

**APPENDIX T**

Underground Storage Tank  
Waste Manifests

DE9811

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS  
WASTE MANIFEST

1. Generator ID Number  
NYLAD01495274

2. Page 1 of 1

3. Emergency Response Phone  
(800) 424-9300

4. Waste Tracking Number  
DE9811

5. Generator's Name and Mailing Address  
45-40 Vernon Blvd  
Long Island City, NY 11101  
570-499-4909

Generator's Site Address (if different than mailing address)  
Vernon 4540 Realty LLC  
549 40th Ave  
Long Island City, NY 11101

Generator's Phone:

6. Transporter 1 Company Name  
MCVAC ENVIRONMENTAL

U.S. EPA ID Number  
CTR000005036

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address  
Clean Earth of North Jersey  
105 Jacobus Ave.  
Keany, NJ 07032  
Facility's Phone: (973)-344-4004

U.S. EPA ID Number  
NJ0991291105

| 9. Waste Shipping Name and Description | 10. Containers |      | 11. Total Quantity | 12. Unit Wt./Vol. |       |
|----------------------------------------|----------------|------|--------------------|-------------------|-------|
|                                        | No.            | Type |                    |                   |       |
| 1 Non-Regulated Material               | 1              | TT   | 5300<br>601        | G                 | ID 12 |
| 2.                                     |                |      |                    |                   |       |
| 3.                                     |                |      |                    |                   |       |
| 4.                                     |                |      |                    |                   |       |

13. Special Handling Instructions and Additional Information

1) 153082900

SALES CRASH 17534 Document # 039811

VST GT-4B

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/Offor's Printed/Typed Name

Signature

Month Day Year  
11 23 15

15. International Shipments ☐ Import to U.S.

☐ Export from U.S.

Port of entry/exit:

Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year  
11 23 15

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space

☐ Quantity

☐ Type

☐ Residue

☐ Partial Rejection

☐ Full Rejection

17b. Alternate Facility (or Generator)

Manifest Reference Number:  
110041300425/30499000

U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month Day Year

RECEIVED PENDING MANIFEST  
REVIEW AND QUALITY CONTROL

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name

Signature

Month Day Year  
11 23 15

IN

**cleanearth**

Faster, smarter, greener solutions...

GENERATOR

MAN. NO.

TRANSPORTER

VEHICLE ID.

DRIVER ON

OFF

REMARKS:

74520118

12:11 PM 11/23/15

OUT

33920118

02:57 PM 11/23/15

41300

WEIGHER

**WEIGH-TRONIX®**



D39896

|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                         |                                                                                                                                      |                                               |                                    |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       | 1. Generator ID Number<br>NY D001495274 | 2. Page 1 of 1                                                                                                                       | 3. Emergency Response Phone<br>(800) 424-9300 | 4. Waste Tracking Number<br>D39896 |                   |
| 5. Generator's Name and Mailing Address<br>Clean Earth of North Jersey LLC<br>45-40 Vernon Blvd<br>Long Island City, NY 11101<br>570-499-4909                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                         | Generator's Site Address (if different than mailing address)<br>Vernon 4540 Realty LLC<br>549 46th Ave<br>Long Island City, NY 11101 |                                               |                                    |                   |
| 6. Transporter 1 Company Name<br>MOVAC ENVIRONMENTAL                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                         | U.S. EPA ID Number<br>CTR000005058                                                                                                   |                                               |                                    |                   |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                         | U.S. EPA ID Number                                                                                                                   |                                               |                                    |                   |
| 8. Designated Facility Name and Site Address<br>Clean Earth of North Jersey<br>105 Jacobus Ave.<br>Keamy, NJ 07032<br>Facility's Phone: (973) 344-4004                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                         | U.S. EPA ID Number<br>NJD991291105                                                                                                   |                                               |                                    |                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                | 9. Waste Shipping Name and Description                                                                                                                                                                                |                                         | 10. Containers                                                                                                                       |                                               | 11. Total Quantity                 | 12. Unit Wt./Vol. |
|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                         | No.                                                                                                                                  | Type                                          |                                    |                   |
|                                                                                                                                                                                                                                                                                                                                                                          | 1. Non-Regulated Material                                                                                                                                                                                             |                                         | 1                                                                                                                                    | TT                                            | 4600<br>gals                       | P 72              |
|                                                                                                                                                                                                                                                                                                                                                                          | 2.                                                                                                                                                                                                                    |                                         |                                                                                                                                      |                                               |                                    |                   |
|                                                                                                                                                                                                                                                                                                                                                                          | 3.                                                                                                                                                                                                                    |                                         |                                                                                                                                      |                                               |                                    |                   |
| 4.                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                         |                                                                                                                                      |                                               |                                    |                   |
| 13. Special Handling Instructions and Additional Information<br>Sales Order 17560 Document #: D39896<br>1) 153082996<br>Frac Tank<br>A273 & 3560                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                         |                                                                                                                                      |                                               |                                    |                   |
| 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/Offor's Printed/Typed Name<br>NATE Butler on behalf of Brent Carrier                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                         | Signature<br>[Signature]                                                                                                             |                                               | Month<br>11                        | Day<br>25         |
| 15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                         | Port of entry/exit:                                                                                                                  |                                               | Year<br>15                         |                   |
| Transporter Signature (for exports only):                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                         | Date leaving U.S.:                                                                                                                   |                                               |                                    |                   |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                              | 16. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                         |                                                                                                                                      |                                               |                                    |                   |
|                                                                                                                                                                                                                                                                                                                                                                          | Transporter 1 Printed/Typed Name<br>Toby Tyler                                                                                                                                                                        |                                         |                                                                                                                                      | Signature<br>[Signature]                      |                                    | Month<br>11       |
|                                                                                                                                                                                                                                                                                                                                                                          | Transporter 2 Printed/Typed Name                                                                                                                                                                                      |                                         |                                                                                                                                      | Signature                                     |                                    | Day<br>25         |
|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                         |                                                                                                                                      |                                               | Year<br>15                         |                   |
| 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<br>11                        |                   |
|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                         |                                                                                                                                      |                                               | Day<br>25                          |                   |
|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                         |                                                                                                                                      |                                               | Year<br>15                         |                   |
| RECEIVED PENDING MANIFEST REVIEW AND QUALITY CONTROL                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                         |                                                                                                                                      |                                               |                                    |                   |
| 18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a.                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                         |                                                                                                                                      |                                               |                                    |                   |
| Printed/Typed Name<br>BERNICE MILLS                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                         | Signature<br>[Signature]                                                                                                             |                                               | Month<br>11                        |                   |
|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                         |                                                                                                                                      |                                               | Day<br>25                          |                   |
|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                         |                                                                                                                                      |                                               | Year<br>15                         |                   |

IN

GENERATOR

MAN. NO.

