SDMS Document ID
2009221

NON-HAZARDOUS WASTE MANIFEST

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. UTR 000 000 661

Manifest Document No. 050507

2. Page 1 of 1

3. Generator's Name and Mailing Address: US EPA REGION 8, ATTN FLOYD NICHOLS, 999 18th ST, DENVER, CO 80202-2466

4. Generator's Phone (303) 312 6903

5. Transporter 1 Company Name: MP ENVIRONMENTAL

6. US EPA ID Number: CAT 000 614 347

A. State Transporter's ID: N/A

B. Transporter 1 Phone: 877 800-5111

7. Transporter 2 Company Name

8. US EPA ID Number

C. State Transporter's ID

D. Transporter 2 Phone

9. Designated Facility Name and Site Address: CLEAN HARBORS, PLAINS MOUNTAIN FACILITY, SALES CREEK ROAD, NORTH OF EXIT 41 OFF I80, LYNE, UT 84095

10. US EPA ID Number: UTD 981 061 748

E. State Facility's ID: N/A

F. Facility's Phone: 801-323-8100

11. WASTE DESCRIPTION	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.
a. NG ASBESTOS, 9, NA 2212, PG III	001	CM	000 25	CY
b.				
c.				
d.				

G. Additional Descriptions for Materials Listed Above: N/A CH-656-AB 1 X 25 YD ROLL OFF # 5139 (CF ASBESTOS CONTAMINATED PPE + TREATED WOOD + DOUBLE BAGGED) SALES CREEK # D7780100

H. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information: USE STANDARD WORK GIVE CLOTHING AND EQUIPMENT. IN CASE OF EMERGENCY CONTACT (888) 914 9477 CLG # 171

16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.

Printed/Typed Name: PAUL G KUDARAUSKAS FOR FLOYD NICHOLS, USEPA R8

Signature: [signature]

Date: Month 5 Day 7 Year 04

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Ron Porter

Signature: Ron Porter

Date: Month 05 Day 07 Year 04

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.

Printed/Typed Name

Signature

Date: Month Day Year

GENERATOR — TRANSPORTER — FACILITY — NON-HAZARDOUS WASTE