1915 S. Corgiat Dr.
Seattle, WA 98108
T 206.343.7443
F 206.343.7445
ECOLIGHTS.COM

RE: **Enclosed Manifest: Facility Copy to Generator**

Dear Customer,

For your records.

Enclosed please find your fully signed copy of a Hazardous Waste Manifest for the PCB Ballasts removed from your site.

This manifest is returned to you in accordance with the requirement of 40CFRPART761.215. As the generator for the PCB waste, you are required to maintain this signed manifest copy for three (3) years in accordance with 40CFRPART761.209.

This is the first part of a two part process for your waste records. In approximately six to nine months you will receive part two, the Certificate of Disposal completing the records for this waste.

Please do not hesitate to contact me at (206) 436-2906 should you have any questions.

Sincerely,

ECOLIGHTS NORTHWEST LLC
Ally Ganyo
EHS Assistant

2/23

ECOLIGHTS
1915 S. Corgiat Dr.
Seattle, WA 98108
T (888) 214-2327
F (206) 343-7445

Hazardous Waste Manifest Information Form

Form Number: OF-7.1-01
Revision Number: 4
Date: 03/19/14

(REQUIRED BEFORE PICK-UP IS SCHEDULED)
NOTE: ALL ITEMS LISTED BELOW MUST BE COMPLETED PRIOR TO PICK UP.

1. What material are you requesting a pick-up of? Please check one.
   - ☐ Intentionally Crushed Lamps (EPA ID# Required)
   - ☒ PCB Ballasts

   4 pallets of Bulbs
   70 4' Boxes
   25 misc Bulb boxes
   5 Boxes 8' Bulbs

2. What is your EPA ID NUMBER or can you claim a CFR Exemption? Please check one.
   - ☐ EPA ID Number: (*e.x. WAH 000111222*) _____
   - ☒ CFR Exemption (*One time Pick-up of PCB Ballasts ONLY*) Use "40CFRPART761"

3. What is the Name of the Generator (actual building or facility owner)?
   GENERATOR NAME: Monroe School District
   ADDRESS: 200 East Fremont St
   Monroe WA 98272
   EMERGENCY PHONE # *(Unless otherwise indicated, CHEMTREC Emergency Response Number will be used)*
   360 804 2673

4. What is the Name and Address of the location where the material will be picked up?
   PICK-UP LOCATION: Transportation Yard
   ADDRESS: 1410 West Main St.
   Monroe, WA 98272
   PHONE #: 425 754 0713

5. What is the Name of on-site Contact Person Authorized to sign the Manifest at the time of Pick-up?
   NAME: John Fry
   PHONE #: 425 754 0713 Email: FRYJ@monroe.wednet.edu

6. (For PCBs only), What are the out of service dates required by 40 CFR 761.207 *(must be MM/DD/YYYY format)*
   January 04 2016 01/04/2016

7. What is the **total number** of containers to be picked up? (DOT approved Drums or Pails)
   3 **Metal Drums**
   _____ **Pails (5 gallons - must be UN approved)**

   NEED 1 METAL DRUM FOR FUTURE USE

8. Who is the Removal Contractor, if any?
   NAME: _____
   ADDRESS: _____

If you have additional questions, please contact Ecolights NW for assistance:

Washington (206) 343-7443 Oregon (503) 281-1899 Alaska (907) 561-0544

PAPER COPIES ARE UNCONTROLLED. THIS COPY VALID ONLY AT THE TIME OF PRINTING. THE CONTROLLED VERSION OF THIS DOCUMENT CAN BE FOUND AT *U:\Operational & Maintenance Procedures\7.0 Sales\Administrative\Forms\OF-7.1-01 Haz Waste Manifest Info Form Rev: 4.doc*

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: 40CFRPART761
2. Page 1 of 1
3. Emergency Response Phone: 1-800-424-9300
4. Manifest Tracking Number: 011677969 JJK

GENERATOR

5. Generator's Name and Mailing Address
MONROE SCHOOL DISTRICT
200 EAST FREMONT
MONROE, WA 98272
Generator's Phone: (360) 804-2673

Generator's Site Address (if different than mailing address)
TRANSPORTATION YARD
1410 WEST MAIN ST.
MONROE, WA 98272
JOHN FRY (425) 754-0713

6. Transporter 1 Company Name: TOTAL RECLAIM
U.S. EPA ID Number: WAD009482803

7. Transporter 2 Company Name
U.S. EPA ID Number

8. Designated Facility Name and Site Address
ECOLIGHTS NORTHWEST, LLC
1915 S. CORGIAT DRIVE
SEATTLE, WA 98108
Facility's Phone: (206) 767-7142
U.S. EPA ID Number: WAH000026371

9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID, 9, PGII (PCB CONTAINING LAMP BALLASTS)	3	DM	749	K	
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information
^SEE LINE 5:CHEMTREC CUSTOMER # CCN671452
TAKEN OUT OF SERVICE DATE: 01/04/2016

ERG#171 Wear appropriate PPE when handling

CONTRACTOR:

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: John Fry
Signature:
Month 3 Day 1 Year 16

INT'L

16. International Shipments ☐ Import to U.S. ☐ Export from U.S.
Port of entry/exit:
Transporter signature (for exports only):
Date leaving U.S.:

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: William Marshall
Signature:
Month 3 Day 1 Year 16
Transporter 2 Printed/Typed Name
Signature
Month Day Year

DESIGNATED FACILITY

18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

18b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:

18c. Signature of Alternate Facility (or Generator)
Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.	2.	3.	4.
H141-STORAGE, BULK TRANSFER OFF-SITE			

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: Jeremy Colyer
Signature:
Month 3 Day 2 Year 16

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

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)