TRANSPORTER

VEHICLE ID.

DRIVER ON

OFF

REMARKS:

72540 LB

10:11 AM 11/24/15

OUT

33500 LB

12:35 PM 11/24/15

**WEIGH-TRONIX®**



39040  
WEIGHER

DESIGNATED FACILITY'S COPY

**C**  
**CLEAN EARTH**

Faster, smarter, greener solutions...

GENERATOR

MAN. NO.

TRANSPORTER

VEHICLE ID.

DRIVER ON

OFF

REMARKS:

**WEIGH-TRONIX®**



IN

67720 1R

07:11 AM 11/25/15

OUT

33,000  
11/25/15  
0903 AM

34730  
WEIGHER

D40794

|                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                        |                                                                                                                                      |                                               |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                      |  | 1. Generator ID Number<br>NY D001495274                                                | 2. Page 1 of 1                                                                                                                       | 3. Emergency Response Phone<br>(800) 424-9300 | 4. Waste Tracking Number<br>PP-010 |
| 5. Generator's Name and Mailing Address<br>Vernon 4540 Realty LLC<br>4540 Vernon Blvd<br>Long Island City, NY 11101<br>570-499-4909                                                                                                                                                                                                                                      |  |                                                                                        | Generator's Site Address (if different than mailing address)<br>Vernon 4540 Realty LLC<br>549 46th Ave<br>Long Island City, NY 11101 |                                               |                                    |
| Generator's Phone:<br>6. Transporter 1 Company Name<br>MCVAC ENVIRONMENTAL                                                                                                                                                                                                                                                                                               |  |                                                                                        | U.S. EPA ID Number<br>CTR000005058                                                                                                   |                                               |                                    |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                            |  |                                                                                        | U.S. EPA ID Number                                                                                                                   |                                               |                                    |
| 8. Designated Facility Name and Site Address<br>Clean Earth of North Jersey<br>105 Jacobus Ave.<br>Kearny, NJ 07032<br>Facility's Phone: (973) 344-4004                                                                                                                                                                                                                  |  |                                                                                        | U.S. EPA ID Number<br>NJ0991291105                                                                                                   |                                               |                                    |
| 9. Waste Shipping Name and Description                                                                                                                                                                                                                                                                                                                                   |  | 10. Containers                                                                         |                                                                                                                                      | 11. Total Quantity                            | 12. Unit Wt./Vol.                  |
|                                                                                                                                                                                                                                                                                                                                                                          |  | No.                                                                                    | Type                                                                                                                                 |                                               |                                    |
| 1. Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                |  | 1                                                                                      | TT                                                                                                                                   | 651<br>10 Ton                                 | P                                  |
| 2.                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                        |                                                                                                                                      |                                               |                                    |
| 3.                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                        |                                                                                                                                      |                                               |                                    |
| 4.                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                        |                                                                                                                                      |                                               |                                    |
| 13. Special Handling Instructions and Additional Information<br>Sales Order 17977 Document #: D40794<br>1) 153082997                                                                                                                                                                                                                                                     |  |                                                                                        |                                                                                                                                      |                                               |                                    |
| 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<br>J. Topper owner's rep.                                                                                                                                                                                                                                                                                                       |  | Signature<br>[Signature] owner's rep.                                                  |                                                                                                                                      | Month Day Year<br>12 14 15                    |                                    |
| 15. International Shipments<br><input type="checkbox"/> Import to U.S.<br>Transporter Signature (for exports only):                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Export from U.S.<br>Port of entry/exit:<br>Date leaving U.S.: |                                                                                                                                      |                                               |                                    |
| 16. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                   |  | Signature                                                                              |                                                                                                                                      | Month Day Year                                |                                    |
| Transporter 1 Printed/Typed Name<br>Toby Tyler                                                                                                                                                                                                                                                                                                                           |  | [Signature]                                                                            |                                                                                                                                      | 12 14 15                                      |                                    |
| Transporter 2 Printed/Typed Name                                                                                                                                                                                                                                                                                                                                         |  | Signature                                                                              |                                                                                                                                      | Month Day Year                                |                                    |
| 17. Discrepancy                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                        |                                                                                                                                      |                                               |                                    |
| 17a. Discrepancy Indication Space<br><input checked="" type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection<br>Rec'd 17260/b                                                                                                                     |  |                                                                                        |                                                                                                                                      |                                               |                                    |
| 17b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                   |  | Master Reference Number:                                                               |                                                                                                                                      | U.S. EPA ID Number                            |                                    |
| Facility's Phone:                                                                                                                                                                                                                                                                                                                                                        |  | RECEIVED PENDING MANIFEST REVIEW AND QUALITY CONTROL                                   |                                                                                                                                      |                                               |                                    |
| 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<br>Dong Markian                                                                                                                                                                                                                                                                                                                                       |  | Signature<br>[Signature]                                                               |                                                                                                                                      | Month Day Year<br>12 14 15                    |                                    |



IN

GENERATOR *Vernon*

MAN. NO. *PP-010*

TRANSPORTER *McVac*

VEHICLE ID. *5152*

DRIVER ON OFF

REMARKS:

