

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone 800-842-9792	4. Manifest Tracking Number 009327794 JJK		
5. Generator's Name and Mailing Address ESEPA Region 5-American Laundry Site (Berrien, MI) 227 Territorial Road Benton Harbor, MI 49022			Generator's Site Address (if different than mailing address)				
Generator's Phone: (312) 886-6941			U.S. EPA ID Number W10000815381				
6. Transporter 1 Company Name Advanced Waste Carriers, Inc.			U.S. EPA ID Number				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address National Serv-All Landfill 6231 MacBeth Road Fort Wayne, IN 46809			U.S. EPA ID Number IND042839118				
Facility's Phone: (260) 747-4117							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		1. Non RCRA regulated, Non DOT hazardous Liquid material	001	TT	2400	G	NONE
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information Profile #: 41450225-C-8-N/A-National Serv-All							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name ANITA L BOSEMAN		Signature <i>Anita L Bosman</i>		Month Day Year 10 11 2011			
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	Transporter signature (for exports only): _____						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Keith Baker		Signature <i>Keith Baker</i>		Month Day Year 10 11 2011		
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name		Signature		Month Day Year		
	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number: _____ U.S. EPA ID Number _____						
	18b. Alternate Facility (or Generator)						
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator)							
Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name		Signature		Month Day Year			
				Month Day Year			