Signature		Month	Day	Year
	34. Transporter <u>4</u> Acknowledgment of Receipt of Materials Printed/Typed Name		Signature		Month	Day	Year
DESIGNATED FACILITY	35. Discrepancy						
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems) H1Y1 H1Y1 H1Y1 H1Y1 H1Y1						

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 NYD0000831651	2. Page 1 of 1	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 010994985 FLE		
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8034				Generator's Site Address (if different than mailing address) New York State Department Of Health - Bizzis Laboratc Empire State Plaza P.O. Box 509, Room B940 Albany, NY 12201-0509			
6. Transporter 1 Company Name Triumvirate Environmental, Inc.				U.S. EPA ID Number MAC300016672			
7. Transporter 2 Company Name Ross Transportation Services, Inc.				U.S. EPA ID Number OHD980614374			
8. Designated Facility Name and Site Address Ross Incineration Services, Inc. 36790 Giles Road Grafton, OH 44044 Facility's Phone: (440) 748-5800				U.S. EPA ID Number OHD042415665			
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
			No.	Type			
	X	1. UN1992, Waste Flammable liquids, toxic, n.o.s. 3(61), II (Methanol/Methylene Chloride) (EQ: D001)	004	DF	00824	P	D001 D018 D019 D022 F003 B
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 1 - (4 x 55) 28512 664P 2 - 3 - 4 -							
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 X Georgia Bowerman				Signature X Georgia Bowerman		Month Day Year 7 19 17	
INT'L	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):						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Edwin Tirado				Signature		Month Day Year 7 19 17
	Transporter 2 Printed/Typed Name MARK HEWITT				Signature		Month Day Year 7 25 17
DESIGNATED FACILITY	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. H040	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 Heather Baker				Signature Heather Baker		Month Day Year 08 03 17

ERIP: Immigrate Environmental

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 NYD000831651	2. Page 1 of 1	3. Emergency Response Phone (800) 966-9282	4. Manifest Tracking Number 010994986 FLE	
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509			Generator's Site Address (if different than mailing address) New York State Department Of Health - Biom Laboratory Empire State Plaza P.O. Box 509, Room B040 Albany, NY 12201-0509			
Generator's Phone: (518) 473-8034						
6. Transporter 1 Company Name Triumvirate Environmental, Inc.			U.S. EPA ID Number MAC300016672			
7. Transporter 2 Company Name Franks Vacuum Truck Service, Inc.			U.S. EPA ID Number NYD982792814			
8. Designated Facility Name and Site Address AES Environmental, LLC 1689 Shar-Cal Road Calvert City, KY 42029			U.S. EPA ID Number KYD985073196			
Facility's Phone: 724-933-4100						
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.
			No.	Type		
	X	1. UN1992, Waste Flammable liquids toxic, n.o.s. 3(61), II (Acetonitrile Methylene Chloride) (RQ, D001F002)	001	DM	00365	P
	X	2. UN1993, Waste Flammable liquids n.o.s. 3, II (Acetonitrile, Methanol) (RQ, D001F003)	002	DM	00521	P
13. Waste Codes						
14. Special Handling Instructions and Additional Information 1- (1 x SS) MGT-57233 40GP 2- (2 x SS) MGT-57236 58SP 3- 4-						
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 X Georgia Bowerman			Signature <i>Georgia Bowerman</i>		Month Day Year 7 19 17	
TRANSPORTER	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 Edwin Tirado			Signature <i>Edwin Tirado</i>		Month Day Year 7 19 17
	Transporter 2 Printed/Typed Name Nicholas D. Neelander			Signature <i>Nicholas D. Neelander</i>		Month Day Year 7 25 17
DESIGNATED FACILITY	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. 1441		2. 1441		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 <i>Michael Neelander</i>			Signature <i>Michael Neelander</i>		Month Day Year 7 27 17