85340 LB

10:30 AM 12/14/15

OUT

48000 LB

02:13 PM 12/14/15



*17,260*  
WEIGHER

1040866

|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                       |                                        |                                                                                                                                       |                                               |                                    |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|----------------------------|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       | 1. Generator ID Number<br>NYD001495274 | 2. Page 1 of 1                                                                                                                        | 3. Emergency Response Phone<br>(800) 424-9300 | 4. Waste Tracking Number<br>PP-013 |                            |
| 5. Generator's Name and Mailing Address<br>Vernon 4540 Realty LLC<br>45-40 Vernon Blvd<br>Long Island City, NY 11101<br>570-499-4909                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                       |                                        | Generator's Site Address (if different than mailing address)<br>Vernon 4540 Realty LLC<br>5-49 46th Ave<br>Long Island City, NY 11101 |                                               |                                    |                            |
| Generator's Phone:                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                       |                                        | U.S. EPA ID Number<br>CTR000005058                                                                                                    |                                               |                                    |                            |
| 6. Transporter 1 Company Name<br>MCVAC ENVIRONMENTAL                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                       |                                        | U.S. EPA ID Number                                                                                                                    |                                               |                                    |                            |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                       |                                        | U.S. EPA ID Number                                                                                                                    |                                               |                                    |                            |
| 8. Designated Facility Name and Site Address<br>Clean Earth of North Jersey<br>105 Jacobus Ave.<br>Kearny, NJ 07032<br>Facility's Phone: (973)-344-4004                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                       |                                        | U.S. EPA ID Number<br>NJ0991291105                                                                                                    |                                               |                                    |                            |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                | 9. Waste Shipping Name and Description                                                                                                                                                                                                                                |                                        | 10. Containers                                                                                                                        |                                               | 11. Total Quantity                 | 12. Unit Wt./Vol.          |
|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                       |                                        | No.                                                                                                                                   | Type                                          |                                    |                            |
|                                                                                                                                                                                                                                                                                                                                                                          | 1. Non-Regulated Material                                                                                                                                                                                                                                             |                                        | 1                                                                                                                                     | TT                                            | EST 10 Ton                         | P 72                       |
|                                                                                                                                                                                                                                                                                                                                                                          | 2.                                                                                                                                                                                                                                                                    |                                        |                                                                                                                                       |                                               |                                    |                            |
|                                                                                                                                                                                                                                                                                                                                                                          | 3.                                                                                                                                                                                                                                                                    |                                        |                                                                                                                                       |                                               |                                    |                            |
| 4.                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                       |                                        |                                                                                                                                       |                                               |                                    |                            |
| 13. Special Handling Instructions and Additional Information<br>Sales Order, 18017 Document #: D40866<br>1) 153062988<br>UST GT-5C                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                       |                                        |                                                                                                                                       |                                               |                                    |                            |
| 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/Offor's Printed/Typed Name<br>Aaron Paradise                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                       |                                        | ON BEHALF OF<br>BRENT CARRIER                                                                                                         |                                               | Signature<br>Aaron Paradise        | Month Day Year<br>12 15 15 |
| INT'L                                                                                                                                                                                                                                                                                                                                                                    | 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                                                                                                                                                                                                                                                                                                                                                              | 16. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                |                                        |                                                                                                                                       |                                               |                                    |                            |
|                                                                                                                                                                                                                                                                                                                                                                          | Transporter 1 Printed/Typed Name<br>Toby Tyler                                                                                                                                                                                                                        |                                        |                                                                                                                                       | Signature<br>[Signature]                      |                                    | Month Day Year<br>12 15 15 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                      | Transporter 2 Printed/Typed Name                                                                                                                                                                                                                                      |                                        |                                                                                                                                       | Signature                                     |                                    | Month Day Year             |
|                                                                                                                                                                                                                                                                                                                                                                          | 17. Discrepancy                                                                                                                                                                                                                                                       |                                        |                                                                                                                                       |                                               |                                    |                            |
|                                                                                                                                                                                                                                                                                                                                                                          | 17a. Discrepancy Indication Space<br>Rec'd: 4900LBS <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection<br>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                                                                                                                        |                                               |                                    |                            |
| RECEIVED PENDING MANIFEST REVIEW AND QUALITY CONTROL                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                       |                                        |                                                                                                                                       |                                               |                                    |                            |
| 18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                       |                                        |                                                                                                                                       |                                               |                                    |                            |
| Printed/Typed Name<br>B. R. Wice                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                       |                                        | Signature<br>[Signature]                                                                                                              |                                               | Month Day Year<br>12 15 15         |                            |

**CLEAN EARTH**

Faster, smarter, greener solutions...

GENERATOR

MAN. NO.

TRANSPORTER

VEHICLE ID.

DRIVER ON OFF

REMARKS:

**WEIGH-TRONIX®**



IN

52640 L.R.

03:28 PM 12/15/15

OUT

47740 L.R.

09:46 AM 12/16/15

4900

WEIGHER

D40863

|                                                                                                                                                                                                                                                                                                                                                                          |  |                                        |                                                                                                           |                                                   |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------|
| NON-HAZARDOUS<br>WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                          |  | 1. Generator ID Number<br>NYD991291105 | 2. Page 1 of 1                                                                                            | 3. Emergency Response Phone No.<br>(800) 424-9300 | 4. Waste Tracking Number<br>PP-012 |
| 5. Generator Name and Mailing Address<br>45-40 Vernon Blvd<br>Long Island City, NY 11101<br>570-499-4909                                                                                                                                                                                                                                                                 |  |                                        | Generator Site Address (if different than mailing address)<br>5-49 46th Ave<br>Long Island City, NY 11101 |                                                   |                                    |
| Generator's Phone:                                                                                                                                                                                                                                                                                                                                                       |  |                                        |                                                                                                           |                                                   |                                    |
| 6. Transporter 1 Company Name<br>TNT INC ENVIRONMENTAL                                                                                                                                                                                                                                                                                                                   |  |                                        | U.S. EPA ID Number<br>CVR000005056                                                                        |                                                   |                                    |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                            |  |                                        | U.S. EPA ID Number                                                                                        |                                                   |                                    |
| 8. Designated Facility Name and Site Address<br>Clean Earth of North Jersey<br>105 Jacobus Ave.<br>Kearny, NJ 07032<br>(973)-344-4004                                                                                                                                                                                                                                    |  |                                        | U.S. EPA ID Number<br>NJ0991291105                                                                        |                                                   |                                    |
| Facility's Phone:                                                                                                                                                                                                                                                                                                                                                        |  |                                        |                                                                                                           |                                                   |                                    |
| 9. Waste Shipping Name and Description                                                                                                                                                                                                                                                                                                                                   |  | 10. Containers                         |                                                                                                           | 11. Total Quantity                                | 12. Unit Wt./Vol.                  |
|                                                                                                                                                                                                                                                                                                                                                                          |  | No.                                    | Type                                                                                                      |                                                   |                                    |
| 1. Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                |  | 1                                      | TT                                                                                                        | 8T<br>10 Ton                                      | P                                  |
| 2.                                                                                                                                                                                                                                                                                                                                                                       |  |                                        |                                                                                                           |                                                   |                                    |
| 3.                                                                                                                                                                                                                                                                                                                                                                       |  |                                        |                                                                                                           |                                                   |                                    |
| 4.                                                                                                                                                                                                                                                                                                                                                                       |  |                                        |                                                                                                           |                                                   |                                    |
| 13. Special Handling Instructions and Additional Information<br>Sales Order 15014 Document #: D40863<br>1) 153082997<br>GT-5B.                                                                                                                                                                                                                                           |  |                                        |                                                                                                           |                                                   |                                    |
| 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/Offor's Printed/Typed Name<br>Aaron Paradise                                                                                                                                                                                                                                                                                                                 |  | Signature<br>Brent Carrier             |                                                                                                           | Month Day Year<br>12 15 15                        |                                    |
| 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.:                                                                                                                                                                                                                     |  |                                        |                                                                                                           |                                                   |                                    |
| 16. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                   |  |                                        |                                                                                                           |                                                   |                                    |
| Transporter 1 Printed/Typed Name<br>Kevin Keagle                                                                                                                                                                                                                                                                                                                         |  | Signature<br>K Keagle                  |                                                                                                           | Month Day Year<br>12 15 15                        |                                    |
| 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<br>Rec'd: 16300 LBS                                                                                                                                |  |                                        |                                                                                                           |                                                   |                                    |
| 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                                                                                                                                                                                                                                                                                                       |  |                                        |                                                                                                           |                                                   |                                    |
| RECEIVED PENDING MANIFEST REVIEW AND QUALITY CONTROL                                                                                                                                                                                                                                                                                                                     |  |                                        |                                                                                                           |                                                   |                                    |
| 18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a                                                                                                                                                                                                                                     |  |                                        |                                                                                                           |                                                   |                                    |
| Printed/Typed Name<br>Brewer                                                                                                                                                                                                                                                                                                                                             |  | Signature<br>Brewer                    |                                                                                                           | Month Day Year<br>12 15 15                        |                                    |

IN

GENERATOR

MAN. NO.

TRANSPORTER

VEHICLE ID.

DRIVER ON

OFF

REMARKS:

51780 LB

10:27 AM 12/15/15

OUT

35480 LB

03:59 PM 12/15/15

**WEIGH-TRONIX®**



16300  
WEIGHER

D40865

|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |                                                                                                                              |                                                   |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br>153062998       | 2. Page # of<br>1 of 1                                                                                                       | 3. Emergency Response Phone No.<br>(800) 424-9300 | 4. Waste Tracking Number<br>PP-011      |
| 5. Generator's Name and Mailing Address<br>1540 Realty LLC<br>4540 Vernon Blvd<br>Long Island City, NY 11101<br>570-499-4909                                                                                                                                                                                                                                                        |  |                                           | 5. Generator's Name and Mailing Address<br>1540 Realty LLC<br>4540 Vernon Blvd<br>Long Island City, NY 11101<br>570-499-4909 |                                                   |                                         |
| 6. Transporter 1 Company Name<br>ROYAL ENVIRONMENTAL                                                                                                                                                                                                                                                                                                                                |  |                                           | U.S. EPA ID Number<br>CTR000005058                                                                                           |                                                   |                                         |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                       |  |                                           | U.S. EPA ID Number                                                                                                           |                                                   |                                         |
| 8. Designated Facility Name and Site Address<br>Clean Earth of North Jersey<br>105 Jacobus Ave.<br>Kearny, NJ 07032<br>Facility's Phone: (973) 344-4004                                                                                                                                                                                                                             |  |                                           | U.S. EPA ID Number<br>NJD991291105                                                                                           |                                                   |                                         |
| 9. Waste Shipping Name and Description                                                                                                                                                                                                                                                                                                                                              |  | 10. Containers                            |                                                                                                                              | 11. Total Quantity                                | 12. Unit Wt./Vol.                       |
| 1. Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                           |  | No.                                       | Type                                                                                                                         | EST 10 Ton                                        | P                                       |
| 2.                                                                                                                                                                                                                                                                                                                                                                                  |  |                                           |                                                                                                                              |                                                   |                                         |
| 3.                                                                                                                                                                                                                                                                                                                                                                                  |  |                                           |                                                                                                                              |                                                   |                                         |
| 4.                                                                                                                                                                                                                                                                                                                                                                                  |  |                                           |                                                                                                                              |                                                   |                                         |
| 13. Special Handling Instructions and Additional Information<br>Sales Order 18016 Document #: D40865<br>1) 153062998<br>VST GT-5C                                                                                                                                                                                                                                                   |  |                                           |                                                                                                                              |                                                   |                                         |
| 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. Time: 0805 |  |                                           |                                                                                                                              |                                                   |                                         |
| Generator's/Offor's Printed/Typed Name<br>Jeff Trapper                                                                                                                                                                                                                                                                                                                              |  | Signature<br>ON BEHALF OF BRENT CARRIER   |                                                                                                                              | Month<br>12                                       | Day<br>15                               |
| 15. International Shipments<br><input type="checkbox"/> Import to U.S.<br><input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                 |  | Port of entry/exit:<br>Date leaving U.S.: |                                                                                                                              | Year<br>14                                        |                                         |
| 16. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                              |  | Signature                                 |                                                                                                                              | Month<br>12                                       | Day<br>15                               |
| Transporter 1 Printed/Typed Name<br>Tosy Tyler                                                                                                                                                                                                                                                                                                                                      |  | Signature                                 |                                                                                                                              | Year<br>14                                        |                                         |
| Transporter 2 Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                    |  | Signature                                 |                                                                                                                              | Month<br>12                                       | Day<br>15                               |
| 17. Discrepancy                                                                                                                                                                                                                                                                                                                                                                     |  | Manifest Reference Number:                |                                                                                                                              | U.S. EPA ID Number                                |                                         |
| 17a. Discrepancy Indication Space<br>Rec'd: 11/40/13                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> Residue          |                                                                                                                              | <input type="checkbox"/> Partial Rejection        | <input type="checkbox"/> Full Rejection |
| 17b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                              |  | Facility's Phone:                         |                                                                                                                              | Month<br>12                                       | Day<br>15                               |
| 17c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                 |  | Signature                                 |                                                                                                                              | Year<br>14                                        |                                         |
| 18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a                                                                                                                                                                                                                                                |  |                                           |                                                                                                                              |                                                   |                                         |
| Printed/Typed Name<br>Derwice                                                                                                                                                                                                                                                                                                                                                       |  | Signature                                 |                                                                                                                              | Month<br>12                                       | Day<br>15                               |