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD148615263	2. Page 1 of 1	3. Emergency Response Phone (800) 966-9282	4. Waste Tracking Number NHVVM097072
5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8034			Generator's Site Address (if different than mailing address) New York State Department Of Health - David Anderson 120 New Scotland Avenue Albany, NY 12208		
6. Transporter 1 Company Name Triumvirate Environmental, Inc.			U.S. EPA ID Number MAC300013372		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address Triumvirate Environmental (NYC), LLC 42-14 19th Avenue Astoria, NY 11105 Facility's Phone: (718) 274-3339			U.S. EPA ID Number NYD077444163		
GENERATOR	HM	9. Waste Shipping Name and Description	10. Containers		11. Total
			No.	Type	Quantity
		1. Non-regulated material (Guanidine Thiocyanate)	001	DE	00363
		2.			
		3.			
		4.			
13. Special Handling Instructions and Additional Information 1 - (1 x 55) NYC23037 378P 2 - 3 - 4 -					
14. 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.					
TRANSPORTER	Generator's/Offor's Printed/Typed Name <i>William Battersh</i>		Signature <i>William Battersh</i>		Month Day Year 7/18/17
	15. 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):				
	16. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name <i>Calais Lumbaeh</i>		Signature <i>Calais Lumbaeh</i>		Month Day Year 7/18/17
	Transporter 2 Printed/Typed Name		Signature		Month Day Year
DESIGNATED FACILITY	17. Discrepancy				
	17a. 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:				
	17b. Alternate Facility (or Generator) U.S. EPA ID Number				
	Facility's Phone:				
	17c. Signature of Alternate Facility (or Generator)				Month Day Year
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
	Printed/Typed Name <i>Ying Zhang</i>		Signature <i>Ying Zhang</i>		Month Day Year 7/24/17

ERIP: Triumvirate Environmental

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

GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD148615263		2. Page 1 of 1		3. Emergency Response Phone (800) 966-9282		4. Waste Tracking Number NHWM119776			
	5. Generator's Name and Mailing Address New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12201-0509 Generator's Phone: (518) 473-8034						Generator's Site Address (if different than mailing address) 120 New Scotland Avenue Albany, NY 12208					
	6. Transporter 1 Company Name Triumvirate Environmental, Inc.						U.S. EPA ID Number MAC300016672					
	7. Transporter 2 Company Name						U.S. EPA ID Number					
TRANSPORTER	8. Designated Facility Name and Site Address Triumvirate Environmental (NYC), LLC 42-14 19th Avenue Astoria, NY 11105 Facility's Phone: (718) 274-3339						U.S. EPA ID Number NYD077444263					
	9. Waste Shipping Name and Description						10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
							No.	Type				
	1. Non-regulated material (Used Oil)						001	DF	00317	P		
2. Non-regulated material (Guanidine Thiocyanate)						001	DF	00427	P			
3.												
4.												
DESIGNATED FACILITY	13. Special Handling Instructions and Additional Information 1 - (1 x 55) NYC114899 337p 2 - (1 x 55) NYC23037 447p 3 - 4 - TEI Job #: 128598											
	14. 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.											
	Generator's/Offoror's Printed/Typed Name X William Battish						Signature X William Battish		Month Day Year 5 1 17			
	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.						Port of entry/exit:		Date leaving U.S.:			
DESIGNATED FACILITY	16. Transporter Acknowledgment of Receipt of Materials											
	Transporter 1 Printed/Typed Name Calais Zumbach						Signature		Month Day Year 5 1 17			
	Transporter 2 Printed/Typed Name						Signature		Month Day Year			
	17. Discrepancy											
17a. 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:												
17b. Alternate Facility (or Generator)						U.S. EPA ID Number						
Facility's Phone:												
17c. Signature of Alternate Facility (or Generator)						Month Day Year						
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a												
Printed/Typed Name Ying Zhang						Signature		Month Day Year 5 5 17				

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number NYC23032	22. Page 2	23. Manifest Tracking Number H1414070 FLE	
24. Generator's Name New York State Department of Health P.O. Box 509 Empire State Plaza Albany, NY 12241-0509					
25. Transporter _____ Company Name				U.S. EPA ID Number	
26. Transporter _____ Company Name				U.S. EPA ID Number	
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.
	5 Non-regulated material	001	DM	00114	P
	6 UN3264, Waste Corrosive liquid, acidic, inorganic, n.o.s. 8, II (Magnesium Chloride, Water) (RQ D002)	002	DF	00437	P
	7 Non-regulated material (Used Oil)	001	DM	00437	P
	8 Non-regulated material (Amyl Acetate, Methyl Salicylate)	003	DF	00549	P
	9 Non-regulated material	003	DF	00684	P
32. Special Handling Instructions and Additional Information 5 - (1 x 55) NYC23032 PLCWHF2 132P 6 - (2 x 30) NYC124162 476P 7 - (1 x 55) NYC23031 457P 8 - (3 x 55) NYC127619 576P 9 (3 x 30) NYC127619 704P 10 - 11w 12 - 13 - 14 127619					
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					
35. Discrepancy					
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) H141 H141 H141 H141 H141					