IN

GENERATOR

MAN. NO.

TRANSPORTER

VEHICLE ID.

DRIVER ON OFF

REMARKS:

**WEIGH-TRONIX®**



66100 LB

09:20 AM 12/15/15

OUT

48660 LB

11:08 AM 12/15/15

17440  
WEIGHER

D40972

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                        |                                                                                                                                       |                                               |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 1. Generator ID Number<br>NYD001495274 | 2. Page 1 of 2                                                                                                                        | 3. Emergency Response Phone<br>(800) 424-9300 | 4. Waste Tracking Number<br>D40972 |
| 5. Generator's Name and Mailing Address<br>Vernon 4540 Realty LLC<br>45-40 Vernon Blvd<br>Long Island City, NY 11101<br>Generator's Phone: 570-499-4909                                                                                                                                                                                                                                                                                                                                       |  |                                        | Generator's Site Address (if different than mailing address)<br>Vernon 4540 Realty LLC<br>5-49 46th Ave<br>Long Island City, NY 11101 |                                               |                                    |
| 6. Transporter 1 Company Name<br>Auchter Ind Vac Svc.                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                        | U.S. EPA ID Number<br>NJD980772768                                                                                                    |                                               |                                    |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                        | U.S. EPA ID Number                                                                                                                    |                                               |                                    |
| 8. Designated Facility Name and Site Address<br>Clean Earth of North Jersey<br>105 Jacobus Ave.<br>Kearny, NJ 07032<br>Facility's Phone: (973)-344-4004                                                                                                                                                                                                                                                                                                                                       |  |                                        | U.S. EPA ID Number<br>NJD991291105                                                                                                    |                                               |                                    |
| 9. Waste Shipping Name and Description                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 10. Containers                         |                                                                                                                                       | 11. Total Quantity                            | 12. Unit Wt./Vol.                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | No.                                    | Type                                                                                                                                  |                                               |                                    |
| 1 Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 8                                      | DM                                                                                                                                    | 4,000                                         | P 72                               |
| 2 Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 2                                      | TP                                                                                                                                    | 4,000                                         | P 72                               |
| 3 Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 20                                     | DM                                                                                                                                    | 10000                                         | P 72                               |
| 4 Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 6                                      | DM                                                                                                                                    | 3000                                          | P 72                               |
| 13. Special Handling Instructions and Additional Information<br>Sales Order 18058 Document #: D40972<br>1) 153082996 3) 153082997<br>2) 153082996 4) 153082998                                                                                                                                                                                                                                                                                                                                |  |                                        |                                                                                                                                       |                                               |                                    |
| 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.<br>Generator's/Offor's Printed/Typed Name: Aaron Paradise<br>Signature: Aaron Paradise<br>Month: 12 Day: 17 Year: 15 |  |                                        |                                                                                                                                       |                                               |                                    |
| 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.:<br>16. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name: Bill Mersweger<br>Signature: Bill Mersweger<br>Month: 12 Day: 17 Year: 15<br>Transporter 2 Printed/Typed Name: Signature: Month: Day: Year:                                                                                               |  |                                        |                                                                                                                                       |                                               |                                    |
| 17. Discrepancy<br>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<br>17b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number:<br>Facility's Phone:<br>17c. Signature of Alternate Facility (or Generator) Month: Day: Year:                                                               |  |                                        |                                                                                                                                       |                                               |                                    |
| RECEIVED PENDING MANIFEST REVIEW AND QUALITY CONTROL                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                        |                                                                                                                                       |                                               |                                    |
| 18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a.<br>Printed/Typed Name: Doug MORIAN<br>Signature: Doug MORIAN<br>Month: 12 Day: 17 Year: 15                                                                                                                                                                                                                                                              |  |                                        |                                                                                                                                       |                                               |                                    |

D40972

|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |  |                                        |                     |                                                                                                                                       |                                    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----|
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                | <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                               |  | 1. Generator ID Number<br>NYD001495274 | 2. Page 1 of 2 of 2 | 3. Emergency Response Phone<br>(800)-424-9300                                                                                         | 4. Waste Tracking Number<br>D40972 |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 5. Generator's Name and Mailing Address<br>Vernon 4540 Realty LLC<br>45-40 Vernon Blvd<br>Long Island City, NY 11101<br>Generator's Phone: 570-499-4909                                                                           |  |                                        |                     | Generator's Site Address (if different than mailing address)<br>Vernon 4540 Realty LLC<br>5-49 46th Ave<br>Long Island City, NY 11101 |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 6. Transporter 1 Company Name<br>Auchter Ind Vac Svc.                                                                                                                                                                             |  |                                        |                     | U.S. EPA ID Number<br>NJD980772768                                                                                                    |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 7. Transporter 2 Company Name                                                                                                                                                                                                     |  |                                        |                     | U.S. EPA ID Number                                                                                                                    |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 8. Designated Facility Name and Site Address<br>Clean Earth of North Jersey<br>105 Jacobus Ave<br>Kearny, NJ 07032 (973)-344-4004<br>Facility's Phone:                                                                            |  |                                        |                     | U.S. EPA ID Number<br>NJD991291105                                                                                                    |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 9. Waste Shipping Name and Description                                                                                                                                                                                            |  | 10. Containers                         |                     | 11. Total Quantity                                                                                                                    | 12. Unit Wt./Vol.                  |    |
|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |  | No.                                    | Type                |                                                                                                                                       |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 1. 5) Non-Regulated Material                                                                                                                                                                                                      |  | 3                                      | DM                  | 1,500                                                                                                                                 | P                                  | 27 |
|                                                                                                                                                                                                                                                                                                                                                                          | 2.                                                                                                                                                                                                                                |  |                                        |                     |                                                                                                                                       |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 3.                                                                                                                                                                                                                                |  |                                        |                     |                                                                                                                                       |                                    |    |
| 4.                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |  |                                        |                     |                                                                                                                                       |                                    |    |
| 13. Special Handling Instructions and Additional Information<br>5) 153083241                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   |  |                                        |                     |                                                                                                                                       |                                    |    |
| 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/Officer's Printed/Typed Name: Aaron Paradise Signature: Aaron Paradise Month: 12 Day: 17 Year: 15                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   |  |                                        |                     |                                                                                                                                       |                                    |    |
| TRANSPORTER INTL                                                                                                                                                                                                                                                                                                                                                         | 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.:                                                                              |  |                                        |                     |                                                                                                                                       |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 16. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name: Bill Mersinger Signature: Bill Mersinger Month: 12 Day: 17 Year: 15<br>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             |  |                                        |                     |                                                                                                                                       |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 17b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number:                                                                                                                                             |  |                                        |                     |                                                                                                                                       |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 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<br>Printed/Typed Name: Doug MORIAS Signature: Month: 12 Day: 17 Year: 15                                                                                                                                                            |                                                                                                                                                                                                                                   |  |                                        |                     |                                                                                                                                       |                                    |    |

RECEIVED PENDING MANIFEST  
REVIEW AND QUALITY CONTROL

DESIGNATED FACILITY'S COPY

D40770

GENERATOR  
INT'L  
TRANSPORTER  
DESIGNATED FACILITY

|                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                                                                                                                                               |                                                      |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                      |  | 1. Generator ID Number<br><b>NYL001495274</b> | 2. Page 1 of<br><b>2</b>                                                                                                                      | 3. Emergency Response Phone<br><b>(800) 424-9300</b> | 4. Waste Tracking Number<br><b>D40770</b> |
| 5. Generator's Name and Mailing Address<br><b>Vernon 4540 Realty LLC<br/>45-40 Vernon Blvd<br/>Long Island City, NY 11101<br/>570-499-4909</b>                                                                                                                                                                                                                           |  |                                               | Generator's Site Address (if different than mailing address)<br><b>Vernon 4540 Realty LLC<br/>549 46th Ave<br/>Long Island City, NY 11101</b> |                                                      |                                           |
| 6. Transporter 1 Company Name<br><b>IWT Transport Inc.</b>                                                                                                                                                                                                                                                                                                               |  |                                               | U.S. EPA ID Number<br><b>NJ090628162</b>                                                                                                      |                                                      |                                           |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                            |  |                                               | U.S. EPA ID Number<br><b>112300</b>                                                                                                           |                                                      |                                           |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of North Jersey<br/>105 Jacobus Ave.<br/>Kearny, NJ 07032</b>                                                                                                                                                                                                                                             |  |                                               | U.S. EPA ID Number<br><b>NJD991291105</b>                                                                                                     |                                                      |                                           |
| Facility's Phone: <b>(973) 344-4004</b>                                                                                                                                                                                                                                                                                                                                  |  |                                               |                                                                                                                                               |                                                      |                                           |
| 9. Waste Shipping Name and Description                                                                                                                                                                                                                                                                                                                                   |  | 10. Containers                                | 11. Total Quantity                                                                                                                            | 12. Unit Wt./Vol.                                    |                                           |
|                                                                                                                                                                                                                                                                                                                                                                          |  | No. Type                                      |                                                                                                                                               |                                                      |                                           |
| 1. Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                |  | 2 DM                                          | —                                                                                                                                             | P                                                    | 72                                        |
| 2. Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                |  | 3 TP                                          | EST 6000                                                                                                                                      | P                                                    | 72                                        |
| 3. Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                |  | 2 DM                                          | —                                                                                                                                             | P                                                    | 72                                        |
| 4. Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                |  | 2 DM                                          | —                                                                                                                                             | P                                                    | 72                                        |
| 13. Special Handling Instructions and Additional Information<br><b>Sales Order 17956 Document # D40770</b><br>1) 153082996 -      3) 153082997<br>2) 153082996      4) 153082998                                                                                                                                                                                         |  |                                               |                                                                                                                                               |                                                      |                                           |
| 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/Officer's Printed/Typed Name<br><b>Aaron Paradise</b>                                                                                                                                                                                                                                                                                                        |  | Signature<br><b>Aaron Paradise</b>            |                                                                                                                                               | Month Day Year<br><b>12 11 15</b>                    |                                           |
| 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.: _____                                                                                                                                                                                                         |  |                                               |                                                                                                                                               |                                                      |                                           |
| 16. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                   |  |                                               |                                                                                                                                               |                                                      |                                           |
| Transporter 1 Printed/Typed Name<br><b>WARREN WARD</b>                                                                                                                                                                                                                                                                                                                   |  | Signature<br><b>Warren Ward</b>               |                                                                                                                                               | Month Day Year<br><b>12 11 15</b>                    |                                           |
| 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                                                                                                                                                                                                                                                                                                                |  |                                               |                                                                                                                                               |                                                      |                                           |
| <b>RECEIVED PENDING MANIFEST REVIEW AND QUALITY CONTROL</b>                                                                                                                                                                                                                                                                                                              |  |                                               |                                                                                                                                               |                                                      |                                           |
| 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<br><b>Doug Murphy</b>                                                                                                                                                                                                                                                                                                                                 |  | Signature<br><b>Doug Murphy</b>               |                                                                                                                                               | Month Day Year<br><b>12 11 15</b>                    |                                           |

D40972

|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |  |                                        |                                                                                                                                       |                                               |                                    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|----|
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                | <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                   |  | 1. Generator ID Number<br>NYD001495274 | 2. Page 1 of 2 of 2                                                                                                                   | 3. Emergency Response Phone<br>(800)-424-9300 | 4. Waste Tracking Number<br>D40972 |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 5. Generator's Name and Mailing Address<br>Vernon 4540 Realty LLC<br>45-40 Vernon Blvd<br>Long Island City, NY 11101<br>Generator's Phone: 570-499-4909                                                               |  |                                        | Generator's Site Address (if different than mailing address)<br>Vernon 4540 Realty LLC<br>5-49 46th Ave<br>Long Island City, NY 11101 |                                               |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 6. Transporter 1 Company Name<br>Auchter Ind Vac Svc.                                                                                                                                                                 |  |                                        | U.S. EPA ID Number<br>NJD980772768                                                                                                    |                                               |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 7. Transporter 2 Company Name                                                                                                                                                                                         |  |                                        | U.S. EPA ID Number                                                                                                                    |                                               |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 8. Designated Facility Name and Site Address<br>Clean Earth of North Jersey<br>105 Jacobus Ave<br>Kearny, NJ 07032 (973)-344-4004<br>Facility's Phone:                                                                |  |                                        | U.S. EPA ID Number<br>NJD991291105                                                                                                    |                                               |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 9. Waste Shipping Name and Description                                                                                                                                                                                |  | 10. Containers                         |                                                                                                                                       | 11. Total Quantity                            | 12. Unit Wt./Vol.                  |    |
|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |  | No.                                    | Type                                                                                                                                  |                                               |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 1. 5) Non-Regulated Material                                                                                                                                                                                          |  | 3                                      | DM                                                                                                                                    | 1500                                          | P                                  | 27 |
|                                                                                                                                                                                                                                                                                                                                                                          | 2.                                                                                                                                                                                                                    |  |                                        |                                                                                                                                       |                                               |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 3.                                                                                                                                                                                                                    |  |                                        |                                                                                                                                       |                                               |                                    |    |
| 4.                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |  |                                        |                                                                                                                                       |                                               |                                    |    |
| 13. Special Handling Instructions and Additional Information<br>5) 153083241                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |  |                                        |                                                                                                                                       |                                               |                                    |    |
| 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: Aaron Paradise Signature: Aaron Paradise Month: 12 Day: 17 Year: 15                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |  |                                        |                                                                                                                                       |                                               |                                    |    |
| INT'L                                                                                                                                                                                                                                                                                                                                                                    | 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.:                                                                  |  |                                        |                                                                                                                                       |                                               |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 16. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |  |                                        |                                                                                                                                       |                                               |                                    |    |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                              | Transporter 1 Printed/Typed Name: Bill Mensinger Signature: Bill Mensinger Month: 12 Day: 17 Year: 15                                                                                                                 |  |                                        |                                                                                                                                       |                                               |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 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 |  |                                        |                                                                                                                                       |                                               |                                    |    |
|                                                                                                                                                                                                                                                                                                                                                                          | 17b. Alternate Facility (or Generator) Manifest Reference Number: 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: Doug Morisset Signature: Doug Morisset Month: 12 Day: 17 Year: 15                                                                                                                                 |  |                                        |                                                                                                                                       |                                               |                                    |    |

D44354

| <b>NON-HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                      |  | 1. Generator ID Number<br><b>NYD001495274</b> |      | 2. Page 1 of 2     |                   | 3. Emergency Response Phone<br><b>(800) 424-9300</b>                                                                                           |  | 4. Waste Tracking Number<br><b>D44354</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|------|--------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|
| 5. Generator's Name and Mailing Address<br><b>Vernon 4540 Realty LLC<br/>45-40 Vernon Blvd<br/>Long Island City, NY 11101<br/>570-499-4909</b>                                                                                                                                                                                                                           |  |                                               |      |                    |                   | Generator's Site Address (if different than mailing address)<br><b>Vernon 4540 Realty LLC<br/>5-49 46th Ave<br/>Long Island City, NY 11101</b> |  |                                           |  |
| 6. Transporter 1 Company Name<br><b>Environmental Transport Group Inc.</b>                                                                                                                                                                                                                                                                                               |  |                                               |      |                    |                   | U.S. EPA ID Number<br><b>NJD000692061</b>                                                                                                      |  |                                           |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                            |  |                                               |      |                    |                   | U.S. EPA ID Number                                                                                                                             |  |                                           |  |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of North Jersey<br/>105 Jacobus Ave.<br/>Kearny, NJ 07032</b><br>Facility's Phone: <b>(973)-344-4004</b>                                                                                                                                                                                                  |  |                                               |      |                    |                   | U.S. EPA ID Number<br><b>NJD991291105</b>                                                                                                      |  |                                           |  |
| 9. Waste Shipping Name and Description                                                                                                                                                                                                                                                                                                                                   |  | 10. Containers                                |      | 11. Total Quantity | 12. Unit Wt./Vol. |                                                                                                                                                |  |                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                          |  | No.                                           | Type |                    |                   |                                                                                                                                                |  |                                           |  |
| 1. Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                |  | 4                                             | DM   | 1600               | P                 | 72                                                                                                                                             |  |                                           |  |
| 2. Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                |  | 5                                             | DM   | 2000               | P                 | 27                                                                                                                                             |  |                                           |  |
| 3. Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                |  | 4                                             | DM   | 1200               | P                 | 72                                                                                                                                             |  |                                           |  |
| 4. Non-Regulated Material                                                                                                                                                                                                                                                                                                                                                |  | 2                                             | DM   | 400                | P                 | 27                                                                                                                                             |  |                                           |  |
| 13. Special Handling Instructions and Additional Information<br><div style="text-align: right;"><b>Sales Order 19216 Document #: D44354</b></div> <div style="display: flex; justify-content: space-between;"><div>1) 163080422<br/>2) 163080427</div><div>3) 163080470<br/>4) 163080426</div></div>                                                                     |  |                                               |      |                    |                   |                                                                                                                                                |  |                                           |  |
| 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<br><b>Chris Shank on Behalf of Vernon 4540 Realty LLC Bant Carrier</b>                                                                                                                                                                                                                                                          |  |                                               |      |                    |                   | Signature<br>                                                                                                                                  |  | Month Day Year<br><b>03 24 16</b>         |  |
| 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.: _____                                                                                                                                                                                                         |  |                                               |      |                    |                   |                                                                                                                                                |  |                                           |  |
| 16. TRANSPORTER ACKNOWLEDGMENT OF RECEIPT OF MATERIALS                                                                                                                                                                                                                                                                                                                   |  |                                               |      |                    |                   |                                                                                                                                                |  |                                           |  |
| Transporter 1 Printed/Typed Name<br><b>LARRY HICKS</b>                                                                                                                                                                                                                                                                                                                   |  |                                               |      |                    |                   | Signature<br>                                                                                                                                  |  | Month Day Year<br><b>3 24 16</b>          |  |
| 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                                                                                                                                                    |  |                                               |      |                    |                   |                                                                                                                                                |  |                                           |  |
| 17b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                   |  |                                               |      |                    |                   | Manifest Reference Number:<br>U.S. EPA ID Number                                                                                               |  |                                           |  |
| 17c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                      |  |                                               |      |                    |                   |                                                                                                                                                |  |                                           |  |
| <b>RECEIVED PENDING MANIFEST REVIEW AND QUALITY CONTROL</b>                                                                                                                                                                                                                                                                                                              |  |                                               |      |                    |                   |                                                                                                                                                |  |                                           |  |
| 18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a                                                                                                                                                                                                                                     |  |                                               |      |                    |                   | Signature<br>                                                                                                                                  |  | Month Day Year<br><b>3 24 16</b>          |  |
| DESIGNATED FACILITY TO GENERATOR                                                                                                                                                                                                                                                                                                                                         |  |                                               |      |                    |                   |                                                                                                                                                |  |                                           |  |

69-BLC-O 6 10498 (Rev. 9/09)

D44354

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

Form Approved. OMB No. 2050-0039

|                                                                                                                                                             |                                                                                                                 |                                                                             |                    |                                        |                      |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------|----------------------------------------|----------------------|-----------------|
| UNIFORM HAZARDOUS WASTE MANIFEST<br>(Continuation Sheet)                                                                                                    |                                                                                                                 | 21. Generator ID Number<br>NYD001495274                                     | 22. Page<br>2 of 2 | 23. Manifest Tracking Number<br>D44354 |                      |                 |
| 24. Generator's Name<br>Vernon 4540 Realty LLC<br>5-49 46th Ave<br>Long Island City, NY 11101                                                               |                                                                                                                 | Chris Shank on Behalf of<br>Vernon 4540 Realty LLC / Brent Carrier 03/24/16 |                    |                                        |                      |                 |
| 25. Transporter _____ Company Name                                                                                                                          |                                                                                                                 | U.S. EPA ID Number                                                          |                    |                                        |                      |                 |
| 26. Transporter _____ Company Name                                                                                                                          |                                                                                                                 | U.S. EPA ID Number                                                          |                    |                                        |                      |                 |
| 27a.<br>HM                                                                                                                                                  | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers<br>No. Type                                                  |                    | 29. Total<br>Quantity                  | 30. Unit<br>Wt./Vol. | 31. Waste Codes |
|                                                                                                                                                             | 5) Non-Regulated Material                                                                                       | 3                                                                           | TP                 | 2/00                                   | P                    | 72              |
|                                                                                                                                                             | 6) Non-Regulated Material                                                                                       | 1                                                                           | DM                 | 200                                    | P                    | 27              |
|                                                                                                                                                             | 7) Non-Regulated Material                                                                                       | 3                                                                           | DM                 | 900                                    | P                    | 72              |
|                                                                                                                                                             | 8) Non-Regulated Material                                                                                       | 4                                                                           | DM                 | 1200                                   | P                    | 72              |
|                                                                                                                                                             | 9) Non-Regulated Material                                                                                       | 1                                                                           | TP                 | 200                                    | P                    | 72              |
|                                                                                                                                                             |                                                                                                                 |                                                                             |                    |                                        |                      |                 |
|                                                                                                                                                             |                                                                                                                 |                                                                             |                    |                                        |                      |                 |
|                                                                                                                                                             |                                                                                                                 |                                                                             |                    |                                        |                      |                 |
|                                                                                                                                                             |                                                                                                                 |                                                                             |                    |                                        |                      |                 |
|                                                                                                                                                             |                                                                                                                 |                                                                             |                    |                                        |                      |                 |
|                                                                                                                                                             |                                                                                                                 |                                                                             |                    |                                        |                      |                 |
|                                                                                                                                                             |                                                                                                                 |                                                                             |                    |                                        |                      |                 |
| 32. Special Handling Instructions and Additional Information<br>5) ERG# 153082996 6) ERG# 163080425 7) ERG# 163080424 8) ERG# 163080469 8) ERG# 163080470   |                                                                                                                 |                                                                             |                    |                                        |                      |                 |
| 33. Transporter _____ Acknowledgment of Receipt of Materials<br>Printed/Typed Name: LARRY HICKS Signature: [Signature] Month: 3 Day: 24 Year: 16            |                                                                                                                 |                                                                             |                    |                                        |                      |                 |
| 34. Transporter _____ Acknowledgment of Receipt of Materials<br>Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____              |                                                                                                                 |                                                                             |                    |                                        |                      |                 |
| 35. Discrepancy<br>RECEIVED PENDING MANIFEST<br>REVIEW AND QUALITY CONTROL                                                                                  |                                                                                                                 |                                                                             |                    |                                        |                      |                 |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)<br>H141 H141 H141 H141 HX11 |                                                                                                                 |                                                                             |                    |                                        |                      |                 |